FitzRoy Support

Taylor Road

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

Overall summary

This inspection took place on 5 and 8 May 2015 and was unannounced.

At our last inspection dated 23 May 2014, we found that the service was non compliant with regulations in respect of safe management of medicines and care records not being consistently maintained. At this inspection we found that the service was compliant with both regulations. Safe management practices were being followed in respect of medicines and all care records were up to date.

Taylor Road provides accommodation and support for a maximum of seven people who have learning disabilities. They may also have physical disabilities. On the day of our inspection there were five people living at this home.

This service is required to have a registered manager in post. 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a registered manager employed at the time of our inspection.

There were safe arrangements in place in respect of the ordering, storage, administration and recording of medicines. Staff received training about safe medicines practice and their competence was checked periodically.

People had limited verbal communication skills but they were able to indicate to us that they were happy living at this home. People appeared relaxed in the presence of staff. All staff had completed training about how to recognise if abuse was occurring and what to do if they had concerns.

There were enough staff on duty to meet the needs of people living at the service. Sufficient staff were available so that people could take part in activities in and outside of the service.

Staff knew about the Mental Capacity Act and the Deprivation of Liberty Safeguards. They understood how to support each person around making choices and acting in the best interests of the person.

People were cared for by kind, attentive and compassionate staff. They were offered choices around daily living and these were respected. People's diverse needs were met in a dignified way and staff understood the equality and diversity ethos of the home.

Audits were in place to ensure the service operated in a safe way. Quality audits were completed regularly and people's views were sought frequently and acted on. There was a complaints procedure available and this showed that all expressions of concern were investigated and resolved quickly. People had the complaints process explained to them and they were supported by staff to raise any concerns they may have.

Summary of findings

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.

Medicines were stored, administered and recorded appropriately, with procedures in place to reduce the risk that people's medicines were not available when required.

Staff had received training to recognise the signs of abuse and what to do if they suspected that abuse had occurred.

There were safe recruitment processes in place so that only people of good character were able to work at the service.

Good

Is the service effective?
The service was effective.

Staff received training and support so that they could fulfil their roles effectively.

Staff understood the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards and knew how to act in the best interests of people.

People were involved as far as possible in planning their own care plans and agreeing their own personal goals and aspirations.

Good

Is the service caring?
The service was caring.

Staff were kind, attentive and caring. They promoted people's privacy and dignity in an individualised way.

People were consulted about how they wished to spend their day and with whom. People were offered choices and supported to make decisions for themselves as far as possible.

Good

Is the service responsive?
The service was responsive.

Care records were person centred and reflected the specific needs of the person and how they should be met.

There were activities available in and outside of the service that met people's social and emotional needs.

People received information in accessible formats so that they knew who they could speak to if they were unhappy. Staff knew people well and explored the reasons for any mood change in people.

Good

Is the service well-led?
The service was well-led.

The service had an ethos that was based on equality and diversity values that staff understood and worked to.

Good

Summary of findings

The management team provided consistent support and guidance and the registered manager was visible in the service.

There were regular quality checks and audits completed so that service provision was continuously improved.

Taylor Road

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 5 and 8 May 2015 and was unannounced.

Before the inspection we reviewed the notifications that had been sent to us by the service. These are reports required by law, such as safeguarding concerns, accidents and injuries.

The records we looked at included staff rotas, medication records, Mental Capacity Act and Deprivation of Liberty Safeguard assessments and applications and the care records of people living at the service.

We spoke with three of the people living in the service. All of the people had limited verbal communication skills and were not able to tell us in detail what they thought about living in the service. We also spoke with two family members. We observed what was happening during the inspection and spoke with staff about how they supported people in the way they wanted. We also spoke with four support staff, the registered manager and deputy manager.

Good

Is the service safe?

Our findings

At our last inspection on 23 May 2014, we found that the service was in breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 HSCA 2008 (Regulated Activities) Regulation 2014 and refers to the safe management of medicines. This was because the arrangements for recording medicines were not safe. The amount of stock held did not correspond to the records kept.

At this inspection we thoroughly reviewed how medicines were managed. We also looked at the action that had been taken to improve processes following the failure of the service to order important medication that resulted in a person being admitted to hospital. We saw that robust action had been taken.

