

Flexible Support Options Limited

# Flexible Support Options Limited (Brilan)

## Inspection report

C/O Balmoral Court  
Ayton Street  
Newcastle Upon Tyne  
Tyne And Wear  
NE6 2DB

Tel: 01912617306

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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

We carried out an inspection of Brilan on 5 and 22 February 2016. The first day of the inspection was unannounced. We last inspected Brilan in September 2014. At that inspection we found the service was meeting the legal requirements in force at that time.

Brilan is a three bed care home that provides care and support to people with learning disabilities and mental health needs. Nursing care is not provided. At the time of the inspection there were two people accommodated there.

The service had 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.

The people living at Brilan appeared comfortable and relaxed. The person we were able to speak with told us they felt safe and were well cared for. Staff knew about safeguarding vulnerable adults and knew how to deal appropriately with accidents and incidents, which helped to keep people safe.

We observed staff provided care safely. At the time of our inspection, the levels of staff on duty were sufficient to ensure safe, responsive and effective care. New staff were subject to thorough recruitment checks.

Medicines were managed safely with records completed correctly.

As Brilan is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate policies and procedures were in place and the registered manager was familiar with the processes involved in the application for a DoLS. Staff obtained consent before providing care. Arrangements were in place to assess mental capacity and to identify if decisions needed to be taken on behalf of the person in their best interests.

Staff had completed safety and care-related training relevant for their role. They were well supported by the registered manager and a service manager.

Staff kept clear nutritional and weight records and helped support people's health needs, working with external professionals where necessary. This ensured people's medical needs were met promptly.

Activities were arranged in-house, and community based activities were also accessed. We observed staff interacting positively with the people living at Brilan. We saw staff were respectful and ensured privacy and dignity were maintained. Staff understood the needs of the individual and we saw care plans were person centred. Reasonable adjustments had been made to ensure staff had the necessary skills to communicate

with people at the service.

People using the service appeared comfortable with, and staff spoke well of, the registered manager. The registered manager was supported by a service manager, responsible for the direct line management of staff at the home. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people receiving care and their relatives.

## 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.

The people living at Brilan were safe and were well cared for. New staff were subject to robust recruitment checks. Staffing levels were sufficient to provide safe and responsive care.

There were systems in place to manage risks and respond to safeguarding matters. Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

The people living at Brilan were cared for by staff who were suitably trained and well supported.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had developed good links with healthcare professionals and where necessary actively worked with them to promote and improve people's health and well-being.

### Is the service caring?

Good ●

The service was caring.

The people living at Brilan appeared relaxed and comfortable in the service and in the presence of staff. During our inspection we observed sensitive and friendly interactions.

Dignity and privacy was respected and support promoted people's independence. Staff were aware of the people's individual needs, background and personality. Adjustments had been made to ensure people using the service could clearly communicate with staff. This helped staff provide personalised care.

### Is the service responsive?

Good ●

The service was responsive.

The people living at Brilan appeared satisfied with the care provided. Activities were provided in house, with regular trips out.

Care plans were person centred and people's abilities and preferences were recorded.

Processes were in place to manage and respond to complaints and concerns.

**Is the service well-led?**

**Good** ●

The service was well led.

The service had a registered manager in post. People living at Brilan appeared comfortable in the registered manager's company. The registered manager knew people well.

There were systems in place to monitor the quality of the service. These included regular audits. A feedback mechanism was in place to seek feedback from the people using the service.

# Flexible Support Options Limited (Brilan)

## **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 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 5 and 22 February 2016 and the first day was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service, including notifications. We contacted the local commissioning and safeguarding teams and received no negative comments.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home, including observations of the care provided. We spoke with a person who used the service and observed the care provided to the other. We spoke with the registered manager, and three other members of staff.

We looked at a sample of records including care plans and other associated documentation for both people living at Brilan, examined medication records, four staff files, staff training and supervision records, policies and procedures and audit documents. We also examined audit and safety records.

