

Flexible Support Options Limited

Flexible Support Options Limited (Pengarth)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection visit took place on 27 March 2018. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

We last inspected the service on 25 November 2015 and found the provider was meeting the fundamental standards of relevant regulations. At that time we rated Flexible Support Options Limited [Pengarth] as 'Good' overall and 'good' in four domains. We rated the service as 'Requires Improvement' in one domain, namely 'well-led'.

Flexible Support Options Limited [Pengarth] is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Flexible Support Options Limited [Pengarth] can accommodate up to 5 people in one building and provides care for people living with learning and physical disabilities. At the time of the inspection five people were in receipt of care from the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The registered manager had been in post for the last year and became registered with CQC in 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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 sufficient staff on duty to meet the needs of the people and the staff team were supportive of the registered manager, the providers and of each other. Recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people.

Medicines were stored and administered in a safe manner and staff were appropriately trained.

Staff and the management team understood their responsibilities with regard to safeguarding and had been trained in safeguarding vulnerable adults. Relatives told us they felt their family members were safe at the home.

Where potential risks had been identified an assessment had been completed to keep people as safe as possible. Accidents and incidents were logged and investigated with appropriate action taken to help keep people safe. Health and safety checks were completed and procedures were in place to deal with

emergency situations.

Staff received the support and training they required. Records confirmed training, supervisions and appraisals were up to date and forward planned. Staff told us they felt supported by the registered manager at the service.

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 received the support they needed with eating and drinking and people with specialist dietary needs were closely monitored and supported by the staff team.

People's needs were assessed before they came to live at the service by the management team and a transition plan put in place. Personalised care plans were then developed and regularly reviewed to support staff in caring for people the way they preferred.

Staff were caring and understood how to support and enable individuals to maximise their potential. The service's visions and values promoted people's rights to make choices and live a dignified and fulfilled life. This was reflected in the care and support that people received. Staff understood people's different ways of communicating.

We observed that people were encouraged to participate in activities that were meaningful to them.

People were supported to access advocacy services if needed. Procedures were in place to investigate and respond to complaints.

The registered manager used effective systems to continually monitor the quality of the service and had on-going plans for improving the service people received. The provider gathered information about the quality of their service from a variety of sources including people who used the service, their family and friends and external agencies. This was used to enable the provider to identify where improvement was needed and to sustain continuous improvement in the service.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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 improved to Good.

There were robust systems in place for quality assurance.

The staff team were very positive about the registered manager's approach and influence since they joined the service.

The service ensured people participated in their local community.

Flexible Support Options Limited (Pengarth)

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 checked whether the provider was 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 27 March 2018 and was unannounced.

One adult social care inspector carried out the inspection.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let the Commission know about.

We contacted the local authority safeguarding and commissioning teams and Healthwatch. Healthwatch are the local consumer champion for health and social care services. We spoke with two relatives via telephone following the inspection visit and two relatives during the inspection visit. We also spoke with two healthcare professionals who regularly visit or work with the service. We used their comments in this inspection report.

During the inspection we observed how staff interacted and communicated with everyone as no-one at the service had verbal communication to speak with us. We spoke with the registered manager and three support workers. We looked at a range of records including three people's care and medicines records, recruitment records and other records relating to the management of the service such as audits and surveys.

Is the service safe?

Our findings

At this inspection, we found people continued to be supported in a safe way. Relatives and professionals told us they found adequate staffing levels when they visited and there was always staff available to support them and respond to their relative's needs. One relative we spoke with said, "[Name] is very safe at the home." Staff members told us they were clearly deployed so everyone knew whom they were supporting so that people were observed and supported at all times. One relative told us, "Staffing is now much more consistent."

Staff told us they had received safeguarding training and received regular updates. They described how they safeguarded people from the risk of abuse or harm and the action they would take to report concerns. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. Policies in relation to safeguarding, whistleblowing [telling someone] and equality and diversity reflected local procedures and contained relevant contact information.

Robust recruitment processes were implemented by the provider to ensure staff were safe and suitable to work with vulnerable people. We looked at the recruitment files for two staff and saw appropriate checks were completed before they started employment.

Systems were in place to identify and reduce potential risks to people; care plans seen included detailed and informative risk assessments relating to skin integrity, mobility and choking for example. Risk assessments were seen to be reviewed regularly and updated when changes had been identified.

Staff told us following any incident or accident, that discussions were held at handovers and team meetings to review the response and whether any learning or improvements could take place. We saw an example of a recent incident where a person had fallen from bed. As part of reviewing the risk, the service had sought re-assessment from district nurses and an occupational therapist as well as carrying out a review of the person's needs with their care manager. We saw how information relating to new equipment had been shared with staff and this was recorded both verbally at handover and in the staff communication book meaning everyone shared the lessons learnt from the incident.

Systems were in place that showed people's medicines were managed consistently and safely by staff. Medicines were obtained, stored, administered and disposed of appropriately. Medication administration records [MARs] were completed correctly without omissions.

