

New Directions Flexible Social Care Solutions Ltd

Hill End Lane

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

We carried out an announced inspection on 5 November 2015.

The service provided care to adults in their own homes. The building was composed of a large house which had been divided into individual studio flats. People who were being supported by the service had Asperger's syndrome and or associated health conditions. At the time of the inspection, 6 people were being supported by the service.

The service had a new manager, who was in the process of registering with the Care Quality Commission. 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 provider also worked at the service.

People's needs had been assessed and care plans were in place detailing their individual needs, preferences and choices. There were risk assessments in place that

Summary of findings

informed staff how to support people safely and where possible to reduce or mitigate identified risks. There were systems in place to safeguard people from the potential risks of harm.

People were happy with the service they received and spoke positively about the quality of support they received.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff had a clear understanding of their roles and responsibilities. Staff obtained people's consent prior to supporting people and a consent policy was being developed to ensure a consistent approach.

Staff received support, supervision and appropriate training relevant to their roles. They were able to demonstrate how they supported people and had the skills to do so. People were supported by staff who were caring and respectful. People who wished to were also supported to pursue hobbies and interests. People were supported to access health services including GP, opticians and dentist appointments when they needed.

There was a process in place for the investigation of complaints. Staff told us they encouraged feedback from people as a way of improving the standards within the service.

The provider had effective quality monitoring processes in place and records were stored securely.

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.

Staff were able to recognise and report allegations of abuse.

Risks to people's health and well-being were identified and managed effectively.

There were sufficient numbers of staff available to meet people's individual needs and they had been recruited through a robust service.

People were supported to take their medicines safely by trained staff.

Good



Is the service effective?

The service was effective.

Consent was obtained for various aspects of the service provided and consent was recorded in care records.

Staff had been trained and had the required skills to meet people's needs effectively.

People were supported to eat a varied and balanced diet which met their needs. This was subject to the availability of foods in people's homes.

People had their health needs met with access to health professionals when required.

Good



Is the service caring?

The service was caring.

People were cared for in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People and or their relatives were involved in their care planning and review of their care.

People were treated with dignity and respect and their privacy was maintained.

People and their relatives were able to access independent advocacy services if required

Good



Is the service responsive?

The service was responsive.

People's support was appropriate to meet their assessed needs and goals.

People were supported to pursue hobbies and interests.

There was a complaints policy in place. People knew how to make a complaint if they needed to.

Staff had access to information and guidance that enabled them to provide person centred care and support.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

People who used the service and staff spoke positively about the management of the service.
Staffs had clear roles and responsibilities, and were well supported by the management team.
There were effective quality monitoring systems in place to manage risks and to work towards continual improvement.

Hill End Lane

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service.

This visit took place on 5 November 2015 and was carried out by one Inspector. We gave the provider 48 hours' notice of the inspection to make sure that appropriate staff and managers would be available to assist us with our inspection. Before our inspection we reviewed information

we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with two people who used the service, two members of staff and the manager who had recently been appointed to manage the service. We received feedback from health and social care professionals and saw the latest contract monitoring report. We looked at support plans and risk assessments, staff recruitment and support records. We saw staff training information, minutes from team and house meetings and individual supervisions. We reviewed safeguarding procedures and the complaints procedure. We looked at quality monitoring arrangements and audits.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, “Yes I am safe here, I don’t worry at all.” Another person said, “The staff keep an eye on us, I think we are kept safe.” Staff confirmed the arrangements that were in place to assist in keeping people safe. There was CCTV in the communal areas of the homes.

Staff told us that they had received training on how to keep people safe from harm and had access to up to date policies and procedures. They were clear about the process for reporting any concerns they might have and they were confident that any concerns would be fully investigated by the manager. We saw records which confirmed that staff had received appropriate training and staff were able to demonstrate they knew about different types of abuse that people may be subjected to. Staff were aware of the whistle blowing policy which was in place.

All safeguarding incidents were appropriately reported and investigated by the provider and referred where appropriate to the Safeguarding team. This meant that the provider took all necessary actions to help ensure people who used the service were protected from harm.

People’s individual risk assessments had been completed to assess all kinds of risks to people both within the home and the community. Staff also showed us some examples of specific risk assessments for one off events. For example, cooking or travel on public transport. We saw that risk assessments were reviewed regularly, and was always reviewed when there was a change in a person’s health, wellbeing and or abilities. Staff were able to demonstrate a good knowledge of the risks to people and had clear

instructions on how to manage and mitigate these risks. We saw that H&S checks were in place and accidents and incidents were recorded to ensure learning and a reduction in the risk of a reoccurrence.

