Flexible Support Options Limited

Flexible Support Options Limited (Thorntree Way)

Inspection report

13-15 Thorntree Way
Blyth
Northumberland
NE24 4LS

Tel: 01670545568

Date of inspection visit:
12 November 2015
19 November 2015

Date of publication:
20 January 2020

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 12 and 19 November 2015 and was announced. We announced the inspection to make sure staff would be available at the service. In addition, people were often out in the local community and we wanted to make sure that people would be present and able to speak with us.

Flexible Support Options (Thorntree Way) provides care for up to nine people who have learning disabilities. There were nine people living at the service at the time of the inspection. The service comprises of two bungalows. Four people [all female] lived at 13 Thorntree Way. Five people [all male] lived at 15 Thorntree Way.

We noted that the provider had not registered their full address of 13 and 15 Thorntree Way with the Care Quality Commission [CQC]. We have written out to the provider to request that this issue is addressed.

We last inspected the service in August 2014 and found that they were meeting all the regulations we inspected.

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.

Staff and relatives told us that another manager was in 'day to day' charge. This was confirmed by the acting manager although she did say that the registered manager was always available by phone should any advice be required. She had commenced work at the service in September 2014 and started managing in January 2015. She said that she was going to apply to become registered manager. We have written to the provider using our regulatory powers to ascertain the registered manager situation.

There were safeguarding policies and procedures in place. Staff told us that they had not witnessed anything which had concerned them. We found, however, there had been some low level safeguarding incidents which involved altercations between people and an allegation of abuse. The acting manager informed us that the local authority had not been informed of the allegation of abuse. We passed this information onto the local authority safeguarding adult's team. We had not been notified of any safeguarding incidents at the service.

We saw that the premises were clean. We noted that the electrical installations test was overdue. The acting manager organised for this test to be carried out before we visited the service again on 19 November 2015. The electrician had deemed the installations to be satisfactory. Medicines were generally managed safely. One relative told us that the layout and equipment available at the home, did not fully meet their family member's needs with relation to bathing.

People, staff and relatives told us there were enough staff to meet people's needs. This was confirmed by our own observations. There was a training programme in place. Staff were trained and supported in safe working practices and to meet the specific needs of people who lived at the service.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests' it also ensures unlawful restrictions are not placed on people in care homes and hospitals. Although we found that staff were following the principles of the MCA, the acting manager was aware that further work was required to ensure that mental capacity assessments and best interests were completed for specific decisions.

People told us that they were happy with the meals provided at the home. We saw that the kitchen was well stocked with fresh fruit, meat and vegetables. A weekly menu planner was in place and people were involved in choosing what they wanted to eat. Healthy snacks, such as fruit, were available.

People and their relatives told us that staff were caring. Most of the interactions we saw between staff and people were positive. One relative informed us they felt that staff communication could be improved. We saw that a member of staff use a person's clothes protector to wipe their mouth during the meal time instead of using a napkin. We considered that this action did not fully promote the person's dignity.

People were supported to maintain their hobbies and interests and to remain actively involved in the local community. Relatives were disappointed that there was only one mini bus now at the service. They said that this affected the flexibility and spontaneity of activities provision at the service.

There was a complaints procedure in place. Minor concerns about care and support were documented in people's care files.

The acting manager and staff at the service carried out a number of audits and checks to monitor all aspects of the service. We found however, that they did not always identify the concerns we had highlighted during our inspection.

The provider had not notified us of six DoLS authorisations, five low level safeguarding issues and a police incident which they were legally obliged to inform the CQC of. Staff at the service were unaware of all the events and incidents which were legally required to be notified to the CQC. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends or concerns.

We found one breach of regulation 18 of the Care Quality Commission Registration Regulations 2009. This is being followed up and we will report on any action once it is complete.

We also found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to good governance. You can find out what action we took at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Not all aspects of the service were safe

People told us they felt safe. There were safeguarding procedures in place. However, we had not been notified of any safeguarding concerns in 2015. In addition, the local authority had not been notified of one allegation of abuse.

We found the premises were clean. Medicines were generally managed safely.

