Flexible Support Options Limited

Queensbridge Respite

Inspection report

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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

About the service: Queensbridge Respite is a short break service. It offers a respite service for adults who have a learning disability or a physical disability. The service can provide care and support to up to six people at a time.

People's experience of using this service:
People's medicines had not always been well managed. At times people had not received their medicines as prescribed.

Risks had not always been minimised. Risks had been assessed when people started using the service and steps taken to reduce those risks. But these steps had not always been followed. When things had changed risks had not always been reassessed.

Checks to monitor the service were not robust enough to highlight the shortfalls in care delivery that we found. Accident and incidents were not always reflected on to drive improvements.

People and relatives were happy with the service they received. Relatives told us staff were friendly, people's needs were well met and that people enjoyed their time at the service. Relatives told us they felt they could relax when people were at Queensbridge Respite as they knew they were being well cared for.

There were enough staff. Safe recruitment processes had been followed. Staff were trained and their skills and knowledge checked through competency assessments.
People's choices were respected, and proper legal processes had been followed when people were unable to make their own decisions.

People and their relatives were very involved in the service. Care was planned around people's choices and preferred routines. People took part in lots of activities.

Staff were proud of the service. There had been recent changes in the management structure which relatives and staff were positive about. The provider responded quickly to both the safeguarding incidents which prompted our inspection and our feedback. They put together action plans for improvement and showed us evidence of the changes they had put in place.

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around safe care and governance. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: Good (last report published in November 2017)

Why we inspected: The inspection was prompted in part by incidents which had occurred in the service that

the provider shared with CQC and the local authority. The information indicated potential concerns about the management of risk, staffing levels and moving and handling support. This inspection examined those risks.

Follow up: We have asked the provider to send us an action plan about the steps they plan to take to make sure they are meeting all legal regulations.

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

The service was not always safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our Well-Led findings below.

Queensbridge Respite

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: This inspection was carried out by one inspector and one assistant inspector.

Service and service type: Queensbridge Respite provides a short break service to people with learning or physical disabilities. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: Before the inspection we used information about the service to plan. We checked the information we had asked the provider to send us in the Provider Information Return (PIR). This information includes what the service does well and any improvements they plan to make. We reviewed notifications sent us to us about certain incidents that have occurred that the provider must tell us about.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are an independent organisation who listen to people's views about local service and drive improvement by sharing those views with organisations who commission, deliver and regulate health and care services.

Some people who used the service were unable to tell us about their experiences. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. During our inspection we spoke with seven relatives. We talked with two relatives during our visit and spoke with the remaining five relatives over the telephone. We

spoke with one of the registered managers, the provider's operational manager and four support workers.

We reviewed a range of records including six people's care records, three staff records, and an overview of staff training and supervision. We looked at records relating to the management of the service and the provider's policies and procedures.

After the inspection we asked the provider to send us records related to the running of the service. They also sent us evidence of the improvement actions they had taken following our feedback. We also spoke with one adult social care professional about their views on the service.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

• People had not always received their medicines as prescribed. At times people coming to stay at their service had not brought some of their prescribed medicines, or their medicines were past the expiry date. Following instructions from relatives, staff had not administered these medicines and had not sought medical advice about this.
• Staff had not always followed plans to reduce risks related to people's medicines. On one occasion staff administered a different amount of insulin than that detailed on the person's medical guidance.
• Medicines records were not always completed in enough detail. Specific guidelines about how to record the amount of insulin administered had not always been followed.
• Medicines records were not always accurate. On one occasion records showed a person had been given their medicines, when they had not received it.
• Relatives told us they were happy with the medicines support from staff. Relatives told us medicines returned at the end of people's stays were always correct.
• Shortly before our inspection, following concerns raised by the local authority, the provider had audited their records. They had also identified these shortfalls and had put in place an action plan to address them.

Assessing risk, safety monitoring and management

• Plans in place to minimise risks to people had not always been followed. The risks people faced had been assessed. Clear guidance on the actions to be taken explained to staff how these risks could be reduced. In most instances these had been followed. However, at times they had not.
• On one occasion staff had not followed one person's moving and handling plan which put the person at additional risk.
• One person's risk assessment referred to their wheelchair and how that reduced the risk of the person falling. However, they rarely brought it with them and staff had not detailed how risks were minimised without use of the wheelchair.

The provider had not always managed medicines safely or taken all practical steps to prevent people from avoidable harm or risk of harm. This was a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Staff understood how to support people when they displayed distressed behaviours. Staff provided effective reassurance when people were distressed. Restraint was not used within the service.
• Regular health and safety checks were carried out to makes sure the building and equipment used were

safe.

Systems and processes

• Relatives told us the service was safe. A relative said, "I can relax when [relative] is at Queenbridge."
• Systems were in place to safeguard people from harm. Staff understood the steps they should take if they were worries about people's safety or wellbeing.
• Our inspection was prompted, in part, due to a safeguarding incident. Staff had shared their concerns and the provider had worked with the safeguarding team to carry out a detailed investigation.

