FitzRoy Support

Northfields

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Northfields is registered to provide accommodation and non-nursing care for up to seven people. At the time of this inspection there were seven people living in the home who had a learning disability. Each person had their own bedroom in the house. There were two communal kitchens, and lounges for people and their visitors to use.

This unannounced inspection took place on 12 October 2016 and was carried out by one inspector.

At the time of the inspection there was a registered manager in place. 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.

The Care Quality Commission (CQC) is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider was acting in accordance with the requirements of the MCA including the DoLS. The provider was able to demonstrate how they supported people to make decisions about their care. Where people were unable to do so, there were records showing that decisions were being taken in their best interests. DoLS applications had been submitted to the appropriate authority. This meant that people did not have restrictions placed on them without the correct procedures being followed.

People felt safe and relatives said that they had no concerns about the arrangements that were in place to keep people safe. Although risk assessments were in place these did not always include information for staff about how the risk could be minimised. Staff had an understanding of how to protect people from harm and knew what action they should take if they had any concerns.

Staffing levels ensured that people received the support they required at the times they needed it. The recruitment practices were thorough and protected people from being cared for by staff that were unsuitable to work at the home. People were involved in the recruitment procedures, with only the most appropriate staff being selected for a job.

Staff were kind and compassionate when working with people. They knew people well and were aware of their preferences, likes and dislikes. People's privacy and dignity were upheld.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health as staff had the knowledge and skills to support them and there was prompt and reliable access to healthcare services when needed. People were provided with a choice of food and drink that they enjoyed.

Support plans were in place detailing how people wished to be supported and these had been produced in

conjunction with people using the service. People had agreed what care and support they needed and were fully involved in making decisions about their support. People participated in activities within the home or in the community and received the support they needed to help them to do this. People were able to choose how they spent their time and what activities they participated with.

There was a complaints procedure in place and people felt confident to raise any concerns either with the staff or the registered manager if they needed to. The complaints procedure was available in different formats so that it was accessible by everyone.

People had confidence in the registered manager and the way the home was run. The registered manager ensured the staff team were well supported and there were opportunities for people and staff to provide feedback about any improvements that could be made, and these were listened to and acted on.

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

Staff were aware of the procedures to follow if they suspected someone may have been harmed.

Risks to people had been assessed and managed. However there was not always written information about how risks were reduced.

People received their medication as prescribed. Medication was stored securely.

Is the service effective?

Good

The service was effective.

Staff were acting in accordance with the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards. This meant that people's rights were being promoted.

Staff were supported and trained to provide people with individual care.

People had access to a range of healthcare services to support them with maintaining their health and wellbeing.

Is the service caring?

Good

The service was caring.

The care provided was based on people's individual needs and choices.

Members of staff were kind and caring.

People's rights to privacy and dignity were valued.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's support plans lacked sufficient detail to reflect their current needs.

People received care and support in the way wanted to.

There was a system in place to receive and manage people's suggestions or complaints.

Is the service well-led?

Good

The service was well-led.

Staff were able to discuss any concerns they had with the registered provider and were confident to question colleagues' practice if they needed to.

The service had an open culture and welcomed ideas for improvement.

Audits and actions plans ensured that the quality of the service provided was being constantly reviewed and acted upon.

Northfields

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 12 October 2016 and was announced. We announced the inspection as it is small home and we needed someone to be available. The inspection was carried out by one inspector.

Before we carried out this inspection we reviewed the information we held about this service including the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications. A notification is information about events that the registered persons are required, by law, to tell us about. □

We observed how the staff supported people in the communal areas. Observations are a way of helping us understand the experience of people living in the home.

During our inspection we spoke with the registered manager, the deputy manager and five people living at the home. We looked at the care records for two people. We also looked at records that related to health and safety and quality monitoring. We looked at medication administration records.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home. One person told us, "I feel safe, I like having the staff here." Another person told us, "Yes I feel safe, the staff are always here."