During our inspection we undertook a tour of the premises and we found the service was well-maintained, clean and tidy throughout. We saw the service regularly reviewed environmental risks and carried out regular safety checks and audits. We saw staff were provided with personal protective equipment, for example; gloves and aprons, which helped to maintain infection control. There was an infection control champion at the home who participated in a local training programme and carried out regular cleanliness checks.

Equipment specifically for peoples' moving and handling needs was also maintained and checked on a regular basis. This included hoists, wheelchairs and bed rails.

Is the service effective?

Our findings

People who lived at Flexible Support Options Limited [Pengarth] continued to receive effective care and support from well trained and well supported staff. We spoke with relatives who told us they had confidence in the staff's abilities to provide good care and support. One relative told us, "They are very good at their job," and another told us, "[Name] gets individual care and time here, I'm very happy with the staff team."

All staff we spoke with said they felt supported by the registered manager. We saw records of regular supervision sessions that were meaningful and showed clear outcomes and expectations for staff to work towards. Supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and observation in the workplace. We saw that staff regularly had their competency assessed for carrying out tasks such as medicines, bed safety and ensuring they knew how to use wheelchair clamps correctly in vehicles.

Staff members were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff members we spoke with told us they received mandatory training and other training specific to their role. Mandatory training is training that the provider thinks is necessary to support people safely. One staff member told us, "[Name] the registered manager ensures we do all the required training. We have just completed our infection control workbooks" The registered manager showed us a training chart which detailed training staff had undertaken during the course of the year and which included training specific to people using the service such as epilepsy and promoting fluid and nutrition. We saw one staff member was commencing a course on end of life care which the registered manager told us other staff may also take in the future.

We saw records that showed that staff met together regularly with the registered manager and minutes were kept of these meetings which everyone signed. We saw that as well as day to day issues, staff discussed ways of improving the service, quality and safeguarding issues and were asked for feedback about activities.

The Mental Capacity Act 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that appropriate assessments were undertaken to assess people's capacity and saw records of best interests' decisions which involved people's family, healthcare professionals and staff at the home were clearly recorded. The registered manager and staff we spoke with had all been trained in the MCA and appropriate authorisations and requests for DoLS had been undertaken.

Staff we spoke with told us that meals and times were flexible according to peoples' needs. They said, "We

make what people fancy and then go shopping for it. It's nice that we are able to do that." Information relating to any specific dietary needs was included in people's care and support plans. We spoke with a staff member who was supporting a person to have a meal via a feeding tube inserted directly into their stomach called a Percutaneous Endoscopic Gastrostomy [PEG]. The staff member used personal protective equipment and explained to us the procedure they took such as flushing the person's tube with sterile water after a meal to ensure they received their nutrition in the correct manner as their care plan stated. Where people were at risk of poor nutrition or hydration, fluid intake charts were used to record the amount of drinks a person was taking each day and intake goals and totals were recorded. All charts in relation to the monitoring of people's health and well-being were fully completed and analysed, which showed staff were effectively monitoring people's health.

We saw people had access to a range of external healthcare professionals whom the service worked in close collaboration with. A relative told us, "They ring me with anything," and another relative said, "They are on the ball [Name] has been very poorly but they pick up minute changes straight away." The service had excellent links with people's GP's and specialists such as dietitians, wheelchair services and speech and language therapists. One healthcare professional we spoke with told us, "They are very quick at picking up any changes in people's health."

Everyone had up to date information relating to their health care needs in a clear plan. One relative we spoke with told us their family member's wheelchair was sorted out by the service to ensure it was comfortable and correct for the person's postural needs.

Is the service caring?

Our findings

We asked relatives of people who used the service about their experiences of the care and support their family members received. Their responses were all positive. Relatives we spoke with said, "I'm very happy with the care here," and "[Name] is very lucky to have found such a place."

Professionals we spoke with complimented the staff and highlighted their compassionate and kind nature. A district nurse told us, "They are on the ball and caring. They are kind to people always in my presence and are very dignified, calling people always by their names so it's very personalised."

People were supported to maintain their relationships by a service committed to involving those close to people. We observed throughout our visit how the service made visitors and relatives feel comfortable and welcomed. One relative we spoke with said, "It's like a home from home especially now the décor has changed, it's so much nicer." Another relative said, "They tell me to come anytime but I worry in case something important might be happening such as people going out so I ring before I come." This showed us families felt comfortable with the staff and service and every relative we spoke with told us of the 'family' environment created by the service.

Throughout the inspection we saw that staff were not rushed in their interactions with people. We saw many examples of staff providing support with compassion and kindness. Staff spent time chatting, encouraging, laughing, and smiling with people. Staff we spoke with told us, "You have more time here to do things with people and everyone is willing to go the extra mile."