Learning lessons when things go wrong

• The registered manager had not always reflected on and learned from incidents. The registered manager had signed accident and incident records. However, there was limited analysis of why incidents had occurred. We could not see how these records had been used in reviewing the care people received.
• Information about accidents and incidents had not been shared with the provider in a timely way. This meant they were unable to provide additional oversight.
• Following our inspection, the provider sent us information about the action they had taken. We saw they had reviewed and reflected on specific incidents. Changes had been put into place and processes strengthened to reduce future incidents occurring.

Preventing and controlling infection

• The service was clean. It looked and smelled nice.
• Staff wore disposable aprons and gloves when carrying out certain tasks to minimise infection control risks

Staffing and recruitment

• There were enough staff. Staff planned the rota based on who was staying at the service to make sure there were enough staff to safely care for each person.
• Safe recruitment processes had been followed. Checks had been carried out to make sure there were no known reasons why staff should not care for people.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good. Feedback confirmed this.

Staff skills, knowledge and experience
• Relatives told us staff did their jobs well. One relative said, "The staff know what they are doing."
• Care was provided by trained and competent staff. Staff received a programme of training designed around the needs of the people they supported.
• Specific skills, such as supporting people who receive their meals through a tube, were observed and staff's knowledge tested through yearly competency assessments to make sure they provided effective care.
• New staff completed induction training and worked closely with experienced staff.
• Staff met with their supervisor regularly to discuss their role and the care they provided. Staff told us these were useful meetings.

Supporting people to eat and drink enough with choice in a balanced diet

• Staff knew people's nutritional needs. These were catered for. One relatives said, "[Name of relative] has quite a few allergies, and needs their food to be pureed. Staff are totally on top of it I don't need to worry about it when [relative] is at respite. The staff would never give them anything they shouldn't."
• Mealtimes were well managed. Staff supported people who needed assistance with their meals sensitively. There was a warm atmosphere. People and staff sat around one large table chatting during their meal.
• People received meals based on their preferences.
• People were involved in making some of their food where possible.
• Clear instructions were provided for staff where people received their meals through a PEG (Percutaneous endoscopic gastrostomy) tube about how to provide people's nutrition and care for the site around the tube.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

• People's needs had been assessed using a range of assessment tools.
• Care had been planned to meet people's needs. Care records varied in how detailed they were. Where people's needs changed their care plan had not always been updated. However, we found no evidence that people's current needs were not being effectively met.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

• Staff knew which healthcare professionals and other services were involved in people's care their advice had been included within people's care records.

• Relatives told us about times staff had contacted people's GP's or district nurses when people had needed them.

Adapting service, design, decoration to meet people's needs

• The building had been designed to meet people's needs. Corridors were wide to accommodate wheelchairs. Baths and showers were accessible for people with mobility needs.
• Bedrooms were spacious with televisions and places to sit if people preferred to spend time in their room rather than communal areas.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

• Queensbridge Respite followed the MCA. Wherever possible people made their own choices. Their decisions were respected.
• Where people did not have capacity to make decisions this had been properly assessed. Family members and healthcare professionals had been included in best interest decisions.
• Where people's liberty was deprived to keep them safe, DoLS authorisation had been granted.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

• Relatives were overwhelmingly positive in their views on how caring the staff were. Their comments included; "Staff are very obliging", "We always get a lovely greeting when we arrive. They make a fuss which makes [my relative] feel comfortable" and "The staff are all lovely. All of them. Can't fault them."
• Relatives told us their family member enjoyed their stays at the respite service. One relative said, "When I say we are going to Queensbridge [my relative] is always pleased. They know they will be doing loads of fun stuff and seeing friends."
• Staff treated people with warmth. We saw people seemed relaxed in staff's company. During our visits people and staff sat together around a big table, drinking cups of tea and chatting in a group.
• Staff knew people and their families well. They talked with people about topics which interested them. One relative said, "The staff are always welcoming they'll always ask after me and my partner and talk to [my relative] about our dogs and cats. The things they know will get [my relative] talking."
• Staff respected people's equality, diversity and human rights. They knew what was important to people. Staff worked closely people's families to find out cultural and spiritual needs and how these could be met. Staff had provided specific diets, such as Halal, and whenever possible the menus were planned so these meals were similar to everyone else's so people did not feel excluded.

Supporting people to express their views and be involved in making decisions about their care

• People and relatives were fully involved in planning how staff would provide care. People were involved in the care planning process as much as they were able. Records referred to what people wanted, and how specific aspects of care made them feel.
• Relatives told us staff had listened to them, and understood how people needed to be supported. Relatives of people using Queensbridge Respite were people's main carers. Staff respected this, and spent lots of time speaking to relatives so they could mirror the care people received at home.