People, relatives and staff told us there were enough staff to meet people's needs. This was confirmed by our own observations. Safe recruitment procedures were followed.

Is the service effective?

Good

The service was effective.

Staff told us and records confirmed that adequate training was provided. They told us that they felt well supported and supervision and appraisal arrangements were in place.

Staff were following the principles of the Mental Capacity Act 2005, although the acting manager was aware that further work was required to ensure that mental capacity assessments and best interests were completed for specific decisions.

People were happy with the meals provided. We saw that the kitchen was well stocked with meat, fresh fruit and vegetables.

Is the service caring?

Good

The service was caring.

People informed us that staff were caring.

Interactions between people and staff were generally positive.

People told us that they were involved in their care. They had access to independent advocacy services.

Is the service responsive?

Good

The service was responsive.

People were supported to maintain their hobbies and interests. They were actively involved in the local community. Relatives told us they were disappointed that only one minibus was now available which affected the flexibility of access into the local community.

Care records documented how people's independence was promoted. They also included people's likes and dislikes so staff could provide personalised care and support.

There was a complaints procedure in place. Minor concerns about care and support were documented in people's care files.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

There was a registered manager in place. However, we established that another manager, who was not registered with us, was actually running the service.

Audits and checks were carried out. These did not always highlight the concerns which we had identified.

We had not been notified of certain events and incidents at the service which the provider is legally required to do.

Flexible Support Options Limited (Thorntree Way)

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.

The provider was given 48 hours' notice because the location was a small care home for younger adults who were often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by two inspectors. The inspection took place on 12 and 19 November 2015 and was announced.

A high proportion of people who used the service were unable to express their views on the care they received because of the nature of their condition. We therefore spoke with staff and observed their practices in order to determine how this care and support was carried out.

We spoke with four people who lived at the service on the day of our inspection. We conferred with three relatives by telephone following our inspection to find out their opinions of the service provided. We consulted with a Northumberland local authority safeguarding officer and a local authority contracts officer. We also spoke with a speech and language therapist, a care manager from the local NHS Trust and a Percutaneous Endoscopic Gastrostomy (PEG) nurse.

We spoke with the registered manager, the acting manager a senior care worker and four care workers. The acting manager was present on both days of our inspection and facilitated our requests for information. We reviewed three people's care records and looked at a variety of records which related to the management of the service such as audits and surveys.

Requires Improvement

Is the service safe?

Our findings

We spoke with a local authority safeguarding officer who informed us that there were no organisational safeguarding concerns with the service.

There were safeguarding policies and procedures in place. Staff told us that they had not witnessed anything which had concerned them. We found however, there had been some low level safeguarding incidents which involved altercations between people and an allegation of abuse. The acting manager informed us that the local authority had not been informed of the allegation of abuse. We passed this onto the local authority safeguarding adult's team.

We had not been notified of any safeguarding concerns. We spoke with the acting manager about this issue. She told us that she had been unaware of the need to inform Care Quality Commission of these incidents. She said that all safeguarding concerns would now be notified in line with legal requirements.

Staff informed us about the emotional support they sometimes gave one person. We were concerned that this support did not fully safeguard the individual or staff. The acting manager told us that this support had been agreed with the Speech and Language Therapist (SaLT) and care manager. We spoke with the SaLT and explained what staff were doing. She informed us that this was not the procedure which she had advised. The acting manager told us that she would discuss this again with the care manager and the SaLT.

All the people we spoke with told us that they felt safe living at the service. One person said, "Happy." A relative said, "[Name of person] feels very safe."

We spent time looking around the service. We saw that the premises were clean. We noticed that one of the hand rails in the toilet was rusty and the machine which cleaned the Jacuzzi jet system in the bath was broken. The acting manager stated that it had been out of use for several months. She said it had been reported and was going to be repaired. We noted that the five year electrical installations test was out of date. Following our first visit the acting manager organised for an electrical installations test to be carried out. At our second visit we saw that the electrician had deemed the electrical installations as satisfactory.