Risk assessments had been undertaken by a staff member trained to do so. Any risks to the person and to the staff supporting them were assessed. However, the risk assessments did not always include enough information about how the risks should be minimised where possible. For example, a risk assessment had been completed for one person that estimated that they were at high risk of developing a pressure ulcer. However, the risk assessment did not include information about how the risk could be avoided. The registered manager told us that risks were assessed on an individual basis so that, where possible, risks were minimised but it did not stop someone from doing something. For example, one person had said that they wanted to be able to walk unaided. The registered manager had involved the relevant health care professionals so that this could be achieved by working towards small goals. The registered manager had identified that not all risk assessments were being reviewed regularly. For example, we saw that one person's malnutrition assessment stated that it should be reviewed monthly. However, it had not been reviewed since July 2016. The manager had identified this issued and had arranged for two members of staff to complete the relevant training so that they could carry out the reviews. Staff told us they were aware of how to reduce risks to people and could give us examples.

Staff told us and records we saw confirmed that staff had received training in safeguarding and protecting people from harm. Staff were knowledgeable in recognising signs of potential or actual harm. They were able to tell us what they would do if they suspected anyone had suffered any kind of harm. Staff were knowledgeable about contacting the appropriate agencies organisations responsible for safeguarding if ever they needed to report any incidents or if they had any safeguarding concerns.

Accident and incident forms had been completed when necessary. This was for subjects such as a person displaying behaviour that challenged others. The records showed that action had been taken to ensure the person and staff were safe if it reoccurred. Staff were able to describe the correct procedure to be followed if there were any accidents or incidents and how they would record it. We saw that one person had a large bruise on their hand. They were able to tell us how they had sustained it. There was an accident form in place. The registered manager stated that they were reviewing any accidents or incidents so that they could identify any causes and trends. This information was then shared during staff meetings to prevent reoccurrence of the accident or incident.

We saw that there was a sufficient number of staff working on shift to meet people's basic needs. However, the registered manager told us that due to funding from the local authority the staff hours to provide activities out of the home were sometimes limited. The registered manager was in the process of negotiating extra funding so that staffing levels could be increased to provide more opportunities for people to take part in activities outside of the home. Staff told us they had time to meet people's needs and to sit and talk to them.

Staff told us and records confirmed that when they had been recruited they had completed an application form and had attended an interview. References and acceptable criminal records checks had been completed before they were employed. The registered manager told us that prospective staff had to complete basic maths and English tests, a formal interview and met the people they would be working with. This had helped to identify people's suitability for the job. This showed that appropriate checks had been carried out and staff were assessed as suitable to work in the home.

Medicines were administered by staff who were trained and assessed to be competent to do so. One person told us, "The staff explain to me what my medicine is." Staff told us and records confirmed that they had completed an administration of medicines training. Staff undertook a competency assessment to ensure that they had the required skills and knowledge to administer medicines in a safe way. Relevant medicines administration guidance was provided and being followed as appropriate. The registered manager told us that they completed monthly medication audits. The deputy manager and senior carer were responsible for checking the medication administration charts and stock of medication on a weekly basis. This meant that any issues were identified in a timely manner and the appropriate action could be taken.

Personal emergency evacuation plans were in place for each person. This meant that staff had the information they needed if people needed to be assisted out of the home in an emergency. Fire drills had been carried out regularly and that there were contingency plans in place for any foreseeable emergencies that may occur.

Good

Is the service effective?

Our findings

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found that where applicable capacity assessments and DoLs applications had been completed. When best interest decisions had been made these had been recorded. Staff had a good understanding of the principles of the MCA. One member of staff told us, "It's about people having control over their own life. If they are not able to we help them to make decisions. Sometimes we make best interest decisions for them but they are still always at the forefront of the decision."

Observations showed staff treated people with empathy and respect and tried to involve them in making decisions. For example, one member of staff told us, "I treat everyone as an individual."

Staff told us that the training programme equipped them for their roles. New staff completed a thorough induction. The training record showed that most staff were either up to date with their mandatory training, or this training was scheduled to take place. There was evidence that staff had the opportunity to undertake additional relevant training from time to time. The registered manager told us that he asked staff to complete regular tests on relevant subjects such as the MCA, medication and dysphagia. This was to identify any training needs.

The registered manager told us that there were staff "champions" in place. The champions attended extra training and provided support for their colleagues in subjects such as infection control, end of life care, catering and medication. The registered manager and deputy manager had also trained to become dementia coaches to provide staff with extra support. For example, staff had been identified that they lacked confidence when assisting one person who was living with dementia whilst out in the community. The registered manager had accompanied the person and staff into the community and provided guidance and support so that the staff member felt that they were confident to do it alone.

