FitzRoy Support

Donec Mews

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 inspection took place on the 11 and 13 September 2018 and was unannounced.
During our previous inspection on 7 and 8 July 2017, we identified the provider had breached regulations 11 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. We found that that not all people had evidence of decisions being made in people's best interest if they lacked capacity. We also found that the provider's quality assurance process had not picked up on a potential health and safety issue which put people at risk.

We asked the provider to take action to address these issues and at this inspection, we checked whether the provider had made improvements. At this inspection we found the provider had made and sustained the required improvements.

Donec Mews is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Donec Mews accommodates 16 people across three separate houses. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had 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.

There was guidance in place to protect people from risks to their safety and welfare, this included the risks of avoidable harm and abuse. Staffing levels were sufficient to support people safely and where there were any short falls these were covered by regular agency staff who knew the people they were supporting well. The provider had an effective recruitment process to make sure the staff they employed were suitable to work in a care setting.

Risks to people were assessed and action was taken to minimise any avoidable harm. Staff were trained to support people who experienced behaviour that may challenge others, in line with recognised best practice. Medicines were managed safely and administered as prescribed and staff had regular competency checks.

Staff raised concerns with regard to safety incidents, concerns and near misses, and reported them internally and externally, where required. The registered manager analysed incidents and accidents to identify trends and implement measures to prevent a further occurrence.

Staff understood the importance of food safety and prepared and handled food in accordance with required standards. High standards of cleanliness and hygiene were maintained within the home.
People were supported by staff who had the required skills and training to meet their needs. Where required, staff completed additional training to meet individual's' complex needs. People were supported to have a balanced diet that promoted healthy eating.

The registered manager ensured people were referred promptly to appropriate healthcare professionals whenever their needs changed.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People or their families were involved in making every day decisions and choices about how they wanted to live their lives and were supported by staff in the least restrictive way possible.

People experienced good continuity and consistency of care from staff who were kind and compassionate. The registered manager had created an inclusive, family atmosphere at the home. People were relaxed and comfortable in the presence of staff who invested time to develop meaningful relationships with them.

People's independence was promoted by staff who encouraged them to do as much for themselves as possible. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights.

Staff rotas were organised so that there were enough staff to meet people's needs. Staff had time to listen to people, answer their questions, provide information, and involve people in decisions.

The service was responsive and involved people and their families where appropriate in developing their support plans. These were detailed and personalised to ensure their individual preferences were known. People were supported to complete stimulating activities of their choice, which had a positive impact on their well-being.

Arrangements were in place to obtain the views of people and their relatives and a complaints procedure was available for people and their relatives to use if they had the need.

The service was well managed and well-led by the registered manager who provided clear and direct leadership, which inspired staff to provide good quality care. The safety and quality of the support people received was effectively monitored and any identified shortfalls were acted upon to drive continuous improvement of the service.

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.

Medicines were managed safely.

People were protected from harm and staff received training to be able to identify and report abuse.

There were sufficient staff to meet people's needs. Staff pre-employment checks had been completed.

The provider had assessed and effectively managed risks to people's safety and wellbeing.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and ongoing support in their role. People had access to healthcare services as required.

People were supported with a diet appropriate to their needs and preferences.

Staff worked in partnership with other services to help ensure people received effective care.

Staff respected people's legal rights and freedoms.

Is the service caring?

Good

The service was caring.

Staff understood people's needs and were caring and attentive.

People were involved in making decisions about their care.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received person-centred care based on comprehensive support plans.

People's complaints and concerns were investigated and dealt with thoroughly.

Is the service well-led?

Good

The service was well-led.

The registered manager promoted a positive culture that was open and inclusive that achieved positive outcomes for people.

People were supported by a service that used quality assurance processes to effectively improve the service people received.

The registered manager gathered feedback from people, relatives and staff to make positive improvements to the service.

Incidents were used as learning opportunities to drive improvements within the service.

The registered manager worked in partnership with other agencies to promote the health and wellbeing of people.

Donec Mews

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 13 September and was unannounced. The inspection was completed by one adult social care inspector.

Before the inspection, 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.
We also reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with four care workers, the acting deputy manager and the registered manager. Following the inspection, we spoke with four relatives. Not everyone was able to fully share with us their experiences of life at the service, therefore we spent time observing people receiving care and support from staff in communal areas.

We reviewed records that included four people's care plans, five staff recruitment and supervision records and records relating to the management of the service.

Good

Is the service safe?

Our findings

Relatives and staff consistently told us they felt the service was safe. Staff had developed positive and trusting relationships with people that helped to keep people safe. One relative told us their loved one had complex needs, including behaviours that may challenge staff and others. They told us, "Staff are great and ensure they know [loved one] extremely well so they can tell if something is wrong, they do keep people safe there." One staff member told us, "I know what to look out for in regards to safeguarding people and would report if I needed to."