Staff told us that where people had behaviour that challenged, risk management strategies were in place to ensure triggers could be identified quickly and early intervention to diffuse potential situations could be implemented. This demonstrated a proactive approach to managing risk. We saw that people’s dignity and respect was maintained as part of this process, and one person told us they felt that these strategies “Helped them deal with their feelings.”

There were sufficient numbers of staff available to meet people’s needs safely and in a timely manner. Rotas confirmed this to be the case. Staff told us there was always enough staff on duty to meet the needs of people safely. People told us that they got the support they needed at the agreed times and frequencies. We saw that people had planned timetables and staff were able to support people flexibly as well as safely.

There were robust recruitment processes in place and we saw that staff had completed a detailed application form and had all pre-employments checks taken up in advance of being employed. This included having to provide two written references which were verified. Criminal record checks were done and proof of identity was required.

There were arrangements in place for assisting people to order, store and administer medicines. People managed their own medicines and the process was supported by staff who had been trained appropriately. Medicine records were clear and we saw that there were regular audits completed.

Is the service effective?

Our findings

People told us they thought staff had been trained and knew how to meet their support needs effectively. One person told us, “They are a good team, I am not sure what training the staff get, but they do seem to know what they are doing.”

Staff described how they provided effective care that met people’s changing needs. Staff told us about specific training relevant to their roles, but more specifically specialist training relevant to the health conditions of people who used the service which included Asperger’s training and training on the use of spectrum star’ a specialist tool used to support and monitor people with specific health conditions. The tool helps people with setting goals and objectives which were reviewed regularly to ensure people who were being supported are achieving their maximum potential.

Staff received supervision and an appraisal from their line managers. Staff told us they had regular team meetings and supervisions were used to discuss all aspects of their work as well as personal development, training and support needs.

People’s support plans had details of consent that people had given in relation to aspects of their support plan. Staff were able to describe in detail the arrangements for obtaining consent to support and also to other aspects of people’s lives. This included consent to having their photograph taken, consent to share information and consent around the use of CCTV in the communal areas of their homes. Staff also had knowledge about the Mental Capacity Act 2005. The MCA is in place to ensure that staff

supported people to make important decisions for themselves if they have capacity. For example, if the provider needed to deprive people of their liberty to keep them safe. They would be required to assess the person and apply for the deprivation to be authorised to ensure they were acting lawfully. However, no one living at the service was being deprived of their liberty at the time of our inspection.

People told us that they had been made aware of the availability of independent advocates if they wanted to discuss anything relating to their support and contact details were available to them. One person told us they had accessed the advocacy services and had found them to be “very supportive.” They told us they met up regularly to discuss how things were going and they had found the support very reassuring which had helped them to think through a number of situations.

People were able to do their own shopping and cooking and were supported by staff to develop skills in this area. For example, people were encouraged to eat and drink a healthy balanced, varied and nutritious diet.

People told us they were supported to maintain good general health and wellbeing. People said they made their own GP appointments when required or other appointments such as dentist or opticians periodically. Staff told us if they were concerned about a person’s health or wellbeing they would discuss this with the person and contact the relevant healthcare professional to ensure the person was supported to seek appropriate medical intervention. People told us they also had an annual health check with their GP.

Is the service caring?

Our findings

People gave positive feedback about their experiences and relationships with staff who supported them. One person said, “They are a friendly bunch here, both the staff and the other guys who live here.” Another person said, “They do listen and do their best to help you; I think they are kind and caring.”

People told us they each had a keyworker and had developed good relationships with them. From time to time keyworkers were changed and one person said, “It takes a bit of time to get used to someone new but I have liked most of them. They are able to guide me and help me to think things through.”

People told us staff were respectful of their privacy and maintained their dignity. We observed staff engaging with people throughout our inspection and saw that they respected people’s privacy. For example, staff were mindful of our presence when discussing things of a personal nature with people who used the service. They also told us they ensured privacy when in communal areas of the building so as to make sure people’s private lives were kept private and only people who needed to know were present.

Several people made comments about being treated as individuals and about staff respecting their boundaries

whilst still being kind and caring towards them. Staff recognised the importance of not intruding into people’s private space. For example, staff always knocked first, even if the door was open, and waited until they were invited into the person’s home. Staff respected people’s wishes and choices while they ensured that people were cared for in a way that respected their dignity.

