

## Flexible Support Options Limited

# Flexible Support Options Limited (Stockholm Close)

### Inspection report

15-16 Stockholm Close  
Tyne Tunnel Trading Estate  
North Shields  
Tyne And Wear  
NE29 7SF

Tel: 01912587254

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22 November 2018  
26 November 2018

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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 22 and 26 November 2018 and was announced. This was to ensure someone would be available to speak with us and show us records.

The service provides personal care for people who live in their own homes. Not everyone using Flexible Support Options Limited (Stockholm Close) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

On the days of our inspection there were 32 people using the service. Most of the people who used the service had a learning disability.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There were enough staff on duty to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the safe administration and storage of medicines.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care provided by Flexible Support Options Limited (Stockholm Close).

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible. Support plans were in place that recorded people's plans and wishes for their end of life care.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support and their individual wishes, needs and choices were considered.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint.

The provider had an effective quality assurance process in place. Staff said they felt supported by the registered manager. People, family members and staff were regularly consulted about the quality of the service via meetings and surveys.

## 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 remained good.

### Is the service effective?

Good ●

The service remained good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained good.

### Is the service well-led?

Good ●

The service remained good.

# Flexible Support Options Limited (Stockholm Close)

## **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 22 and 26 November 2018 and was announced. One adult social care inspector carried out the inspection.

We visited the provider's office on 22 November 2018 to speak with the registered manager and to review care records and policies and procedures. We visited one of the houses where people were supported on 26 November 2018.

We spoke with two people who used the service. Some of the people had complex needs which limited their verbal communication. This meant they could not always tell us their views of the service so we spoke with three of their family members. In addition to the registered manager, we also spoke with the operations manager and four members of staff, and received feedback from two social care professionals. We looked at the care records of four people who used the service and the personnel files for three members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of good. At this inspection, we found the service continued to be safe. One person told us, "Yes I feel safe. I can trust them [staff]." A family member told us, "Safe? Yes. The staff are with [name] 24/7."

The service employed sufficient numbers of staff to support people with their individual needs. The registered manager told us they recruited more staff than they required to ensure resilience. Staff absences were covered by the provider's own staff and staff spoke positively about the flexibility of their colleagues to cover shifts. Staff told us the service always ensured a person would be supported by someone they knew. One staff member told us, "They [people who use the service] have the same regular staff. Each house has a core team." People and family members confirmed this. A family member told us, "[Name] has had the same staff for years. I'm very content."

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with children and vulnerable adults.

Risks were well managed. Accidents and incidents were appropriately recorded and analysed to identify any trends. Risk assessments were in place, and described potential risks and the safeguards in place to reduce the risk.

People were protected from the risk of infection. Regular audits were carried out to ensure infection prevention and control procedures were being followed. People and family members did not raise any concerns in this area.

Checks were carried out to ensure people lived in a safe environment. These included health and safety, and fire safety. Records were up to date

The registered manager understood safeguarding procedures and had followed them. People were provided with a guide about how to report abuse. The local authority had been informed of any possible incidents or allegations of abuse, statutory notifications had been submitted to CQC and staff had been trained in how to protect vulnerable people.

Appropriate arrangements continued to be in place for the safe administration and storage of medicines.

## Is the service effective?

### Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service continued to be effective. People received effective care and support from well trained and well supported staff. One person told us the staff were "excellent". A family member told us, "They [staff] provide support for [name]'s needs." Another family member told us, "I'm very pleased with the standards." Care managers told us communication was good with the service and they were happy with the support provided.

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their line manager. It can include a review of performance and supervision in the workplace. Most staff training was up to date and where it was due, it was planned. New staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. A staff member told us, "We are always training." Another staff member told us, "The training has been good."

People's needs were assessed before they started using the service and continually evaluated to develop support plans.

People were supported with their dietary needs. Support plans included information on people's preferences, needs and the level of support required. Records included involvement of healthcare specialists such as speech and language therapists (SALT) when required. For example, one person had an eating and drinking plan in place due to poor appetite, visual impairment, poor motor skills and lack of understanding of the importance of a healthy diet. The plan included input from SALT and a family member regarding the person's dietary needs. The plan described the actions staff were to take. Food and fluid, and weight monitoring tools were in place.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. None of the people using the service at the time of our inspection had any restrictions in place. Mental capacity assessments and best interest decisions were recorded, and consent forms had been signed by people.