There were rigorous mechanisms in place, with two staff administering medicines and counting the tablets each time they were required. Medicines were audited each day by the senior support worker, and the manager or deputy manager also checked to ensure there were sufficient medicines in stock. Medication Administration Records (MAR) were being signed by both members of staff to show that the medicines had been given as prescribed. We looked at the MAR charts and saw that there were no unexplained gaps in them.

We spoke with the senior support worker who was responsible for the management of medicines at the service. They talked us through the process of ordering, administering and recording medicines and also the checks they made whenever medicines were administered. We also saw that frequent audits of medicines were being undertaken by the manager.

Medicines for daily use were stored in locked cupboards in each kitchen together with care plans that gave clear direction to staff about what the medicine was and also when and how it should be taken. Additional medicines were stored in locked cupboards on the first floor. We checked some medicines held against the records and saw that they were correct.

Staff told us they had completed training about the safe handling and administration of medicines. We looked at the training records and saw that this was the case. Staff also told us that they were receiving regular competence checks by being observed by senior staff whilst dealing with medicines.

At this inspection we found that the provider was no longer in breach of regulations concerning medicines.

One family member told us, “We’re very pleased [person] is living at this home. It is very caring.” Another relative said, “The home is amazingly good, I can’t fault it.”

We talked to staff about safeguarding and they were able to describe the different types of abuse. They described the signs to look out for and action to take if they suspected abuse was happening. Staff told us they had completed training about safeguarding people and this was confirmed by the training records we looked at.

When we asked one person if there were plenty of staff about they were able to answer, “Yes.” We saw that people were engaged with support staff and that there was time for staff to sit beside people and support them in activity and occupation. One relative told us, “There seem to be adequate staff and [person] seems well cared for.” Staff told us that they had time to spend with people and felt there were normally enough of them to support people and undertake activities in and outside of the home.

We looked at the staff rota and saw that the service employed three support workers throughout the day, with an additional member of staff working in the middle of the day. There was one member of staff at night together with a further staff member sleeping at the service in case additional support was needed during the night. The registered manager and deputy manager were also responsible for another of the group’s services located close by but were always contactable to provide support and guidance to staff.

We looked at staff files to check how staff were recruited. The service operated recruitment practices that included three written references. Checks were carried out to ensure that staff were of good character and appropriate to work with people who were vulnerable due to their condition. Checks also included the staff members’ eligibility to work in this country where that was appropriate. The registered manager described how people were involved in recruiting new staff, by meeting the applicants and sharing their opinions about them.

Good

Is the service safe?

Risk assessments had been completed around daily living and risk reduction care plans were in place in people's care records. On arriving at the service we saw that one person was involved in a care meeting with staff and other professionals where strategies to reduce risks to them were being discussed. People's care records showed that risk assessments in relation to pressure area care, mobility, choking and aspiration and medication refusal were included. These provided guidance for staff about minimising risks to people's safety.

Health and safety records showed that there were suitable risk assessments in place, including appropriate individual fire plans for people living at the service. We saw that the service was well maintained and all exits from the home were clear to allow easy evacuation. Health and safety management systems were in place with scheduled audits of the environment occurring to identify any action needed to maintain the environment to a safe standard.

Good

Is the service effective?

Our findings

One person was able to indicate that they were satisfied with the care they received. They said, "I go next door to have tea with my friend." They also told us, "They [staff] make me a cup of tea." They went on, "This is my music, I have lots in my room."

There was a programme of staff training in place so that staff had the skills and knowledge to effectively carry out their role. Recently appointed staff told us about the induction training they had received on taking up their appointment. Staff had access to training that met people's specific needs such as epilepsy, equality and diversity, effective communication and challenging behaviours.

Staff told us they felt well supported and described how they received regular supervision which they found helpful. The registered manager showed us a record that detailed all contacts with individual staff members, including supervision sessions, annual appraisal and competency assessments.

Staff confirmed that they had received training about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They described the principles of the MCA and how it applied to people living at the service.

The registered manager and deputy manager were knowledgeable about MCA and DoLS and understood the processes for making application to the authorising authority to deprive a person of their liberty. Documentation was kept on people's files where an application had been made. Where decisions had been made on behalf of people lacking capacity, these decisions and how they were made were clearly documented in people's care records. This provided staff with guidance about how to deliver certain aspects of the person's care in their best interests.

