Really Flexible Care Ltd

Woodland House

Inspection report

Wood End
Near Tingrith
Bedfordshire
MK17 9ER

Tel: 01525873265
Website: www.reallyflexiblecare.co.uk

Date of inspection visit:
17 March 2016

Date of publication:
26 April 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on the 17 March 2016 and was announced.

Woodland House provides accommodation and personal care to up to four people with autism and learning disabilities. At the time of our inspection there was one person living at the service.

There was a registered manager in post at the time of our inspection. 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.

People were kept safe from the possible risk of harm. People's behavioural needs had been identified and appropriate measures were in place to help staff to manage any behaviour which might have a negative impact upon others. People were treated with dignity and respect and cared for by staff who knew and understood their needs. People and their relatives were involved in making decisions about their care and support. People were involved in choosing their menus and were supported to eat a balanced and healthy diet. People's healthcare needs were assessed and the service worked closely with other professionals to ensure that people had the correct support to maintain their health and welfare. The provider had a safe system for the management and administration of medicines

People had their care needs assessed, reviewed and detailed in comprehensive and person-centred care plans. They were supported to pursue their social interests and hobbies and to participate in activities in the service. There was a complaints policy in place to handle and resolve any complaints.

There were enough staff available to meet the needs of people using the service. All pre-employment checks were carried out by the provider to ensure that staff were recruited safely and were suitable for the post before commencing their role.

Staff had a comprehensive induction when they joined the service and received a variety of training which was relevant to their role. They showed understanding of the Mental Capacity Act 2005 (MCA) and the associated deprivation of liberty safeguards (DoLs) and sought consent from people before providing care. Staff were regularly supervised and had performance reviews from management.

The staff team were able to demonstrate ways in which they'd improved the overall quality of people's lives in the service.

The service held residents meetings, sent satisfaction surveys and worked closely with other agencies involved in people's care to ensure that they were satisfied with the service received. There was a robust system for quality assurance in place which identified improvements that could be made across the service. Staff were positive about the management and culture of the service and felt they were supported to

develop. The systems in place for ensuring compliance and the knowledge base of the manager helped drive continual improvement in important areas.

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 was safe.

Staff were trained in safeguarding and understood how to keep people safe from risk of harm.

The service had individualised risk assessments in place which assessed the ways in which staff could minimise any risks to people.

The service had sufficient numbers of trained staff deployed to ensure people's needs were met.

There were robust recruitment procedures in place to ensure that staff were employed safely to work in the service.

Medicines were managed and stored appropriately.

Is the service effective?

Good

The service was effective.

Staff received a wide range of specialised training to meet the needs of the people and received regular formal supervision and appraisals.

Staff understood the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to access other health and social care services when required.

Is the service caring?

Good

The service was caring.

People and their relatives were involved in the decisions about their care and were positive about the quality of the care and support provided.

People's privacy and dignity were observed and people were treated respectfully.

People's information was kept securely and confidentially maintained.

Is the service responsive?

Good

The service was responsive.

People had person-centred care plans in place which were regularly reviewed with the involvement of people and their relatives.

People pursued a range of interests and activities and were supported to meet objectives and goals.

There was a robust system in place for handling and acting upon complaints.

Is the service well-led?

Good

The service was well-led.

People and staff were positive about the skills and experience of the manager and felt they were supported to develop.

The service sought feedback and acted upon all concerns raised. There was a robust system in place for auditing the service to identity areas for development.

Woodland House

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 17 March and was announced. We gave the provider 24 hours notice of our inspection as the service was a small home and we needed to ensure they'd be available on the day. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We also reviewed local authority inspection records.

During the inspection we spoke with three members of the care staff and the registered manager. 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. We contacted one relative but did not receive a response. We looked at the person's care plan, training, recruitment and induction records for four members of staff and reviewed the local authority's most recent inspection report. We looked at records for medicine administration, team meetings, surveys and the way the provider monitored the quality of the service.

Good

Is the service safe?

Our findings

The service had a safeguarding policy in place which detailed which agencies could be contacted in case people were at risk of harm. Staff were able to describe the steps they would take if they were concerned that a person might be at risk of avoidable harm. We looked at records of accidents and incidents within the service and found that these were followed up to reduce the risk of a recurrence. Where an incident was reportable, the correct notifications had been sent to the local authority and CQC. We saw that the manager promoted a culture of learning from incidents by following up with staff in meetings and supervisions.

