

Flagship Housing Group Limited

Marram Green

Inspection report

Hall Road
Kessingland
Suffolk
NR33 7AH
Tel: 01502 744382
Website: www.flagship-housing.co.uk

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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

Marram Green is very sheltered accommodation providing personal care to people living in their own flats, some of these people are living with dementia. When we inspected on 28 May 2015 there were 35 people using the service. This was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service.

There was 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 the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Care workers understood their roles and responsibilities in keeping people safe.

Summary of findings

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised and regular checks on the environment and equipment.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

There were sufficient numbers of care workers who were trained and supported to meet the needs of the people who used the service. Care workers had good relationships with people who used the service.

People or their representatives, where appropriate, were involved in making decisions about their care and support. People received care and support which was planned and delivered to meet their specific needs.

Where people required assistance with their dietary needs there were systems in place to provide this support safely. Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

Care workers understood their roles and responsibilities in providing safe and good quality care to the people who used the service. There was good leadership in the service. The service had a quality assurance system and shortfalls were addressed. As a result the quality of the service continued to improve.

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.

Care workers understood how to keep people safe and what action to take if they were concerned that people were being abused.

There were enough care workers to meet people's needs.

Where people needed support to take their medicines they were provided with this support in a safe manner.

Good



Is the service effective?

The service was effective.

Care workers were trained and supported to meet the needs of the people who used the service.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Where required, people were supported to maintain a healthy and balanced diet.

Good



Is the service caring?

The service was caring.

People had good relationships with care workers and people were treated with respect and kindness.

People's privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good



Is the service responsive?

The service was responsive.

People's care was assessed, planned, delivered and reviewed. Changes to their needs and preferences were identified and acted upon.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good



Is the service well-led?

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Good



Marram Green

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 28 May 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service, we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

We reviewed previous inspection reports and information we held about the service, such as notifications and information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with seven people who used the service. We looked at records in relation to four people's care. We also observed the interaction between people and care workers.

We spoke with five care workers and maintenance staff. We looked at records relating to the management of the service, recruitment, the training plan, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People were protected from avoidable harm and abuse. People we spoke said that they felt safe using the service and where they lived. One person told us about how concerns had been raised about the security of the building and as a result of their comments the main entrance to the service was locked in the evenings to prevent others from entering. This made them feel safer. They also said that all people were provided with key fobs which they used to gain access to the area where the flats were situated. This meant that no unauthorised individuals could access these areas. This was confirmed in our observations. Another person said that they felt safe because the care workers, “Keep an eye on you.”

Care workers told us that they had been provided with training in safeguarding people from abuse, which was confirmed in records. Care workers understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns, which they told us they would have no hesitation to do so. One care worker told us about previous safeguarding concerns and how these had been reported to reduce the risks to people. They said that “Meeting their [people’s] needs and keeping them safe is out number one priority.”

There were systems in place which guided care workers on the actions that they should take if they suspected a person was being abused. Care workers were reminded of the service’s gifts policy in a meeting in December 2014, care workers were advised that they could not accept money of large gifts from people. This told us that systems were in place to minimise the risks of financial abuse.

A care worker told us about the actions that care workers took to report concerns of people developing pressure ulcers. This included contacting the district nurse as soon as concerns were identified. Records confirmed what we had been told. This told us that the service took prompt action to ensure that risks to people were reduced.

People’s care records included risk assessments and guidance for care workers on the actions that they should take to minimise the risks. These included risk assessments associated with moving and handling and the arrangements for the administration of if people managed their medicines independently. People were involved in the

planning of the risk assessments. Reviews of care with people and their representatives, where appropriate, were undertaken to ensure that these risk assessments were up to date and reflected people’s needs.

We spoke with the maintenance staff who told us how they did a daily, “Walk around” of the service to check that it was safe and any potential risks to people could be addressed. They were also responsible for safety checks in the service, including fire safety and checking that call bells were in working order. This was confirmed in records. The staff member told us that they felt that the people using the service were, “100% safe.”