There were systems and processes in place to protect people from the risk of avoidable harm and abuse. Staff were aware of the types of abuse, the signs and indications of abuse, and how to report them if they had any concerns. None of the staff we spoke with had seen anything, which caused them concern, but they were confident any concerns would be handled promptly and effectively by the registered manager. Staff had regular refresher training for safeguarding to keep them up to date with any changes in legislation.

People's risk assessments had been reviewed to ensure they contained all the information staff required to meet people's needs safely and to mitigate any identified risks. Steps to manage and reduce risks were reflected in people's care plans, for example, how to safely support someone in their wheelchair. Risk assessments were person-centred, detailed and reviewed regularly. These included risks for example that were associated with the use of wheelchairs. Steps to manage and reduce risks were reflected in people's care plans. We observed staff deliver care in accordance with people's risk assessments, which kept them safe and met their individual needs. Risks were managed in ways that minimised the impact on people's freedom and independence.

Risk assessments were in place for activities such as cooking, physical activities, day trips and arts and crafts. The impact of this was that people were supported to carry out their daily lives to be able to live as normal a life as any citizen.
The provider kept records of routine maintenance of equipment used to support people, and there were regular checks on fire detection and prevention equipment. Legal checks were in place for electrical equipment and vehicles.

The provider carried out the necessary checks before staff started work. Staff files contained evidence of proof of identity, a criminal record check, employment history, and good conduct in previous employment. There was minimal use of agency staff but where this was needed the provider ensured that there was consistency of the same staff who knew people and their needs well. There were enough staff to keep people safe and meet their needs.

Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people. Staff told us there were always enough staff to respond immediately when people required support, which we observed in practice.

There were systems and processes in place to ensure medicines were managed safely in accordance with current guidance and regulations. Staff were sufficiently trained and regularly assessed for their competency of administering medication.

We looked at the Medicines Administration Records (MAR) for people living at the home. We noted there were no gaps in these records. These contained relevant information, such as if the person had allergies or preferred to take their medicines in a particular way. Medicines were safely stored in locked cupboards and the temperatures were monitored regularly.

We noted a number of people lived with epilepsy. Their MARs contained detailed information and guidance about the use of medication. This guidance was to be used in the event of a prolonged seizure rescue medication is a medication given to someone in an emergency in this case to stop a prolonged seizure. This documentation was also in people's support plans.

Processes, procedures and staff training were in place to protect people from the risk of acquiring an infection. Staff understood their responsibilities in relation to infection control and followed the guidance provided. We noted the provider put measures in place where necessary, for example, ensuring the adequate provision of personal protective equipment (PPE) for staff, such as gowns and gloves.

The provider had processes in place to learn and make improvements if things went wrong. Staff reported and recorded accidents and incidents so that they could be analysed for any patterns or trends. Where there were lessons to learn, the provider used staff meetings and supervisions to communicate them across the team.

Good

Is the service effective?

Our findings

At our last inspection of this service on 6 and 7 July 2017 we found one breach of legal requirements in relation to Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent. Following the inspection, the provider wrote and told us they planned to meet the requirements of this regulation. At this inspection we found the requirements of this regulation had been met.

At our last inspection we found that decisions to deprive people of their liberty and the use of bed rails and lap belts had been taken at times without an assessment of people's mental capacity to consent to these conditions. These decisions had been taken to protect people but because the measures in place can restrict people's freedom of movement, providers are required to take account of the person's capacity to consent to their use. At this inspection we found that mental capacity assessments and best interest decisions had been completed in relation to these decisions for people, which meant their legal rights were protected.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked to confirm the service was working within the principles of the MCA, and was meeting all conditions on authorisations to deprive a person of their liberty. We found that legal requirements were met and people's human rights were recognised and protected.

Relatives and professionals told us that people received care and support that met their needs and that they were given choices about the care they received. One relative told us, "They [the staff] look after all [loved one's] needs."

The registered manager and acting deputy manager carried out assessments and care reviews which were comprehensive and included the person's medical history. People's needs were identified with their input and a person-centred care plan created, which was reviewed and updated regularly.

Care plans included sections called, "What is important to me" and "what is essential to me" which included details of people's eating and drinking preferences, personal care, routines, important people, life history and their interests and hobbies. There was also a section called "How I communicate" which had detailed information of how a person may act, or noises they may make and what this means for them personally, it also included how people would like to be supported, for example if they felt frustrated. One person liked a staff member to speak with them in a soft comforting voice and sit with them if they felt sad. Assessments, risk assessments and care plans were person centred and written to a high standard following national

guidelines, such as those provided by NICE (National Institute for Health and Care Excellence).