People were supported with their healthcare needs. Care records included details of appointments and involvement with GPs, dentists, opticians, podiatrists, SALT and occupational therapists. Staff we spoke with were knowledgeable about people's healthcare needs.



## Is the service caring?

### Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be caring. One person told us, "The care is unbelievable." A family member told us, "The care is very good."

The provider promoted dignified and respectful care practices to staff. Care records described how staff should respect people's privacy and dignity whilst carrying out personal care. For example, "Cover me over for dignity after removing my sling" and "Ensure I am covered over to maintain my privacy." Staff we spoke with had a good understanding of this area. A staff member told us, "When [name] goes to the toilet, we stand around the corner to maintain privacy and dignity." Another staff member told us, "It's common sense. You keep the door shut and ensure privacy."

Staff supported people to be independent and people were encouraged to care for themselves where possible. Care records described what people could do for themselves and what they required support with. For example, "I am able to wash myself if I am given a sponge with shower gel on", "I am not keen on helping with any domestic routines, my staff should encourage me to be involved and at times I may join in and help" and "I want staff to help me dress. I like to dress nicely and for staff to make sure my clothes are coordinated."

People were supported with their communication needs and were given information in a way they could understand. People's preferences and choices were clearly documented in their care records. For example, preference for male or female staff, and whether they had any cultural or religious beliefs or needs. For example, one person's care record described how their faith was important to them. This included attending religious services and their specialist dietary needs. Information and guidance was provided for staff on how to support the person with their religious beliefs.

Records were kept securely in people's homes and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information.

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager. They told us some of the people using the service at the time of our inspection had independent advocates.

## Is the service responsive?

### Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service continued to be responsive.

People's care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered. Records included important information about the person, such as date of birth, address, next of kin, diagnosis, and family and healthcare professionals contact details. We saw these had been written in consultation with the person and their family members.

Support plans were comprehensive and detailed. These described the person's needs and action staff were to take to support the person. For example, one person had a support plan for moving and handling. This described the steps staff were to take to support the person and the equipment required. Risk assessments were in place where required, and records were regularly reviewed and evaluated.

People had end of life support plans in place and where these had not been completed, an explanation was provided. One person's completed plan described whether they wanted a burial or cremation, details of the funeral service, and any other wishes or things to consider.

Communication and handover books were in place that recorded important information such as details of the staff on duty, updates about the people who used the service and messages to pass on. A staff member told us, "If we identify a change in needs, we raise it to the manager and work together to make the changes."

People were protected from social isolation. Activities support plans had been developed from discussions with people, family members and staff, via multi-disciplinary meetings, and from observations of participation. The registered manager told us, "All the people have really full lives, you never find them home." People were supported to attend local day services and colleges, museums and trips to other local areas of interest. One person was visiting Disneyland Paris in the near future and another person had recently been supported on a holiday to Blackpool. Staff we spoke with were knowledgeable about people's likes and interests.

People were supported to make a compliment, comment or complaint. Complaints we viewed had been appropriately dealt with. People and family members we spoke with did not have any complaints but were aware of how to make a complaint. A person told us, "I'd be the first to complain" and "I know how to make a complaint." A family member told us, "No concerns. If I had any, I would raise them."

# Is the service well-led?

## Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of good. At this inspection, we found the service continued to be well-led.

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since May 2014. We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months. They told us there had been recent staff restructuring to recruit more senior staff and service managers. They were looking at rotas and activity calendars to match staff more closely with people's individual daily needs.

The service had good links with the local community. This included day centres and educational establishments, and a link with the local deaf community who had supported staff training in deaf and blind awareness.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

The service had a positive culture that was person-centred and inclusive. Family members told us contact with the service was good. One family member told us, "If there's anything, they contact me straight away." Another one told us, "[Service manager] is a very good manager." House meetings took place monthly involving the people who lived at the house and staff, and positive stories and feedback was shared.

Staff we spoke with felt supported by the management team. Regular staff meetings took place. One staff member told us, "There's always someone on hand if we have any problems." Another staff member told us, "I've had lots of support in different ways. They cater for the staff and are very flexible." Another told us, "I get good support from [provider]. They do look after you."

Regular audits and quality assurance checks were carried out. These included monthly checklists, service visits carried out by management every two months, and a variety of audits including; medicines, infection control, finances and care records. Records were up to date and described any observations, comments or actions.

Feedback was obtained from people, family members, staff and visiting professionals via annual surveys. The registered manager maintained a matrix of any comments or issues that had been raised, which included action to be taken, what resources were required and timescales for the action to be completed.