Staff were able to describe ways in which they kept people safe from avoidable harm. One member of staff said, "We know how to support them to keep them safe. We are careful in our approach, give [them] time and talk to [them] politely." Risk assessments were in place to help staff to identify any potential risks to people's safety. These detailed the nature of the risk and measures that could be taken to minimise them. Where the person was at risk of demonstrating behaviour that could have a negative impact on others, there were very detailed protocols in place which listed the ways in which this could be displayed. This included the triggers, environments and circumstances that might have heightened the risk. Control measures were in place for each one which showed that the service had carefully considered each area of risk. For example we saw that it had been identified that high stimulation and busy environments might have heightened this risk at specific times. The service had therefore made appropriate adaptations to the person's environment and activity plans to reflect this. This helped to promote a culture where positive risks could be taken without compromising the safety of the person or others.

Health and safety checks were undertaken regularly by the care staff to ensure that the environment was safe. We saw that fire safety checks were completed weekly and portable appliance testing (PAT) had been undertaken as required. Equipment used within the home was regularly checked to ensure that it was safe for use. Any maintenance issues that were identified during these audits were promptly reported and rectified to ensure that the environment was safe. There were risk assessments in place which identified any risks to the environment and detailed ways in which these could be managed. There was a personalised evacuation plan (PEEP) in place for people which detailed how they could be supported in the event of an emergency. This included the person's level of understanding around safety and the level of support that would be required if they had to vacate the premises.

There were enough staff available to keep people safe. One member of staff told us, "There's always two of us here and support from the other staff in the other services nearby if we need it. [Person] definitely has enough staff, we can meet [their] needs no problem when there's two of us." Staff either worked long days or half days and there were two staff with the person at all times through the day. Staff told us that while the person had initially had a waking night and a sleep-in member of staff, there was now only one waking night staff deployed. This was because the person's behaviour had improved and it was felt that support could be reduced to better support their independence. The manager told us that while they used agency staff to cover occasional absences, these were the same staff who were known to the person.

Staff were recruited safely to work in the service. We saw that application forms had been completed and

any gaps in the applicant's employment history had been accounted for during the recruitment interviews. The questions asked of candidates were designed to ensure that they had the necessary skills and experience to perform the role effectively. Disclosure and Barring Service (DBS) checks were completed for new staff. References had been sought from previous employers to ensure that people's employment history was accounted for. The manager told us that if people did not have a background in care, they would attempt to seek more than two references and a character reference. This helped to ensure that staff who didn't have much relevant experience were of suitable character. Recruitment checklists were in place to ensure that the information contained within staff files was up to date and relevant.

There were specific medicine protocols in place to help staff to understand how to administer medicines safely. These also included details of the person's preferred times and methods of administration and their level of understanding around what they had to take. Details of the nature of each medicine and the reason it had been prescribed were also included in the protocols. Medication competency checks were undertaken for all staff which included an observation and tested their knowledge. This helped to ensure that staff did not administer medicines until they'd been assessed as competent to do so by a senior member of staff. We reviewed the records of medicine administration (MAR) and found that these were completed correctly with no unexplained gaps. A dedicated member of staff completed regular audits to ensure that stock levels were correct and that medicines were being given as prescribed.

Good

Is the service effective?

Our findings

Staff received comprehensive training with enabled them to deliver effective care to people. One member of staff told us, "The training is more comprehensive than I've received anywhere else - it's been vital for teaching us approaches. I understand challenging behaviour in a way I haven't before. It gives us the knowledge to know how to work with the person better." Another member of staff said, "The training is very good. Great for developing new methods of working." In addition to receiving the care certificate training which covered all the fundamental aspects of social care, the service had identified specialist training needs for staff. For example we saw that training in autism awareness and epilepsy had been provided, as well as report writing and record keeping. The registered manager told us they used monthly supervisions and observations to monitor ways in which this training was being implemented into practice. This allowed them to make sure that the training being provided was relevant and useful for their role.

Staff received a full induction when they first started work with the service. One member of staff told us, "It's a really good induction. I definitely felt ready. We cover a lot." Staff were subject to a number of competency assessments during their induction which helped to monitor their competency and performance in key areas of their job role. For example we saw that personal care assessments were completed for each new member of staff which tested their knowledge on the person's needs. It also gave them an opportunity to demonstrate their practice and provided them with feedback on areas for improvement. In addition, daily notes that were completed by newer staff were assessed to ensure that the style of writing was detailed and appropriate. This meant that new staff were always made aware of the standards of the service and understood their job roles better. During the probation for newer staff, a report was undertaken by the manager which looked at their performance, identified areas for improvement and set goals and objectives. One member of staff told us this had helped them to ensure that they understood the service's culture and practice more effectively during their induction period.