New staff undertook a comprehensive induction programme delivered by the training manager which was mapped to the Care Certificate standards. The Care Certificate is the industry standard which staff working in adult social care need to meet before they can safely work unsupervised. Staff's competence was assessed by the registered manager regularly and was reviewed in regular supervisions.

Staff spent time working with experienced staff to learn people's specific care needs and how to support them. This ensured they had the appropriate knowledge and skills to support people effectively. One staff member who had just completed their induction told us the induction process had given them the skills and confidence to carry out their role effectively.

Records demonstrated staff had completed the provider's mandatory training and that this had been refreshed regularly to keep their knowledge and skills up to date. Staff also completed further training specific to the needs of the people they supported, including epilepsy and medication that was specific to epilepsy such as 'rescue' medication to control prolonged seizures. This ensured staff understood how to meet people's support and care needs.

People were involved in choosing the food they ate and pictures were used to help people identify their choices. People were supported to have enough to eat and drink and were encouraged to maintain a balanced, healthy diet. Staff provided appropriate support to enable people to eat and drink at their own pace. Where people had been identified to be at risk of choking, staff supported them discreetly to minimise such risks. People were referred appropriately to the dietician and speech and language therapist if staff had concerns about their wellbeing. Where people had support from professionals regarding eating, these were detailed in their support plans.

People were supported to maintain their health and wellbeing and to access health professionals such as a GP, dentist and optician and they attended appointments when required. People had an annual health check and received specialist healthcare support with their conditions. Information was available to inform staff about people's conditions and staff we spoke with were knowledgeable about these. Hospital and dental passports provided important information for other healthcare professionals should this be required, for example on people's communication methods and needs.

The homes were purpose built to meet the needs of people who use the service. This meant that the service worked in line with the 'registering the right support' policy. The service was able to offer a service that was small in scale that enabled a genuinely personalised and empowering service. People's rooms were personalised and contained belongings that were chosen by them.

Good

Is the service caring?

Our findings

Relatives and staff gave us positive feedback about the quality of care at the homes. People were supported by staff who demonstrated kindness, compassion and a genuine interest in the people they supported. One relative told us, "The staff are so warm and caring, they really genuinely care about all the people here, you can see they enjoy the work they do." One staff member told us, "This is the most caring place I've worked in. we treat people the way we would want to be treated ourselves."

There was a calm and inclusive atmosphere in the home, it was evident there was person centred care being delivered there. The staff we spoke with were knowledgeable about the people they were caring for and were able to explain to us people's individual needs and requirements. It was evident staff saw people as individuals. We observed all staff being kind and compassionate, often seen talking in a friendly, caring manner or giving a reassuring touch on the arm. One staff member told us, "This really is the best place I have worked in, the team really care."

Staff anticipated people's needs and quickly recognised if they were in distress or discomfort. We observed staff consistently show concern for people's wellbeing in a caring and meaningful way, whilst responding promptly to their needs. For example, one person was being supported to go to his room, he asked who the new person [inspector] was in the house. The staff member took time to explain, reassure and introduce the inspector to alleviate any nervousness the person may have had.

Staff were able to describe to us how they enabled people to have choice, such as; by showing people different choices of activities. Staff described how they watched for their responses according to how each person communicated, for example by their eye movements or sounds they might make. A member of staff described how the person she cared for communicated and made choices through her body language and noises she made. Within people's care plans it described in detail how choice should be promoted for the person, and how to gauge their preference in their individual ways. Staff where it was a person's preferred way of communicating used Makaton to communicate and give information. Makaton is a language using signs and symbols as a way of communicating which helps to break down barriers of communication with people who cannot communicate effectively verbally.

We saw staff treating people with dignity and respecting their privacy. Staff knocked on people's doors before entering their rooms. Staff showed an awareness of the need to protect people's dignity. One staff member described how they would cover people appropriately when delivering personal care and told us, "I always knock before going in to someone's room. I cover them if I am washing them and where possible I encourage them to do as much for themselves as they can as this is so important for them."

The provider had policies and procedures in place to take account of people's communication needs and any care needs arising from their social or religious background. Staff training included equality and diversity. Staff were prepared to take into account people's needs arising from protected characteristics defined in the Equality Act 2010.

Good

Is the service responsive?

Our findings

Relatives, professionals and staff told us consistently that the service was responsive to people's individual needs and how this had contributed to improvements in people's wellbeing. Staff told us about how each person was treated as an individual to meet their specific needs. One staff member told us, "We spend a long time learning about the people we care for when we start. Their support plans are so detailed that we can know exactly what people's needs are and how to respond to them in the best way." One professional told us, "The staff are great at their jobs, if I have had any concerns regarding a person's needs changing they respond to this very quickly".

