

Flagship Housing Group Limited

Margery Girling House

Inspection report

Gosford Way
Felixstowe
Suffolk
IP11 9PE

Tel: 01394 285871

Website: www.flagship-housing.co.uk

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

Margery Girling House is very sheltered accommodation providing personal care to people living in their own flats, some of these people are living with dementia. When we inspected on 23 April 2015 there were 36 people using the service. This was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons.'

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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

Summary of findings

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

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

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

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

People or their representatives, where appropriate, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how their ability to make decisions.

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

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

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

There were enough care workers to meet people's needs and there were robust recruitment processes.

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

Good



Is the service effective?

The service was effective.

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

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

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

Good



Is the service caring?

The service was caring.

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

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

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

Good



Is the service responsive?

The service was responsive.

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

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

Good



Is the service well-led?

The service was well-led.

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

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

Good



Margery Girling 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 23 April 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service, we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

We reviewed information sent to us from other stakeholders for example the local authority and members of the public.

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

We spoke with the registered manager and three care workers. We looked at records relating to the management of the service, four care worker recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People were protected from avoidable harm and abuse. People we spoke with told us that they felt safe using the service and where they lived. One person said, “I feel safe, it is a great thing to feel safe.” Another person commented that they felt safe because, “The only way to get in the building is to ring the doorbell and have someone let you in.”

Care workers told us that they had been provided with training in safeguarding people from abuse, which was confirmed in records. Care workers understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns, which they told us they would have no hesitation in doing. The registered manager understood their role and responsibilities relating to ensuring that people were safe. They told us about safeguarding concerns they had raised when they had been concerned about people’s safety, following their own observations and feedback from care workers. This told us that action had been taken to report concerns to the appropriate professionals who were responsible for investigating safeguarding concerns.

People’s care records included risk assessments and guidance for care workers on the actions that they should take to minimise the risks. These included risk assessments associated with moving and handling and the arrangements for the administration or if people managed their medicines independently. People were involved in the planning of the risk assessments. Reviews of care with people and their representatives, where appropriate, were undertaken to ensure that these risk assessments were up to date and reflected people’s needs. Risk assessments were also in place for the premises, including how these risks were minimised, such as in the event of a fire. We saw records which showed that the fire safety in the service was regularly checked to reduce the risks to people. We saw that where there were risks with people’s safety prompt action was taken to reduce the risks. For example, during our visit a person reported that the lock on their window was not working and the registered manager telephoned the staff responsible for repairs to make sure that this was addressed as soon as possible.

We spoke with the registered manager about how they supported people who were at risk of developing pressure ulcers. They told us that if they noted, “Red or pink areas,”

on a person’s skin they called the district nurse. The registered manager advised that where people were at risk of developing pressure ulcers they had been provided with pressure relieving equipment by other professionals to reduce these risks. Records confirmed what we had been told. This told us that the service took prompt action to ensure that risks to people were reduced.

There were sufficient numbers of care workers to meet the needs of people. People told us that the care workers visited them at the planned times and that they stayed for the agreed amount of time. In addition to this people told us that the care workers checked on them throughout the day and answered their call bells in an emergency. This was confirmed in records which showed that welfare checks were undertaken on people. We saw that a team leader called care workers on the service’s communication system regularly throughout our visit to check that they were managing the calls to people and were not running late.

The registered manager and care workers told us that they felt that there were sufficient numbers of care workers to meet people’s needs. The registered manager told us about how the service was staffed on each shift and that the care worker levels were always under review to make sure that people got the support they needed. They told us that the levels of care workers required were calculated on people’s individual needs and of a recent need to recruit more care workers to ensure that people’s care needs were met. We saw the rota and records which confirmed what we had been told.

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

People who needed support with their medicines told us that they were happy with the arrangements. One person said, “I take my own medication, [relative] has help, the [care worker] comes in the morning and then the second lot later, on time and safe. I get mine ordered through the office, I didn’t used to but I find it more convenient.” Another person commented, “I look after my own, it is one of the things I can manage myself.”

Care workers told us that they had been provided with training in medicines management and felt that people

Is the service safe?

were provided with their medicines when they needed them and safely. People's records provided guidance to care workers on the level of support each person required with their medicines. Records showed that, where people required support, they were provided with their medicines as and when they needed them. Where people managed

their own medicines there were systems in place to check that this was done safely and to monitor if people's needs had changed and if they needed further support. This showed that the service's medicines procedures and processes were safe and effective.

Is the service effective?

Our findings

People told us that they felt that the care workers had the skills and knowledge that they needed to meet their needs. One person said, “I appreciate that the amount of the training that they do is fantastic, they are all well trained.” Another person commented, “As far as I am concerned they [care workers] do everything I need in the way I need it and do it well.”