Staff told us that they felt supported. They said that they received formal supervisions. They regularly worked with the registered manager and discussed any issues with them.

Staff demonstrated to us their knowledge of people's special dietary needs and any food and drink preferences. The menus for the week were planned with people. The registered manager told us that photos

of meals were being taken to help people decide what they would like. If people did not want to eat the main menu choice, other options were then offered. People confirmed that they could choose what they would like to eat and drink. One person told us, "I can choose what [food] I would like." Another person told us, "The food is marvellous. I get enough to eat and drink."

The records showed that when people needed to see a doctor or other healthcare professional this was always organised for them in a timely manner. Records also showed people had regular access to healthcare professionals and had attended regular appointments about their health needs. Each person also had a hospital passport in place which included important information to take with them if they were admitted to hospital. This would give the hospital staff important information about the person. When we asked if people received help when they were feeling ill one person told us, "The doctor came out to see me."

Good

Is the service caring?

Our findings

We found that people were being looked after in a caring way. People told us that they were well-looked after because staff were kind and caring. One person told us, "I like living here…The staff are kind, they ask me how I'm feeling and listen to me. I get things that I like." Another person told us, "I like living here. I like the people that run it. Other staff are kind and help you."

We observed staff working with people. We saw a staff member gave a person reassurance when they asked a question that the person thought might be 'silly'. We saw that staff worked in a respectful manner with people and asked them questions about how they would like things done. One person told us, "Staff are good." We saw that people were provided with personal care and support out of view. One person told us, "Staff keep me covered up. It makes me feel good. They keep the door and curtains closed."

People's care plans included information about what was important to them as an individual. Staff were aware of what made people happy. One person's care plan stated what was important to them, "To be safe in my home and to have caring staff." Another person's care plan stated that it was important to the person, "To talk about his past and memories he has." One person used to drive and the registered manager had arranged to take them to their relative's home to see the classic car that they used to drive.

Support plans had been written in a way that promoted people's privacy, dignity and independence. For example, one person's support plan stated, "Staff must always tell me what they are about to do."

People were encouraged to maintain contact with their family and friends One person's care plan stated that their goal was to "Have support with maintaining my relationships and friendships." One person told us, "My family can come and visit." Another person told us, "My [family member] can come and visit at any time. She is made to feel welcome. I also get to talk to her every day on the 'phone."

People were encouraged to make decisions where possible. The care plan for one person stated, "I need staff to be patient and allow me the time to make decisions for myself." One person told us, "If I had to make a decision I would ask the staff for help." Detailed communication information was also included in care plans so that staff how to support people. For example, one person's care plan stated, "I will normally hold my head in my hands when I am getting confused…I need staff to give me time to get my train of thought rather than ask questions." All of the people that we talked with told us that they could go to bed and get up when they wanted to. We saw that one person had written routines about the time they went to bed and carried out certain tasks. However, they confirmed that this had been their choice. The registered manager explained that the person liked to have set routines and had requested that staff was aware of them. The registered manager also told us that the person had requested to have their routine written down and displayed next to where they sat as this helped them to feel content.

When one person had needed independent help to make some important decisions the registered manager had arranged for an advocate to support them. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Requires Improvement

Is the service responsive?

Our findings

People received personalised care in the way that they wanted to. People had talked to the registered manager, their keyworker and other staff about the goals they would like to achieve. This information was discussed with the person and the steps needed to achieve the goals were identified. For example, when one person had moved into the home, in 2015, they had not been able to walk. However, they wanted to regain their mobility and be able to walk. The registered manager had requested support from the appropriate healthcare professionals. The person had started by using aids and was now able to walk short distance independently. However, although the support plans had been reviewed they had not always been updated to reflect people's current needs. For example, the care plan for the person who wanted to improve their mobility stated that they used a stand aid. However, staff told us that the person no longer required the stand aid.

The support plans were detailed and contained a lot of information for staff to enable them to meet people's needs. They were written in a very positive manner and included information about the individual and what they could do for themselves. However, the support plans did not always contain information for staff about how they should support people with known risks. For example, one person had tablet controlled diabetes. There was no information in their care plan about how this should be managed or what staff needed to be aware of. However, the registered manager told us that information about diabetes had printed off and all the staff had signed to say they understood it. Staff were able to tell us what the signs and symptoms they needed to be aware of was.