We observed the interactions between people and staff and saw that people were always asked for permission before staff undertook any task affecting them. For example, one person was doing a puzzle and the staff member asked permission to put it away as it was time for tea. One person was asked for permission to move the table they were using so that another person could join them in the activity. During this inspection we saw and heard staff offering people choices and supporting them to make decisions for themselves wherever possible.

People were supported to eat and drink well. People were offered choices of food. At lunchtime we saw staff preparing a light meal that one person had chosen. The person then changed their mind when it was presented to them and another meal chosen by the person was prepared. All meals were prepared fresh on the premises and staff described how they supported one person during the morning to do some shopping in the local shops.

We noted within people's care records that specific guidance was available to staff for people who had difficulty eating and drinking. We saw care plans that had been developed based on the advice provided by the dietician and speech and language therapy team. The daily notes folder contained a fluid and nutrition chart that recorded all the food and fluid that the person had taken and these were up to date and completed at the time food or drink was given. People had access to food and drink throughout the day and night.

We asked one person if they felt well looked after and they replied, "Yes." People had access to all health care services. We saw within the care records that staff provided care and support in line with the guidance provided by health care professionals such as the dietician, speech and language therapy team, GP and community nurse team.

Good

Is the service caring?

Our findings

We carried out our observations throughout the inspection and listened to the interactions between staff and people using the service. Staff knew each person very well and understood the things that were important to them. Staff were kind, caring and compassionate towards people and spoke to them in a warm and encouraging way.

We saw staff communicating with people in the way the person best understood and people were given time to take in what was being said to them and to respond. People were spoken to in a polite and respectful manner. Staff acted in accordance with what the person indicated they wanted to do. Interactions were positive and relaxed so that people did not feel pressurised to respond.

Staff described to us how they promoted people's privacy and dignity by supporting people with their personal care in the privacy of their own rooms. They spoke about how each person living at this service was an individual and they ensured they were treated as such. We saw and heard staff discreetly offering support to people and assisting them from communal areas to provide them with the help they needed. People were treated with respect at all times.

A group of four people ate their lunchtime meal together and they were supported to be independent whilst eating. There was very little communication between the people, but staff interacted appropriately throughout, involving everyone in a conversation and treating each person with respect.

People were consulted about aspects of day to day living. One person with limited verbal communication was encouraged to express their views and preferences about the activity they were engaged in and the choice of meal they preferred. People were seen to be making choices about their daily living and staff were respecting the choices being made. These included choices about the food they ate, how they spent their time and with whom. For example, two people wanted to play their music at the same time so staff helped them to agree a level of volume so that each could hear their own music. This resulted in both people being happy with the arrangement because they had wanted to spend the time together in each other's company.

We saw that people were involved and consulted about the planning and review of their care, treatment and support wherever possible. This meant that people received the care and support they wanted in an individualised way. During our inspection one person was seen to be actively involved in a review of their care with the registered manager and other health and care professionals associated with their care package.

Good

Is the service responsive?

Our findings

During our last inspection dated 23 May 2014, we found that the service was in breach of Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014. This was because care records were not being consistently maintained. During this inspection we found that records were up to date, legible and reflected the care provided to the person.

We looked at care records and these showed that people were involved in planning and reviewing their care plans as much as possible. Care plans had the signatures of people to show they had been involved in the process. We could also see that family members were consulted as appropriate about the care their relative needed.

Both family members told us they were involved and consulted about the care their relative received. One person said, "All the family go for the reviews if they can." Another relative said, "I am involved in the reviews of [person] care. I am also fully consulted and they keep me fully informed all the time. They will ring me if there is anything to discuss."

Care plans and daily records were person centred and focused on the individual person and their specific needs. It was evident that they had been developed based on staff knowledge of the person and their needs. For example, plans for people with verbal communication difficulties included information on how to interpret the sounds the person made so that staff members responded appropriately. We observed the care and support being provided to people throughout the inspection and noted that staff knew people well enough to be able to understand their wishes from sounds and gestures.