People's support plans were person centred. People's choices and preferences were documented clearly. We noted there was extensive personal and social histories which included any details relating to equality and diversity, it was possible to 'see the person' in support plans. The care staff we spoke with were extremely knowledgeable about the people they were caring for.

The support plans contained relevant and up to date information. For example, we noted one person lived with epilepsy. The care plan contained detailed information about the condition and how it specifically affected this person. It also contained detailed information for staff to use in an emergency. There was information for staff concerning when and how to administer 'rescue' medication during prolonged seizures, rescue medication helps to get a prolonged seizure under control.

The provider supported people to meet their cultural and religious needs. One example was that care staff would take people to church at the request of their family, as this was important to them. This respected people's cultural and religious diversity.

People were supported to take part in a wide range of activities both within the home and externally. People were supported to attend a local day centre where they had a wide choice of activities, such as art, swimming and woodwork. Within the homes people could get involved in cooking, gardening, play games and use the sensory garden. People accessed a wide range of external activities such as; the cinema, pantomime, tribute bands, going to a social club or to a pub and to play snooker.

The provider arranged activities, which could be shared between staff, people living at the home and their families. These included summer parties, BBQs, Halloween parties, Christmas events and special birthdays.

The registered manager told us it was very important that people were listened to and that their concerns were dealt with. Complaints and concerns were followed up and used by the service to develop their practice and improve the care and support people received. In one example, a person's family had raised a concern that their loved one had become distressed during a health appointment. The provider reviewed the persons care plan to state that in future appointments two members of staff would attend in case this occurred again. Relatives told us that if they were unhappy they would speak to a member of staff or the registered manager and were very confident any issue would be dealt with effectively and with compassion.

The registered manager kept a record of the many compliments that they had received about the service provided to people. These were in the form of cards, emails and letters from relatives of people. One person's relative wrote, "Thank you again for all you have done for [Loved one], to have given [Loved one] such a loving and caring home for so many years." Another wrote, "We just wanted to say a big thank you for a wonderful BBQ on Saturday, it was great to see so many family and friends."

Good

Is the service well-led?

Our findings

At our last inspection of this service on 6 and 7 July 2017 we found one breach of legal requirements in relation to Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. Following the inspection, the provider wrote and told us they planned to meet the requirements of this regulation. At this inspection we found the requirements of this regulation had been met.

There was an effective governance framework in place, and individual responsibilities were clear and understood. The registered manager was supported by a strong team, which included an acting deputy manager, senior care staff and care staff.

There was an effective system of quality assurance in place; this included weekly audits. These included reviews of infection control, medicines management, health and safety and walk around checks. Staff were also checked for continued competency through observations of their role and medicine management. The registered manager completed reports to consolidate this information, which fed into a business improvement plan to capture and monitor improvements and the progress.

Staff and relatives we spoke with were all positive about the management of the service. They described the registered manager as being supportive and approachable. We asked one member of staff if they felt the home was well-led, they told us, "Yes, it is. The manager is great, the manager is the best I've ever had, her door is always open and she supports me." One relative told us, "I can call [registered manager] and she is always helpful and supportive."

There was a clear vision to provide a high standard of care and support based on the provider's values and mission statement which included 'treating people as an individual regardless of their disability'. We observed staff members following these values within their day-to-day work to a high standard.

The provider found strategies to source further funding so the home could provide more facilities, which made people's lives of better quality. This included raising funds to build a sensory garden.

The registered manager told us of how at Donec mews it is important to them to engage in the community, and raise money for charities to give something back. One example was of holding a coffee and cake morning to raise funds for a cancer charity. Another example was of staff members doing a sponsored sky dive and a sponsored silence to raise money for charity.

Resident/family feedback forms were sent out annually. This enabled people and their families to express their views as to any changes that could be made to the service. Some examples of what was implemented from this were trips and holidays. The registered manager also had an open-door policy for any feedback between these times.

Staff meetings and supervisions allowed staff members to raise ideas. This meant they could express their

views on the service and to be informed of updates. Staff were aware of the whistle blowing procedure and understood how to report any concerns.

Measures were in place to monitor incidents and accidents and to ensure appropriate actions had been taken for people. The registered manager analysed any incidents that occurred, identified the cause and made a person-centred plan to avoid re-occurrence. Records showed that following incidents relevant measures had been taken for people such as a change in the number of care staff required for a person. Another example was that the registered manager had the medication guidelines and increased competency checks for medication management following a medication error to avoid reoccurrence.

The home worked in partnership with multiple agencies. These included local authority, physiotherapists, speech and language therapists, opticians, GP's and epilepsy specialists. There was evidence in people's support plans outlining professionals involved and the roles they held in a person's care.