We spoke with one relative who told us that the layout of the environment and equipment available did not fully meet her family member's needs. She said that her relative needed to be hoisted three times to enable her to have a bath. She told us and our own observations confirmed; there was an unused bathroom next to her relative's room. This was currently used as a storage area and not as a bathroom. She expressed a wish for a door to be made from her relative's room to the bathroom next door and a ceiling hoist installed. She said that this would enable her relative to access the bath more easily and lessen the number of times they needed to be hoisted since they did not like to use the hoist. We spoke with the acting manager about this issue. She told us that she would speak to the provider about this feedback.

Risk assessments were in place which identified a number of hazards such as behaviour management, accessing the local community and moving and handling. This meant that information was available to

inform staff what actions needed to be taken to minimise risks and avoid harm. Accidents and incidents were documented and sent to the provider to ascertain if there were any trends or themes which needed to be addressed.

We checked staffing levels. People, relatives and staff did not raise any concerns about staffing levels. One relative said, "I would say there's enough staff." Four people [all female] lived at 13 Thorntree Way. Through the day there were three care workers to look after them. During the night there was one 'sleep in' care worker who would be woken if assistance was required. The fire risk assessment had been updated to state how people would be evacuated through the night if there was a fire.

Five people [all male] lived at 15 Thorntree Way. Through the day there were four care workers on duty to look after them. At night there was one waking and one 'sleep in' care worker.

The acting manager had 30 hours of supernumerary management time. Staff told us and our own observations confirmed, that the manager also assisted staff with care duties.

Staff supported individuals in a calm unhurried manner. Staff told us and records confirmed that outings and activities were carried out because there were sufficient staff to organise and accompany people.

We checked medicines management. People told us that staff supported them to take their medicines. There were systems in place for the safe receipt, administration and disposal of medicines. We saw that the medicines keys were stored in an unlocked drawer in the female bungalow on the first day of our inspection. Staff told us that they normally kept the keys with them at all times for security.

Staff told us and records confirmed that appropriate recruitment checks were carried out prior to staff commencing employment. This included Disclosure and Barring Service checks (DBS) and obtaining references. These checks helped ensure that staff were suitable to work with vulnerable people.

Good

Is the service effective?

Our findings

Most relatives informed us that they thought the service was effective and met their family members' needs. They told us that they considered that staff were well trained. Comments included, "They all seem to know what they're doing," "They know their job well" and "They do a good job." One relative thought that further training in communication would be beneficial. We spoke with the manager about this comment. She said that she would discuss communication techniques with staff again. She told us and records confirmed that staff had completed communication training.

All staff informed us that they felt equipped to carry out their roles and said that there was sufficient training available. One staff member said, "I did an online autism course yesterday and I really enjoyed it." Another staff member said that he had recently undertaken epilepsy training. Two staff said that more face to face training would be more appropriate rather than e-learning.

The acting manager provided us with information which showed that staff had completed training in safe working practices and to meet the individual needs of people who lived there such as conflict management and specialist feeding techniques. We spoke with a speech and language therapist from the local NHS Trust. She told us that she had worked with staff to support one person with their communication needs. She said that staff had been very receptive to her advice and guidelines.

Staff told us that they felt well supported. We noted that regular staff supervision sessions were held and an annual appraisal was undertaken. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Although we found that staff were following the principles of the MCA, the acting manager was aware that further work was required to ensure that mental capacity assessments and best interests were completed for specific decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Livery Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Six people had a DoLS authorisation in place. We had not been notified of these authorisations. The manager had submitted DoLS applications to the local authority for the other people using the service.

We checked whether people's nutritional needs were met. People told us that they were happy with the

meals at the service. One person said, "The food's good." A relative told us that some staff were better at cooking than others and sometimes there was a reliance on ready-made meals. On the first day of our inspection, a home cooked meal was prepared.

A weekly meal planner was in use to support people to plan their meals. Pictorial menus were available to make the written word easier to understand. Staff told us and records confirmed that one person required a low protein diet because of her medical condition. We observed that staff had to prepare her meal using low protein ingredients. Each ingredient was weighed and recorded in the care records to make sure the daily limit of protein was not exceeded.

One person required specialist feeding via a Percutaneous Endoscopic Gastrostomy (PEG) tube. This is a tube which is placed directly into the stomach and by which the individual receives nutrition, fluids and medicines. We spoke with the PEG nurse who told us that she had delivered training for staff on PEG feeding.