People were supported to work towards goals at a rate that suited them and with a consistent approach from staff. For example, one person had been reluctant to have personal care. The staff worked with the person by slowing introducing them to the bathroom and equipment over a period of time until they felt confident to have a bath. The registered manager told us that the person now "really enjoys a regular bath."

Staff helped people to plan and co-ordinate activities according to their interests. As well as some people attending day centres, activities were also organised in the home and community. People told us they enjoyed spending time with each other and staff. We saw one member of staff engaging with a person by playing a board game with them. One person told us, "They [staff] take us out. I get to listen to the music I like." Another person told us, "Staff take me to football matches and air shows." We saw one person talking to the registered manager about a trip out for breakfast they were planning for the following week. The registered manager stated that one of the improvements they intended to make to the service was the number of activities that were offered to people outside of the home.

There was a complaints procedure in place. This had been provided to people in an easy read version when needed. One person told us, "I talk to someone [staff member] when I'm not happy and it get's sorted." Another person told us, "Sometimes staff don't do things right. I talk to [staff member]. He tells the staff and they normally do it right." We saw that a complaint received from a member of staff had been dealt with appropriately. The registered manager stated that there had been no complaints received within the last year from people living in the home or their relatives.

Good

Is the service well-led?

Our findings

There was a positive culture within the service. The registered manager provided strong leadership and had devised and put in place "quality checkers to make sure that designated duties are being followed." The registered manager was supported by a deputy manager and two senior support workers. Staff told us that they registered manager was approachable and always available when they needed them. One member of staff told. "All of the changes the [registered] manager has brought in have been for the better."

The registered manager used information from staff to make any necessary improvements. For example, there had been incidents when staff had needed the support of their colleagues but they could not be heard from where they were in the home. In response to this issue the registered manager had provided staff with emergency pagers so that they could request support from other staff wherever they were in the building.

A representative of the provider completed a quality monitoring visit with the registered manager once every three months. This resulted in a detailed action plan which was updated when actions had been completed. The provider's health and safety officer also completed a regular health and safety audit of the home which had identified any areas for improvement. As well as the supplying pharmacy completing an annual audit of the medication system the registered manager, deputy manager and senior carers were also responsible for carrying out regular audits. This had recently identified a problem with the administration of one person's topical cream and the registered manager had taken action to resolve this.

People were involved in the running of the home. People had monthly meetings with their keyworker (a named member of staff who supported them with certain tasks) to discuss the previous month and make any plans for the future. This meeting was also used to ask if they would like anything done differently or if there were any ideas for any improvements to the service. People had completed a satisfaction questionnaire in 2015. The registered manager stated that they were due to be sending out the next satisfaction questionnaire and there would be a report to show the findings. People were also involved in the recruitment of new staff and the registered manager stated in the PIR that, "No final decision on recruitment is made without their [people living in the home] approval." People were also invited to attend regular house meetings where they evaluated the support they were receiving and identified any improvements. At a recent meeting one person had asked if they could have their bedroom painted and this had been arranged.

The office included posters about what the provider's strategic objectives for 2016/17 were so that staff were aware of them. The registered manager also told us that the objectives and the aims and philosophies for the home were regularly discussed at the team meetings. They said told us they liked to empower the staff to take more responsibility in the home by developing their abilities and confidence through training and support. When staff had been asked to be champions in a certain area the registered manager had given them information about the expectations of the role and how they would be supported. Each month there was also a "team brief" from the provider that was shared with all staff. This included important information such as any change in legislation, polices or procedures. We saw a recent letter from the registered manager to all of the staff thanking them for their continued hard work and highlighting their achievements in the

past year. There was also a "Employee of the month" scheme which identified and praised staff for their individual contribution at work.

Staff were aware of the whistle blowing procedure and when needed had used it. This had helped to ensure that only the right people continued to be employed in the home. In addition it showed that the registered manager and provider took their responsibilities seriously regarding protecting people.

People were supported to maintain their links with the local community to promote social inclusion. We saw that people used the facilities in the local community regularly such as shops, pubs, restaurants and banks.

The registered provider had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred. Records we looked at showed that notifications had been submitted to the CQC when needed.