Staff were kind when speaking to us about the people they supported. For example, their use of words and language was kind and respectful and they were able to demonstrate the person was important to them and they wanted to support the person to achieve the best they could. They also tried to facilitate the relationships people had with family and friends if that was what people wanted and if this made people happy.

Records were stored securely. Staff understood the importance of respecting confidential information. We saw that records also referred to people in a way that was kind and compassionate. For example you could see that people thought about what they wrote and in particular tried to use language, words and communication methods that people were able to understand. This approach helped to demonstrate people were caring and thoughtful about the people they supported.

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person said, “Staff are always ready to support me when I need it.” Another person told us, “When I was not feeling well they were straight in there, I remember them asking me all kinds of things so they could get me the right help. They are really good and I think very flexible.” “It’s good here and they do their best for you and ask for feedback at house meetings.”

Staff demonstrated to us that people were supported in a responsive way. For example, one staff member told us, “You can’t have rigid plans when supporting the people who live here. People are entitled to change their mind so we go with the flow.” Another staff member told us that, “Sometimes people are having an off day, one of the great things about our service is that we recognise it’s ok to have an off day.”

People’s needs, goals and objectives were reviewed on a regular basis. The recovery star was an on-going monitoring tool and people’s changing needs were recognised, discussed and new goals and objectives put in place. In the support plans that we saw examples of how people’s plans contained up to date and current changes such as changes to their timetable or objectives. There was also a complete understanding of people’s healthcare conditions and both staff and people told us how this impacted on them and sometimes they just did not feel like doing certain things. Their plans for the day would then be amended to reflect what they felt like doing.

People told us they enjoyed doing certain things. For example, one person was studying and told us they liked to spend time reading and learning. Other people enjoyed going into town and another person preferred to stay at home and watch TV. Staff told us that they encouraged people to pursue hobbies and interests to reduce the risk of social isolation. We saw, and people told us, they were asked by staff about how they wanted staff to support them and these were recorded in their support plans. Staff told us they asked people if they had any specific spiritual religious or ethnic needs and discussed how these would be met.

There was a complaints procedure in place and people told us they knew how to make a complaint if they needed to. One person told us they had complained to a previous manager and the issue had been addressed. Staff and people told us the manager encouraged people to raise any issues or concerns openly and have proper discussions if things are not right.

We saw that people had been provided with a copy of the complaints procedure when they had moved into their home. This was in an easy read format and supported by pictures. This helped to ensure that people understood the procedure and were confident that it would be dealt with appropriately. There was also a process in place for recording compliments and comments and people were also aware of this process.

Is the service well-led?

Our findings

The manager and staff had systems in place to monitor the quality of the service provided. People supported by this service told us the staff managed the service well and one person told us, “I am glad we have the new manager, I think they will make improvements to the service.” and,

The new manager told us they had some plans to review the service and also for future development. People said they felt there was strong leadership, however as the new manager had only been working at the location for two weeks they were unable to comment on their style of management. Staff feedback however was positive about the future management of the service. Staff told us there had been good interim management arrangements in place and that the overall quality had been sustained.

Staff showed us the minutes from regular staff meetings that were held regularly, we also discussed other support processes such as individual supervisions and annual appraisals. The results had been analysed and a report provided with the findings and results along with some recommendations. This demonstrated that the systems that were in place to monitor the quality of the service were effective in achieving the desired outcomes and promote continuous improvement, which included learning from incidents and or feedback.

During our inspection we observed that both the manager and staff promoted a positive culture that was person-centred, open, inclusive and empowering. We saw that people were encouraged and supported to voice their views.

Staff showed us a range of quality monitoring audits which had been completed on a regular basis to assess the quality of the service provided. These included checking people’s individual homes were clean and people were receiving the appropriate level of support, medicines audits and health and safety. We were shown the results and summary report from the latest survey which people had been asked to complete to obtain feedback about what they thought about the service they received.

If issues had been identified from these audits, the staff took appropriate action to ensure concerns were addressed or elevated to the manager. The manager who was supported by a unit coordinator took prompt action to rectify these. For example, when a person raised an issue about the behaviour of another person who lived in the complex, the manager and staff dealt with it quickly to ensure people were protected and reassured and the issue was addressed and plans put in place to prevent a reoccurrence. Also, following any concerns being raised or investigations, the provider gave feedback to staff during team meetings or supervisions to enable learning and continuous development in their roles. Learning was applied to the service to achieve the best possible outcomes for people. These actions demonstrated that the service was well led and well managed.