Staff received regular supervision and performance reviews from the manager. The staff we spoke with were positive about the quality and frequency of these. One member of staff told us, "We have them monthly, usually without fail. We discuss my progress, things we can improve, how [person] is getting on. The manager is honest and fair and gives us objectives to work towards." Staff records confirmed that staff had a regular program of supervision and that there was a system in place for identifying when these were due.

The staff we spoke with had received training to understand the Mental Capacity Act (MCA). 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). Staff were able to describe what this meant and how it impacted upon people using the service, although they weren't always certain which DoLs were in place for whom. We raised this with the manager, who told us they would promptly address this gap in knowledge.

We found that DoLs authorisations had been received and these were appropriate for the person's safety. Assessments had been completed to ensure that the person's capacity had been considered and best interest meetings had been held as required.

Staff we spoke with were able to describe the ways in which people gave consent to receiving care. Where people were unable to provide consent, the service had provided a rationale for why a best interest decision would have to be made on their behalf. This was accompanied by an appropriate mental capacity assessment and best interest checklist. Consent for individual aspects of the person's care were in place including medicines, personal care and care planning. This demonstrated that the service had given extensive consideration to how they could ensure that consent could be sought on their behalf.

People were supported to attend regular appointments with healthcare professionals to ensure that they were in good health and accessing the correct services. This included details of how the person should be supported safely during appointments and ways in which staff could help the person to understand the need to attend them. They had a health action plan in place which detailed the nature of each service they accessed. Their weight was recorded regularly and we saw that any changes or concerns in relation to the person's health were referred to the appropriate healthcare professionals. People's needs and preferences for food and drink were listed comprehensively in their care plans. This included visual aids for each type of food and drink to support the person to understand what was being put into their plan. We observed lunch being provided and people being encouraged to eat and drink. The choices offered to them had taken into account their individual preferences.

Good

Is the service caring?

Our findings

During our inspection we observed that interactions between staff and people were patient, caring and compassionate. The members of staff were spoke with were able to speak extensively about the person they supported and demonstrated a genuine affection for them. One member of staff said, "I love working with [person], all the staff do. The atmosphere here is great. It's just a lovely place to work." Another member of staff told us, "[Person] gets great support, we've really tried to understand how they communicate and how we can work better with [them]. The support here is something to be proud of, I think."

The service promoted a culture that was inclusive and took people's choices and preferences into account. During our inspection we observed staff interacting positively with the person and supporting them to communicate their wishes. Where they had limited verbal communication abilities, we saw one member of staff encouraging the person to use a visual communication aid to spell out what they were trying to say. The person was engaged in watching videos and using their computer and we observed staff taking the time to talk to the person about these interests.
We saw in the person's care plan that privacy was important to them, and the staff team had developed specific protocols around the person's private time and how this could be observed safely. These helped to establish ways in which the person could be assured of having their privacy respected, while also supporting staff to understand the challenges with this. One member of staff told us, "[They've] got their bedroom and they will let us know when they prefer to spend time alone. We do what we can to respect that and allow [them] that time, but we try and encourage [them] to participate in as much as we can. I think the balance works for [person]."

We saw that newsletters were sent out to families which updated them on developments in the service and provided them with pictures of activities that people had been engaged in. This allowed the manager to showcase the good work that was being done in the service and maintain positive lines of communication with others involved in the person's care. Where the person did not have capacity to engage in link worker meetings, the service had instead evidenced where they had undertaken intensive 1:1 work with people. For example, an objective had been identified to try and support the person to be more independent with some aspects of their daily living skills. Staff had spent time each week focusing upon this area of their care plan and recording their progress.

Good

Is the service responsive?

Our findings

People received an assessment before they joined the service which was then used to create a plan of the person's care. Care plans were detailed, person-centred and enabled staff to better understand the needs of the person supported. For example we saw that where the person was diagnosed with a specific condition, the service had adopted a variety of behavioural models to develop a comprehensive insight into how the condition affected the person. This included how these behaviours might be demonstrated, and techniques or interventions that could be used to support these positively. These were written sensitively and had taken all aspects of the person's needs and preferences into account. Staff told us they were able to contribute to the planning of people's care and were responsible for ensuring that information was up to date. One member of staff said, "I've read all of the care plans many times- I offer advice on changes to the manager and we're always involved in reviews."