Care workers told us that they were provided with the training that they needed to meet people’s needs. One care worker said, “The training is excellent, whatever we ask for we get.” Another care worker commented, “Very good training, the end of life training was excellent.” We spoke with the registered manager and care workers who told us that they were provided with training in meeting people’s diverse needs to make sure that these were met in the best way. For example the booked British Sign Language course for the week following our inspection. Records and discussions with care workers showed that the provider had systems in place that ensured care workers had the right skills and qualifications to meet people’s needs. The registered manager and records showed that all staff had been provided with training in dementia. There were also dementia coaches in the service who supported care workers to improve the experiences of people living with dementia.

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

People’s consent was sought before any care and treatment was provided and the care workers acted on their wishes. People told us that the care workers asked for their consent before they provided any care. One person said, “They ask for my permission before they do anything.” Care records identified people’s capacity to make decisions and they were signed by the individual to show that they had consented to their planned care.

The registered manager told us that they and team leaders had attended training in the Mental Capacity Act (MCA)

2005 and this was due to be shared with care workers in an awareness session. The registered manager and care workers spoken with understood their responsibilities under MCA and what this meant in the ways that they cared for people. One care worker said, “We always ask for their [people’s] consent, we ask not order. We ask people what they would like and put no pressure on them.” The registered manager told us about how they had sought guidance from the local authority regarding a person’s capacity to consent and their safety, this had led to appropriate action being taken by the registered manager to minimise the risks to this person. This told us that the registered manager took prompt action to identify where people were at risk and referred to the MCA and other professionals to make sure that they were taking appropriate action.

Where people required assistance they were supported to eat and drink enough and maintain a balanced diet. Two people told us about the assistance that they received to prepare their meals.

The registered manager told us how they and care workers monitored people’s weight when there was a risk of them not eating enough. They told us that where there were risks, the person’s doctor was contacted who made a referral to dieticians. This was confirmed in people’s records which identified their requirements regarding their nutrition and hydration and the actions that care workers should take if they were concerned that a person was at risk of not eating or drinking enough. When people had been supported by health professionals the outcomes and guidance were recorded in people’s records which showed that people were supported in a consistent way which met their needs.

People were supported to maintain good health and have access to healthcare services. People told us that the care workers supported them to call out health professionals, such as their doctor, if needed.

Care workers understood what actions they were required to take when they were concerned about people’s wellbeing. Records showed that where concerns in people’s wellbeing were identified, health professionals were contacted with the consent of people. When treatment or feedback had been received this was reflected in people’s care records to ensure that other professional’s guidance and advice was followed to meet people’s needs in a consistent manner.

Is the service caring?

Our findings

People had positive and caring relationships with the care workers who supported them. People told us that the care workers always treated them with respect and kindness. One person said, “Carers are respectful and polite, we are very happy in that respect.” Another person commented, “They are certainly kind...it is the best move we made coming here.” Another person told us, “There is a great family atmosphere here and I feel part of the family.” We saw that care workers interacted with people in a caring and professional manner.

Care workers understood why it was important to interact with people in a caring manner. Care workers knew about people’s individual needs and preferences and spoke about them in a caring and compassionate way.

Care workers told us that people’s care plans provided enough information to enable them to know what people’s needs were and how they were to be met. This was confirmed by one person who told us that the care workers knew about them and how they were supported, “”They all know me by now and what I need.” People’s care records identified people’s specific needs and how they were to be met in a personalised way including individual preferences.

People were supported to express their views and were involved in the care and support they were provided with. People told us that they felt that the care workers listened to what they said and acted upon their comments. One person said, “I have got a mouth on me and I like things done how I like things done, they always listen to me.” Another person said, “We feel we are listened to.” Records showed that people and, where appropriate, their relatives

had been involved in their care planning. Reviews were undertaken and where people’s needs or preferences had changed these were reflected in their records. This told us that people’s comments were listened to and respected.

People’s independence was promoted. One person said, “I do what I can,” and they went on to explain how they could prepare part of their meals and relied on care workers to do the things that they could not. Another person commented, “I am still capable...I like to do what I can myself, while I can.” Care workers understood why it was important to promote people’s independence. People’s records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected.

People told us that their privacy and dignity were respected, this included always knocking on the door of their flats before they entered. This was confirmed in our observations and care workers asked for people’s permission for us to visit them in their home. One person told us how they were involved in dignity meetings in the service, “They have that dignity thingy, a few of us have joined in with that, I am lucky I can speak up for myself and I like take part for those who cannot.” Records showed that there were named care workers in the service who were responsible for championing dignity, care workers had attended dignity training in February 2015. People had been consulted and involved in how their dignity was promoted and respected in completing of surveys and attending meetings. Care workers told us how they respected people’s dignity and privacy, including when supporting people with their personal care needs, and understood why this was important.

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. People told us that they were involved in decision making about their care and support needs and that their needs were met. One person said, “I do feel I am consulted about the care I need and they keep an eye if things change.” Another person told us, “I have my care plan here [in their flat] and I was asked what I needed help with,” They told us how the service had responded to changes in their mobility needs to make sure that these needs were met. People’s records and discussions with care workers confirmed that people were involved in decision making about their care.

Care workers told us that the care plans provided them with the information that they needed to support people in the way that they preferred. People’s care records included care plans which guided care workers in the care that people required and preferred to meet their needs. These included people’s diverse needs, such as how they communicated and mobilised.