The minutes from a recent meeting which was attended by people who used the service showed that people were advised about potential risks in the service and actions that were taken to reduce these risks. For example it had been noted that there was a fire risk associated with charging of mobility scooters. People were asked to take action in the future to reduce these risks when charging this equipment. This showed that the service identified risks and took action to reduce the risks.

There were sufficient numbers of care workers to meet the needs of people. People told us that the care workers visited them at the planned times and that they stayed for the agreed amount of time. In addition to this people told us that the care workers answered their call bells in an emergency, or when they needed assistance. One person said, “They [call bells] are all over the place,” and they told us about when they had needed to use the call bell when they had fallen, “They [care workers] were here really quickly.” They commented that this made them feel safe and secure in the knowledge that care workers were able to assist them when needed.

Care workers told us that they felt that there were sufficient numbers of care workers to meet people’s needs. They explained how the service was staffed on each shift and that if people’s needs increased there were adjustments made to make sure that these needs were met. We saw the rota which confirmed what we had been told.

People were protected by the service’s recruitment procedures which checked that care workers were of good character and were able to care for the people who used the service. Recruitment records showed that the appropriate checks were made before care workers were allowed to work in the service. In addition to this checks

Is the service safe?

were made on care workers on an ongoing basis. The minutes from a staff meeting reminded care workers that their Disclosure and Barring Service checks were due for renewal.

People who needed support with their medicines told us that they were happy with the arrangements. One person commented about how they required support to administer their eye drops. They told us that they felt that this was done safely and at the correct times.

Care workers told us that they had been provided with training in medicines management and felt that people were provided with their medicines when they needed them and safely. Care workers were also advised about the importance of ensuring that they record when people had taken their medicines in care worker meetings. One care

worker explained the procedures for ordering and disposing of medicines and checks were made to ensure people received their medicines as prescribed. Records confirmed what we had been told.

People's records provided guidance to care workers on the level of support each person required with their medicines. Records showed that, where people required support, they were provided with their medicines as and when they needed them. Where people managed their own medicines there were systems in place to check that this was done safely and to monitor if people's needs had changed and if they needed further support. This showed that the service's medicines procedures and processes were safe and effective.

Is the service effective?

Our findings

People told us that they felt that the care workers had the skills and knowledge that they needed to meet their needs. One person said, “Our boss [registered manager] has trained them [care workers] right, they are all well trained.” Another person commented, “I think they all [care workers] have the skills to do their job.”

Care workers told us that they were provided with the training that they needed to meet people’s needs. This included training to meet people’s specific needs, including dementia. They said that training was regularly updated. The care workers told us what training they had done recently and the training that they were booked on to attend in the near future. This was confirmed in upcoming training notices in the team leader office. This meant that care workers were provided with up to date training on how to meet people’s need in a safe and effective manner.

Care workers told us that they felt supported in their role and were provided with one to one supervision meetings. This was confirmed in records which showed that care workers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. This told us that the systems in place provided care workers with the support and guidance that they needed to meet people’s needs effectively.

People’s consent was sought before any care and treatment was provided and the care workers acted on their wishes. People told us that the care workers asked for their consent before they provided any care. Care records identified people’s capacity to make decisions and they were signed by the individual to show that they had consented to their planned care. The records identified when people required assistance to make decisions in their best interest and if they had an identified person who was assigned to do this, such as a Power of Attorney.

Care workers knew about the Mental Capacity Act (MCA) 2005 and we saw the minutes from a meeting in which care workers were told about the changes in the law regarding the MCA. There was also information about MCA on the care worker’s notice board for care workers to refer to if needed. Care workers told us that they always asked for people’s consent before providing and care and support. Records confirmed what we had been told. They showed that where people had made decisions, for example to not

take one of their medicines any more, guidance was sought from health professionals and this was clearly recorded and included in their care records. This told us that the service took prompt action to identify where people may be at risk and sought guidance from other professionals to make sure that they were safe.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. People said that if needed the care workers assisted them to prepare meals. They also told us that that was a café on site, which we had seen, where they could buy a hot meal. One person commented, “It is all value for money and saves me having to cook.”