Respecting and promoting people's privacy, dignity and independence

• People's privacy and dignity was upheld. Staff described to us how they considered people's privacy when providing personal care.
• Staff supported people to be independent. People were encouraged to do as much as they could for themselves.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

• Relatives told us told us people's needs were well met. One said, "It's a very good service. I need a break from looking after [relative] sometimes, but it's only possible as Queensbridge are so good."
• Care was delivered by a small team of consistent staff who knew people well. Each person was assigned a key worker. This member of staff was responsible for updating people's care plans and working with people and their families. Rotas were planned so that whenever possible, keyworkers worked at least the first day of people's stays, so that people had someone they knew well to welcome them into the service.
• Care was planned around people's individualised needs. Care plans took account of people's likes, dislikes and preferences. Most care records were specific and detailed so staff had clear information about how best to support the person. However, some records had not been updated with new information, or were less informative. Following our feedback, the provider arranged for all care plans to be reviewed.
• Information was provided in ways which people could access and understand. The provider complied with the Accessible Information Standard, a legal requirement to meet communication needs of people using the service.
• A range of activities were on offer for people to take part in. Staff supported people with these based on their interests. People took part in crafts, looked through books, used electronic tablets, played games and watched their favourite television shows and films.
• People went on trips with staff either in a group or individually. People went to the coast and the local town, and to restaurants and coffee shops, some people liked to go for drives out in the car and staff supported them with this.
• Staff supported people to attend their regular events, such as day care services or groups. They arranged people's transport and made sure they were ready to go when they needed to leave.

Improving care quality in response to complaints or concerns

• Relatives knew how to make a complaint. Relatives told us they would not hesitate to get in touch with the registered manager or the provider's operations manager if they had any queries or concerns.
• Complaints had been responded to in line with the provider's policy. The provider's operational manager reviewed these to look for trends and to drive improvement.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

• Leadership had not been consistent. At the time of the inspection the service had two registered managers. The day to day manager handed in their notice shortly before our inspection, they were still the manager of the service but were not present during any of our visits. The other registered manager previously managed the service and had not deregistered when they moved to a different role with the provider. Shortly before our inspection, due to some concerns raised about the service, they had returned as day to day manager of the service.
• Half of the staff we spoke with told us that the service had not always been run well. They told us management decisions had been inconsistent and that staff morale had declined. The rest of the staff team told us the service had always been well managed.
• Records were not always complete. During our inspection we found some records were not up to date or available.
• Checks and audits in place to monitor the quality of the service had not always driven improvement. The registered manager and provider regularly checked care records, medicines records as well as a range of other audits. However, these had not highlighted all of the shortfalls we found during our inspection.

The provider's quality monitoring system was ineffective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• In response to recent incidents which had occurred within the service, the provider had taken swift action. The new management structure had been put in place. The provider's operational manager provided additional support. An action plan was put in place including re-writing care records and holding additional staff meetings and supervision sessions. Both staff and relatives we spoke with were positive about the new management structure.
• The provider had made prompt notifications about events they were legally required to inform us of.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

• Staff, the registered manager and the provider were proud of the service which was provided. Whilst some acknowledged recent issues, all told us that they felt there was minimal impact on people who used the service. They told us they were proud that they could offer family carers a

break, while people were well cared for and happy in the service.
• Relative feedback about the service was all positive. They told us the service was well run.
• The provider and registered manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour, but we saw the provider had been open, communicated well and
apologised to people and relatives when things had gone wrong.

Engaging and involving people using the service, the public and staff

• People, their relatives and staff were asked their views, and these were used to improve the service. Relatives were contacted after every stay at the service, to check how the visit had gone.
• Relatives and staff had been sent a survey to ask them about what they thought the service did well, and what could be improved.
• Relatives were invited to join a steering group. This group met to discuss how the service was running and make suggestions about improvements.
• Staff meetings were held regularly. Each meeting included opportunities for staff to feedback their views and suggestions.

Continuous learning and improving care

• Staff kept up to date with best practice and guidance through online and published updates from national groups.
• The registered manager attended regular meetings with staff from the provider's other services to share suggestions and details of good practice in delivering care.

Working in partnership with others

• Staff worked closely with the day service's people attended so their usual weekly routines were not disrupted whilst receiving respite care.
• Staff linked with the provider's other services so people could attend outside events and build relationships with people who used other services.
• The provider told us they had good relationships with diverse organisations such as churches, mosques and synagogues to access information about how to support people with their faith.

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 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided safely. Risks had not always been assessed and mitigated. Systems were not in place to ensure the proper and safe management of medicines. Regulation 12 (1) (2) (a) (b) (f).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operated effectively to assess and monitor risk, safety and quality. Regulation 17 (1) (2) (a) (b) (c)