We looked in the food storage areas and noticed that fresh fruit, salad and vegetables were available. People were encouraged to have healthy snacks such as fruit. Some people had joined a local healthy eating club. The acting manager told us that one person had lost over two stone in weight.

People told us that staff supported them to access healthcare services. Records confirmed that people attended GP appointments; visited the dentist, optician and podiatrist. One relative expressed a wish for their family member to see the physiotherapist to assess their ability to use the toilet. We passed this feedback on to the acting manager who told us that she would speak with the relative and look into this issue.

Good

Is the service caring?

Our findings

We spoke with people who told us that staff were kind and caring. Comments included; "Staff nice" and "Kind." One relative said, "The girls are wonderful. I would recommend it to anyone." We showed one person, who was not able to communicate verbally, photographs of all the staff and asked them if staff were nice. They put their thumbs up for all the staff to indicate that they were nice. Another relative however, thought that communication between staff and people could be improved. They said that sometimes instructions were given out by staff, such as "Turn over," instead of "Could you turn over." We spoke with the manager about this comment. She told us that she would speak with staff about the importance of effective communication. During our inspection, we did not hear any inappropriate communication.

Staff spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. One staff member told us, "I love it [working at the service]. The reaction you get from them [people who used the service] makes it all worthwhile." Another said, "Everything we do is based on their needs and their wishes."

We looked at people's care plans and found they were person centred. Their care needs, choices and preferences were recorded. We read one person's care plan which stated, "I like a bath in the afternoon." We spoke with this person who said, "I do."

Staff were knowledgeable about people's personal care needs. They could describe the care needed for individuals. Staff told us that people at the service had many different needs and they were able to provide support in various ways. We saw that one person who lived at the home needed a lot of support due to their medical condition. Staff explained that another person who needed less support was helped to do the laundry, make their bed and go shopping. We saw therefore that the staff were able to provide the support necessary for each individual.

We noticed that staff generally treated people with dignity and respect. They spoke with people in a respectful manner. We noticed however, that one member of staff wiped an individual's face with their clothes protector throughout the meal. This action did not promote their dignity or comfort. We spoke with the acting manager about this issue. She told us that she would address this issue with the member of staff involved.

There was much laughter during the inspection. We joined one person and staff singing, "The Conga" and the "Frozen" film song, "Let it go, let it go." The acting manager led the way by waving her hands in the air and people copied and sang loudly. One person laughed when staff recounted how the person enjoyed playing football. A staff member asked the individual how many goals they had scored. The person replied "two." The staff member and person then laughed when the staff member said, "But you scored them for the other side!"

Good

Is the service responsive?

Our findings

People and most relatives said that staff were responsive to people's needs. One relative said, "They really have promoted her independence. I'm impressed with how independent she's become." A care manager from the local NHS Trust said, "They have been wonderful with [name of person." The care manager told us that staff always contacted her if there were any concerns or issues.

Each person had a care plan which contained comprehensive information about their likes and dislikes. There was evidence that these had been reviewed on a regular basis to ensure that the information was up to date and reflected the care and support required. We observed that care was delivered as planned. Staff provided care and responded to people's needs in an appropriate way and engaged people in planned or spontaneous activities.

The Disability Distress Assessment Tool (DisDat) was in use. This tool is used to identify distress in people who may be unable to communicate verbally. It recognises signs and behaviours unique to the individual which indicate distress.

We noted that annual health checks had been carried out following government recommendations. In addition, each person had a 'Hospital Passport.' These contained details of people's communication needs, together with medical and personal information. This document can then be taken to hospital or GP visits to make sure that all professionals are aware of the individual's needs.

People informed us that they were encouraged to maintain their hobbies and interests. We sat with two people who excitedly showed us photographs of their recent holiday to Blackpool. Most relatives confirmed that there was an emphasis on meeting people's social needs. Comments included; "[Name of person] is always out and about" and "She's doing well at the gym." One relative thought that activities provision could be improved and sometimes not all activities were suitable for their family member such as the cinema. We spoke with the manager about this comment. She told us that the person enjoyed cinema trips. She said that she would speak with this person's relative to discuss their concerns further.