Records showed that, where required, care workers monitored people’s weight when there was a risk of them not eating or drinking enough. The records identified people’s specific dietary needs, including where they had been advised to have supplements in their diet. When people had been supported by health professionals, such as a dietician, the outcomes and guidance were recorded in people’s records which showed that people were supported in a consistent way which met their needs.

People were supported to maintain good health and have access to healthcare services. People told us that the care workers supported them to call out health professionals, such as their doctor, if needed. One person commented that the emergency service had been called out by care workers when they had a fall. We saw the minutes from a meeting which was attended by the people who used the service. These minutes showed that people were told that an optician would be visiting the service and that the registered manager would be asking people if they wanted to attend an appointment.

Care workers understood what actions they were required to take when they were concerned about people’s wellbeing. One care worker told us how the care team had noted increased falls for one person and as a result they had organised an appointment with a health professional and the change in the person’s wellbeing was in the process of being investigated by other professionals. Records showed that where concerns in people’s wellbeing were identified, health professionals were contacted with the consent of people. When treatment or feedback had been received this was reflected in people’s care records to ensure that other professional’s guidance and advice was followed to meet people’s needs in a consistent manner.

Is the service caring?

Our findings

People had positive and caring relationships with the care workers who supported them. People told us that the care workers always treated them with respect and kindness. One person said, “We have wonderful staff, they all kind, they are smashing.” They went on to tell us that the majority of the care workers were local and they knew them well and their families. Another person said that the care workers were, “A great crowd.” Another person told us that the care workers were, “Very good, very kind.” We saw that care workers interacted with people in a friendly and respectful manner.

Care workers understood why it was important to interact with people in a caring manner. Care workers knew about people’s individual needs and preferences and spoke about them in a caring and compassionate way. Care workers told us that people’s care plans provided enough information to enable them to know what people’s needs were and how they were to be met. People’s care records identified people’s preferences, including how they wanted to be addressed and cared for.

People were supported to express their views and were involved in the care and support they were provided with. People told us that they felt that the care workers listened to what they said and acted upon their comments. One person said, “When I said I wanted to come here we had a

meeting and talked about what I needed help with and that is what I get.” Records showed that people and, where appropriate, their relatives had been involved in their care planning. Reviews were undertaken and where people’s needs or preferences had changed these were reflected in their records. This told us that people’s comments were listened to and respected.

People’s independence was promoted. One person said, “I am self-caring really, just need a bit of help here and there, which they [care workers] help me with.” Another person commented, “They [care workers] know what I can do and make sure they encourage me to.” Care workers understood why it was important to promote people’s independence. People’s records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected.

People told us that their privacy and dignity were respected, this included always knocking on the door of their flats before they entered. This was confirmed in our observations and care workers asked for people’s permission for us to visit them in their home. Care workers told us how they respected people’s dignity and privacy, including when supporting people with their personal care needs, and understood why this was important. One care worker told us how people’s dignity and privacy was underpinned in all training that they had attended.

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. People told us that they were involved in decision making about their care and support needs and that their needs were met. One person said that the care workers were, “Thoughtful and treat you on a personal basis.” People’s records and discussions with care workers confirmed that people were involved in decision making about their care.

People’s care records included care plans which guided care workers in the care that people required and preferred to meet their needs. These included people’s diverse needs, such as how they communicated and mobilised.

Care review meetings were held which included people and their relatives, where appropriate. These provided people with a forum to share their views about their care and raise concerns or changes. Comments received from people in their care reviews were incorporated into their care plans where their preferences and needs had changed. For example, one person’s relative had asked for further support with their relative’s lunch time medication and this was included in their plan of care when the person had consented to this. We saw that care plans were reviewed and updated in line with when people’s needs and preferences changed.