Staff told us how they worked in a way that protected people's privacy and dignity. People had very complex support needs that meant staff had to provide extensive personal care. They told us about the importance of encouraging the people to be independent and also the need to make sure people's privacy was maintained. For example, each person had their medicines stored in their own room and staff supported them to their own bedroom to administer their medicines. Staff members also told us that they always knocked before entering a room even when the door was open. This meant people had privacy at all times.

Staff actively listened to what people had to say and took time to help people feel valued and important. Staff understood people's communication methods and readily assisted people to express their views. We observed staff's interactions with people as they went about the home, as well as when undertaking specific care tasks. Staff consistently interacted with people with warmth and kindness. There was a friendly and affectionate relationship between people using the service and staff. Staff we spoke with knew people's needs extremely well, could describe their likes and dislikes as well as their life histories. We observed staff saying, "Would you like to sit here", and "I am just taking you here."

From speaking with staff we could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation. This information was documented in people's care plans.

An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Information about accessing advocates was available at the service and we saw they had been involved in supporting people to make decisions about their care and support.

Is the service responsive?

Our findings

People had 'Person centred plans' in place. Person centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. These included information on people's life history, likes and dislikes, health, well-being and self-esteem, choice and capacity, independence and activities. One person had their evening routine recorded as, "I have very thick hair and should be supported to dry it thoroughly so I don't get cold." This showed people wishes and choices were respected.

Plans were in place to support people with all their identified needs, including for example, their mobility, and healthcare needs. Records were reviewed regularly and were well maintained. People had clearly recorded goals; one person had goals of buying themselves a bean bag and a hamper for a family member which the staff team supported them to meet.

We saw that where appropriate people had a plan for their end of life care that was in an easy read format and which families and advocates where appropriate had been involved in talking about. We saw the service had begun to support staff to undertake training in end of life care.

Documentation was in place to record care and support offered throughout the day and night. Handovers were detailed and ensured information about people's support and welfare was clearly documented and communicated to staff to ensure consistency of care. One staff member told us, "We meet each month to review people's care and support and involve family members where possible."

It was clear from records that staff worked with people and their families to fully meet their needs and involve them. There was an easy read version which was a clear, positive document of how people wanted their support to be provided. We saw that people's communication needs were clearly captured for example, each person had a communication passport and there was communication aids such as photographic menus in place to support people to make choices. One person's plan said, "I like it when staff talk and sing to me" and we observed staff singing and coaxing this person throughout our visit.

On the day of our visit, people were enjoying a music session which was led by the enthusiastic staff team and also made Easter bonnets. We also saw the service strove to ensure people had access to the community as much as possible via the services vehicle. We saw people had accessed the local theatre and cinema as well as hydrotherapy sessions. The service also brought in specialist people such as a beautician twice a week who provided massage and beauty sessions and a musician visited on a weekend. People had also been supported to visit Blackpool on holiday.

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. The complaints policy also provided information about the external agencies which people and relatives could use if they preferred. There was easy read information around the home on how to make a complaint and monthly meetings were held where people were given updates and asked about their satisfaction with the service.

Is the service well-led?

Our findings

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.

On our last visit we found notifications had not always been submitted to the Care Quality Commission as required, staff morale was poor and the provider did not always have effective oversight of quality at the service. At this visit we found these all areas had been addressed and improvements made.

Relatives were consistently positive about the service and the support their family members received. Comments included, "Things are definitely improving, the décor was dingy but now it's much more bright and modern", and "It's so homely, it's really excellent." Throughout our inspection, we observed people responded well to the registered manager and were confident in their interactions with them.

Professionals we spoke with told us the registered manager was, "Very accessible and good at keeping in contact." They also told us, "They have knowledgeable plans which they are taking forward now."

Staff told us they thought the service had an open and honest culture. Staff told us they had regular meetings and made suggestions about how they could improve the service for each person and the whole service and staff team.

The staff team were very positive in their praise for the registered manager and the changes they had implemented at the service since they started 18 months ago. Comments included, "It was unsettled when I first came here but now the environment is much better and we have fun and good teamwork. [Name] registered manager is fair and she asks our views." Another staff member said, "It's much improved now, it wasn't nice at times before. We are encouraged to go out when we want and make decisions ourselves."

We saw the service encouraged people to be part of their local community by accessing shops and leisure facilities. Families also told us they were invited to a family forum meeting every six months where families were invited to the service to talk about plans, activities and their views whilst being provided with a buffet. One relative told us they enjoyed sharing their experiences with other family members at this event and they felt supported by it.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. At our last inspection we had found that audits had not been carried out consistently. On this visit, we saw the registered manager had conducted regular checks on issues such as staffing, medication, health and safety and the environment. The registered manager provided a detailed weekly update to the provider on issues relating to people, staffing and health and safety amongst others. The regional manager

also carried out three monthly visits to the home where as well as undertaking quality checks they also spoke with staff, people and relatives using the service to obtain their views.

The law requires that providers send notifications of changes, events or incidents at the home to the Care Quality Commission. We had received appropriate notifications from the service. We saw that records at the service were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's confidentiality.