There were pictures of the person included in the care plan which provided us with details of how the person chose to spend their time and activities they had enjoyed in the past. Details such as 'Things that make me calm' and 'Things that make me worry' enabled staff to have insight to the triggers and anxieties that might have been experienced by the person. The person's strengths and skills had been considered in care plans and we saw how these were being developed. For example where the person was able to undertake some aspects of their laundry independently, we saw pictures of him undertaking this.

Monthly summaries were completed by care staff to give a detailed overview of the person's activities. We saw that the person had been enjoying activities which were consistent with those listed in their care plan. The frequency of these appeared to have increased over time, and we saw evidence that staff were attempting to expand upon existing activities and try new things. For example where the person enjoyed going for drives locally, some staff had attempted to take him further afield into London to try a museum visit. By understanding the person's needs and wishes, the service was able to demonstrate a commitment to developing the quality of their life in key areas.

Daily notes provided a comprehensive overview of how the person had spent their time during the day, including the choices they'd made for activities, food and drink. Any significant events during the day were recorded to ensure that handovers between staff were detailed.

Care plans were subject to monthly reviews which ensured that the information contained within was relevant and up to date. We saw that reviews had taken place throughout the last three months and that changes had been made to various sections. For example where it had been discovered that the person enjoyed a specific kind of food, we saw that this had been added into the care plan. In addition, the person's care planning was subject to an annual review. This considered progress since the last review and set outcomes and objectives for the next one.

We saw that the care plan had been shared with the person's relatives to ask for their input in the process. They were then invited to take part in reviews, medical appointments and keep in regular touch with the service. Feedback from the family was positive, and comments included: 'I have been really pleased by

[person's] general health, exercise and diet, behaviours improving etc. [They] seem settled and much more stable and happy.'

Good

Is the service well-led?

Our findings

Staff were positive about the management of their service and told us they felt supported and empowered by the registered manager. One member of staff said, "She's always supporting me- she always offers advice and help." Another member of staff told us, "In terms of management - this is the best place I've ever worked. She treats everybody the same and she's always got time for you, regardless of who you are."

The registered manager was knowledgeable about the people being supported by the service. Their registration covered three of the provider's registered locations, but they were able to split their time across all of them as required. They said, "I keep myself up to date with everything that's happening. I spend as much time in the service as possible and make myself available for staff whenever I can." Staff we spoke with confirmed that the manager was visible and involved at all times. They were able to tell us about ways in which they ensured that they were up to date with current practice. They said, "I go on all the training my staff go on to make sure I know what it entails." We saw that they had attended training in Care Quality Commission (CQC) standards to ensure that they understood their responsibilities in terms of quality and compliance.

The systems in place to ensure compliance were robust and detailed. During our inspection we found that significant efforts had been made to ensure that all information was up to date, well-organised and thoroughly completed. The registered manager's knowledge of best practice and person-centred thinking was evidenced through the very comprehensive, individualised records the service kept. They told us, "I'm proud that the service is so person-centred. The whole service has evolved around meeting people's needs and promoting their independence."

We saw that a satisfaction survey had been sent out to relatives to ask for their feedback on the quality of the care being delivered to their family member. Where feedback had been provided in terms of areas for improvement, action had been taken to resolve the concerns. For example where a relative had raised concerns about the communication from management, the manager informed us that they now contacted the relative weekly via email and ensured that they were called at least once a month. Otherwise feedback was positive.

The manager completed an audit tool each week which identified improvements that needed to be made in the service. There were different audits carried out which looked at different areas of the care and support being delivered. These included care plans, rotas, cleaning duties and observations of practice. If the audits identified improvements that needed to be made then these were highlighted and communicated to the staff team. Action plans were generated based on the outcomes of these audits and used to inform discussions in supervisions and team meetings. The manager was proactive in completing these actions and making the appropriate changes. For example where it had been identified that link worker sessions were not always detailed enough, we saw evidence that this was discussed in the next staff meeting. The range of issues identified by the audits enabled the provider to demonstrate that the service operated within a culture of positive change and development.

Team meetings took place regularly which gave staff an opportunity to discuss issues in the service. Staff were invited to take place in meetings which included all the provider's locations nearby, but the registered manager held specific meetings to discuss each individual service. We saw that these minutes included updates that had been established as part of their audits and set expectations for staff. For example we saw that where the person had not been accessing the community as much during certain months, this had been addressed and there had been a marked improvement since. Setting clear goals and objectives for staff helped them to develop within their roles and improve the ways in which they were meeting people's needs.