People told us that there were a range of social meetings and activities provided in the service which reduced the risks of them becoming lonely or isolated. One person said, “There is plenty to do, I do everything, go down for the bingo and quizzes.” Another person told us that they had been on an outing the day before our inspection, they laughed and said, “I can’t remember where we went but I

know we had a good time.” Where people required social interaction or encouragement to mix with others in the service to reduce their feelings of isolation, this was included in their care plans.

There was an activities committee in the service where people planned the activities that interested them. This told us that systems were in place which were intended to reduce people’s isolation and to provide stimulating activities which interested them. Care workers and the maintenance staff member told us about how they listened to people’s views and planned outings when they had a particular interest in going somewhere.

People told us that they knew how to make a complaint and that concerns were listened to and addressed. People were provided with information about how they could raise complaints in information in their flats. Minutes of meetings with care workers and people who used the service showed that complaints and concerns were discussed at each meeting. One person told us that they attended regular meetings for the people who used the service. They said that at the end of each meeting, “The manager goes round each person and asks if they have any complaints or raise an issue.” They commented that this was positive. Another person said, “If I have got anything to say I just tell them,” and that they felt that they were always listened to.

Complaints records showed that complaints and concerns were addressed in a timely manner, this included meeting with complainants to make sure that they were happy with the investigations and outcomes. This included one comment made by a person that there were no grab rails in the guest flat, as a result of their comment these were installed.

Is the service well-led?

Our findings

The service provided an open and empowering culture. People told us that they felt that the service was well-led and that they knew who to contact if they needed to. They told us that their views about the service were sought. One person said that the registered manager was, "Straight, a very good boss." Another person commented, "You can see improvements made with [registered manager], she really gets things done."

People were asked for their views about the service and these were valued, listened to and used to drive improvements in the service. Records showed that quality surveys were undertaken where people could share their views about the service they were provided with, anonymously if they chose to. Records of meetings attended by people who used the service showed that people's views were valued and addressed. This included reviewing the previous meeting minutes and any actions that had been taken as a result of comments received. This included the introduction of the activities committee following comments about available activities. These meetings also kept people updated with any changes in the service and the outcomes to our inspections and changes to regulation. This told us that there was an open culture in the service and people were kept informed of issues which may affect the service they were provided with.

There was good leadership demonstrated in the service. Care workers told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns. They were committed to providing a good quality service and were aware of the aims of the service. They told us that they could speak with the registered manager or senior staff when they needed to and felt that their comments were listened to. One staff member told us that the registered manager was, "A great manager one of the best I have had, their door is always open. It is 150% well-led." One care worker commented that the registered manager was, "Approachable, I love working here."

Care workers understood the whistleblowing procedure and said that they would have no hesitation in reporting concerns. One care workers said, "I definitely would." The minutes from a care worker meeting showed that the registered manager reminded care workers that they should speak with them if they have any concerns about the service or colleagues.

Records showed that care workers meetings were held which updated them on any changes in the service and where they could discuss the service provided and any concerns they had. The minutes of these meetings showed that care workers were consulted about planned changes in the service and kept updated with any changes in people's needs and how they were met.

The management of the service worked to deliver high quality care to people. Records showed that spot checks were undertaken on care workers. These included observing care workers when they were caring for people to check that they were providing a good quality service. Where shortfalls were noted a follow up one to one supervision meeting was completed to speak with the care worker and to plan how improvements were to be made such as further training.

There were quality assurance systems in place which enabled the registered manager to identify and address shortfalls. Records showed that checks and audits were undertaken on records, including medicines, health and safety and incidents. Where shortfalls were identified action was undertaken to introduce changes to minimise the risks of similar issues reoccurring, such as ensuring the environment was safe. There was also a continuous improvement plan in place which was under regular review. This meant that the service continued to improve.

The provider had prepared to provide staff with an induction which incorporated the new care certificate. This told us that the provider kept up to date with changes and best practice and took action to implement them in a timely manner.