All aspects of the person's health, social and psychological needs were considered, with clear guidance provided to staff about how the person wished to be supported and cared for. Goals and aspirations were recorded. One plan stated that the person's goal was to maintain contact with their family and the steps to take to ensure this happened were recorded.

Each plan was reviewed and updated every month, or more frequently in the event that the person's needs changed. We witnessed a person involved in discussing and reviewing their care plan so that they knew what was in it and were happy with what had been agreed.

Although most people were unable to speak with us, one person was able to tell us a little about what they liked to do. They told us, "I enjoy going out in the mini bus. I go and see my [relative] in his home." Staff told us that one person had been out to visit a friend they had not seen in a long time who was living in another service. They had enjoyed the visit very much and it was expected that the experience would be repeated in the future.

Our observations showed that people enjoyed taking part in activities on a one to one basis and also together in a small group. We saw staff assisting people to do jigsaw puzzles, setting up their music so they could operate and change their compact discs for themselves and assisting people to go out into the garden to enjoy the sunshine. We saw that people were choosing what activity they wanted to do and for how long. Those who were independently mobile were seen walking about the home and engaging in various activities for short periods of time as they wished.

During our observations we noted that staff spoke discreetly between themselves about the care and support people needed. They referred to people's daily care plan notes and updated them in a timely way so that important information did not get forgotten. Staff coming on duty were given verbal updates on each person so that continuity of care could be maintained and information about important events was shared.

People were not able to tell us if they knew how to complain. We spoke with the registered manager about how the complaint process was made known to people. We saw that each care plan contained an easy to read copy of the complaints procedure, which staff explained to people so that they understood the process. Staff were confident that they would be able to interpret peoples' mood in the event they were unhappy about anything and would try and establish what was worrying them.

We asked people's relatives if they knew how to complain. Both told us that they could not recall the procedure to follow although they would raise any concerns with the registered manager. We looked at the complaints folder

Good

Is the service responsive?

and saw that two complaints had been received since October 2014. Both had been thoroughly investigated and resolved, with action being taken as required. We noted that the complainants had been kept advised of progress.

Good

Is the service well-led?

Our findings

Staff spoke about how they were aware of equality and diversity and their approach to providing care was based on those principles. One member of staff described the ethos of the service as, "…promoting opportunity for people that reflects equality values." We witnessed staff being attentive to people and responding appropriately when required so that each person was treated as an individual.

We saw that the registered manager operated an open door policy and staff had easy access to the registered manager and deputy manager at all times, incuding out of hours. The registered manager was visible throughout the home and actively acknowledged people so that they felt valued.

Staff told us that they felt well supported by the registered manager and senior team. They confirmed that they received regular supervision, when they could discuss their professional development and identify training needs. Staff knew the provider's whistleblowing policy and felt able to raise any concerns with the registered manager or a member of the senior team. Staff meetings were taking place and staff felt they could raise their views and opinions and that they were listened to by the registered manager.

We were told that people were asked for their views about the service on a regular basis. House meetings took place each month and we saw monthly surveys in people's files, where they had been asked for their views on specific topics. One person had recently attended the provider's 'Voices for Change' meeting, which is an open forum held outside of the service so that people from the provider's services can gather to discuss relevant issues and influence change. One person indicated to us that they had attended the last 'Voices for Change' meeting and had enjoyed the experience.

The last family satisfaction survey had been completed in 2014 and had been conducted by the provider's support office. The summary of the last survey had not been received by the registered manager at the time of inspection. This meant that timely opportunities to make improvements may have been missed. One relative told us, "I have received a questionnaire from Fitzroy about the care at the home."

Audit process were in place so that the quality and safety of the service was assessed and improvement plans developed. For example we saw audits in place for care records to ensure they were kept up to date and also daily audits of medicines to ensure safe practice was followed. We looked at accident records and saw that each incident was fully investigated and action taken was recorded. Complaints were audited and remedial action taken as required.

Audits of the environment were also being completed. For example we saw audits of all lifting equipment, electrical and gas safety and fire safety procedures. Fire safety systems were regularly checked, with a nominated member of staff having responsibility for all weekly fire checks.

We were told that the service was visited regularly by the organisation's quality manager. We saw that their last visit had taken place in February 2015, when an action plan to improve the service was drawn up. Their next visit had already been scheduled so that progress against the action plan could be assessed.