Care review meetings were held which included people and their relatives, where appropriate. These provided people with a forum to share their views about their care and raise concerns or changes. Comments received from people in their care reviews were incorporated into their care plans where their preferences and needs had changed. We saw that care plans were reviewed and updated in line with when people’s needs and preferences changed.

People told us that there were a range of social meetings and activities provided in the service which reduced the risks of them becoming lonely or isolated. One person said, “I go down [to the communal areas] when there is

something on I like, it is good to meet up with the others.” Another person commented, “I like the fish and chips on a Friday, it is a good get together, my [relative] sometime comes.” Another person told us, “It is an absolutely wonderful place, I can go in the sitting room or the garden at the back, living here is very good. Not just in my flat we have a social life, I like the keep fit, mind games as well, all very good.” Where people required social interaction or encouragement to mix with others in the service to reduce their feelings of isolation, this was included in their care plans.

The registered manager and care workers told us how people were supported to reduce isolation, this included regular activities and entertainment and the recent introduction to the library, where people could read or listen to audio books. This was confirmed in our observations and a person told us that they liked the library.

People told us that they knew how to make a complaint and that concerns were listened to and addressed. People were provided with information about how they could raise complaints in information in their flats. One person told us that they had not raised a formal complaint but had spoken with the registered manager about a concern, “It was acted on quickly and put right.” Another person said that they had made a complaint but had later found out that they had put something in a different place, “It was my fault, but they listened to me and started taking action immediately until I told them.”

Complaints records showed that complaints and concerns were addressed in a timely manner, this included meeting with complainants to make sure that they were happy with the investigations and outcomes.

Is the service well-led?

Our findings

The service provided an open and empowering culture. People told us that they felt that the service was well-led and that they knew who to contact if they needed to. They told us that their views about the service were sought. One person said, “I know the manager and the seniors, they pop in to see me. It is managed well, I am happy here. They really are a lovely lot.” Another person commented, “I think it is well-led on the whole.”

People were asked for their views about the service and these were valued, listened to and used to drive improvements in the service. Records showed that quality surveys were undertaken where people could share their views about the service they were provided with, anonymously if they chose to. The registered manager told us that if comments of concern were received they would be addressed and used to make improvements. Records confirmed what we had been told, the surveys were assessed and the outcomes were shared with people and what actions were being taken as a result of their comments, including reminding people how to raise a complaint in ‘tenants meetings.’

Regular ‘tenant meetings’ were held where people could share their views about the service they were provided with and were kept updated with any changes in the service. The minutes to these meetings showed that the previous minutes were agreed and actions were discussed and reviewed. This told us people’s comments and views were valued. For example people were reminded how they could contribute to social activities in the service. In one meeting people were invited to participate in care worker interviews. There were documents which showed that this had happened and people had prepared questions that they were going to ask in interviews and they had assessed applicant’s suitability to work in the service.

We saw that people were also able to speak with the registered manager when they wanted to. Throughout our visit people dropped into the office to speak with the registered manager.

There was good leadership demonstrated in the service. The registered manager understood their role and responsibilities as a registered manager and in providing a good quality service to people. They told us that they felt supported in their role and understood the provider’s

values and aims to provide a good quality service to the people who used the service. They told us that they were supported by the provider in regular contact and supervision.

Care workers told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns. They were committed to providing a good quality service and were aware of the aims of the service. They told us that they could speak with the registered manager or senior staff when they needed to and felt that their comments were listened to. One care worker said, “It is well-led, I am confident with the manager and Flagship Housing. We have a good name in the area and we want to keep that good name.” Another care worker commented that the registered manager had, “A good manner,” and was approachable.

Care workers understood the whistleblowing procedure and said that they would have no hesitation in reporting concerns. One care worker said, “The manager is very interested in high standards,” that they were confident to report issues and that the registered manager was, “Not condescending.” The registered manager understood their role and responsibilities regarding whistleblowing and how whistleblowers should be protected in line with guidance.

Records showed that care workers meetings were held which updated them on any changes in the service and where they could discuss the service provided and any concerns they had. The minutes of these meetings showed that care workers were consulted about planned changes in the service. Care workers also participated in handover meetings at the end and start of each shift. We observed a handover meeting and saw that they discussed people’s wellbeing and any changes that they needed to be made aware of.

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

Is the service well-led?

discussed in my one to one [supervision], it is confidential.” They told us that this made them feel happy that they could discuss any concerns and know that other care workers would not be told.

Discussions with the registered manager and records showed that the service had systems in place to identify where improvements were needed and took action to implement them. The registered manager told us that they were continually seeking ways to improve the service and took all incidents and complaints seriously and used these to improve the service.

There were quality assurance systems in place which enabled the registered manager to identify and address

shortfalls. Records showed that checks and audits were undertaken on records, including medicines, health and safety and incidents. Where shortfalls were identified action was undertaken to introduce changes to minimise the risks of similar issues reoccurring. This meant that the service continued to improve.

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