A wide variety of activities were observed. Daily records and photographs showed that people were involved in the local community and supported to maintain hobbies and interests that they enjoyed. These included attending day centres, personal shopping, swimming, cycling, visiting the local farm, Indian dancing and aromatherapy. People showed us photographs of activities they had been involved with. We saw one person had enjoyed a pampering session and was wearing a chocolate face mask. At the time of the inspection the majority of people were out of the home on planned activities Some people were Christmas shopping and others were visiting the local leisure centre.

Two relatives said they were disappointed that the service only had one mini bus now, since one had been transferred to another of the provider's services. They told us that it was easier and more flexible when two mini buses were available. We spoke with the acting manager about this issue. She told us that people were still able to access the local community and where necessary, taxis and public transport were used as well

as the mini bus.

We saw that people were encouraged to carry out housekeeping skills. Housekeeping skills are important because they help promote people's independence. We read one person's care plan which stated that they liked to set the table. Another person helped to make her soup and sandwich and washed the dishes after their lunch.

There was a complaints procedure in place. Pictures had been added to make the written word easier to understand. Minor concerns or issues were documented in people's care files.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post. Staff told us and our own observations confirmed, that the registered manager was not based at the service and they could not remember the last time she had visited. We noted that there was no evidence that the registered manager herself had carried out any audits and checks on the service. A registered manager should be in day to day charge of the service.

Staff told us that another manager was in charge. This was confirmed by the acting manager herself although she did say that the registered manager was always available by telephone should any advice be required. She told us that she had commenced work at the service in September 2014 and started managing the service in January 2015. She said that she was going to apply to become registered manager. We have written to the provider using our regulatory powers to ascertain the registered manager situation.

Staff informed us that they had not seen any of the provider's representatives at the service. We noted that checks were not carried out by the provider or their representatives to monitor the quality of the service. One member of staff said, "It would be nice if they came along and spoke to us and saw what was going on." We noted that the acting manager completed health and safety checks and audits on all aspects of the service. We found that these were not always accurate. For example, we read that there had been no safeguarding incidents in August 2015, however, we had found that there had been several low level safeguarding concerns. In addition, we noted that the five year electrical installations test was out of date. This had not been identified on the audits which had been completed.

The manager told us that surveys were carried out. We were not able to view these on the first day of our inspection since completed questionnaires were stored at the provider's head office. On the second day of inspection, completed questionnaires were available. These had been filled in by people, relatives and staff. The manager explained that they did not normally get to see the feedback which meant they were not able to read either positive comments or any feedback where action was required. We noted that most of the feedback was positive. We read that one relative asked to be consulted more with regards to any purchases for their family member. It was not clear what action had been taken in relation to this feedback.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

As part of our preparation for the inspection, we found that the provider had not notified us of any DoLS authorisations, safeguarding incidents or police incidents. During our inspection, we found that the local authority had approved six DoLS applications in 2014 which we had not been notified of. In addition, there had been five low level safeguarding issues and a police incident which the provider had not informed us of. Staff at the service were unaware of all the events and incidents which were legally required to be notified to the CQC.

The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends or concerns.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Notification of other incidents.

People, relatives and staff spoke positively about the acting manager. Comments included, "[Name of acting manager] does a good job. She's the manageress," "Her door is always open," "You can go to her with any issues, personal or work related," "[Name of acting manager] is good like that she is very hands on" and "She is very sensitive to everyone's needs." One person who was not able to communicate verbally, put both her thumbs up to indicate that they liked the acting manager when we showed them a photograph of her.

Staff informed us that morale was good and they enjoyed working at the service. One staff member said, "There's no nit picking, I'm happy." Another said, "I love it here." This was confirmed by relatives with whom we spoke.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to ensure that a safe, effective and quality service was provided, were not fully in place.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify the Commission of other incidents such as Deprivation of Liberty Safeguards authorisations, safeguarding incidents and a police incident.

The enforcement action we took:

We issued the provider and registered manager a Fixed Penalty Notice which they have since paid.