# Is the service safe?

## Our findings

A person who used the service confirmed they were comfortable with the staff team and felt safe at Brilan. When asked if they felt safe there they said "Yes."

The staff we spoke with were clear about the procedures they would follow should they suspect abuse. They were confident the registered manager would respond to and address any concerns appropriately. One staff member said, "I'd immediately phone my manager and move the person to safety." Another said, "I'd inform the manager, who would deal with it promptly." All of the staff we spoke with stated they had been trained in safeguarding and this was confirmed by the records we looked at. The registered manager was aware of when they needed to report concerns to the local safeguarding adults' team and was familiar with the process they would need to follow. They were also aware of the need to notify the Care Quality Commission (CQC) of any safeguarding incidents. We reviewed the records we held about the service and saw there had been one safeguarding alert received in the last year, which had been investigated and responded to appropriately.

Suitable arrangements were in place to help safeguard people's personal finances. The registered manager did not act as an appointee for people's benefits or manage their savings. Staff helped manage people's personal allowances and held small cash balances securely. Staff maintained clear records of money received and receipts for money spent. Cash balances, receipts and recorded expenditure balanced correctly for the records we sampled.

Arrangements for identifying and managing risks were in place to keep people safe and protect them from harm. Staff had assessed the risk to people's safety and wellbeing, as well as that of others, in relation to areas such as, accessing the community, finances and manual handling. Where staff had identified risks, there was clear guidance included in the care plan to help staff support people in a safe manner. Risk assessments were also used to promote positive risk taking, so the people using the service could maintain their independence and develop their skills. For example, we saw the risk assessment process was used to help encourage regular activities and community participation. These risk assessments were reviewed at regular intervals to ensure they remained accurate and up to date. Staff we spoke with demonstrated a clear understanding of risk assessment procedures and were able to tell us how they supported people in a safe and effective way.

Equipment was available to support safe manual handling and reduce the risk of pressure ulcers for a person who was at risk. Staff ensured manual handling equipment was subject to regular testing and servicing by competent contractors. Staff had also taken appropriate steps to ensure equipment was used in line with the care plan and manufacturer's guidelines; for example adjusting the pressure relieving mattress to the correct setting for the person's weight. This meant pressure relieving aids were used safely and effectively to promote the person's health and wellbeing. Furthermore, the person's skin integrity was monitored by staff when providing personal care, so any concerns could be identified and addressed promptly.

The home was generally in a good state of repair and decorative order. Routine electricity, gas and water system checks were carried out by external contractors with certificates available. Improvements had been made to laundry facilities. Improvements to hand washing facilities and plasterwork were still to be completed in this area. The registered manager acknowledged our observations of this and assured us plans were in place to complete these works promptly.

Before staff were confirmed in post the registered manager ensured an application form (with a detailed employment history) was completed. Other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. We looked at the recruitment records for four staff members, some of whom had transferred from other services operated by the care provider. We found appropriate documentation and checks were in place.

Although busy at times, staff had sufficient time to chat and build positive relationships with the people living at Brilan, in addition to carrying out other care tasks and duties. Staff and the registered manager expressed the view that staffing levels were sufficient to provide safe and effective care. One staff member commented, "There's always sufficient staff to meet people's needs. If someone's going out a second staff comes in."

A monitored dosage system (MDS) was used to store and manage the majority of medicines. MDS is a storage device designed to simplify the administration of medication by placing the medicines in separate compartments according to the time of day. As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medication records were well presented and organised. All records seen were complete and up to date, with no recording omissions. Our check of stocks corresponded accurately to the medicines records. The people living at Brilan had a medicines care plan, which detailed the level of support they needed with medicines. Staff told us they had completed medicines training which was confirmed by the records we looked at. This meant there were measures in place to help ensure medicines were safely managed and administered as prescribed.



## Is the service effective?

### Our findings

A person who used the service made positive comments about the staff team. They told us, "The staff are lovely; there's a lot they do for people." They also told us, "People like (staff name) make a good meal. I also like a take-away and buy one once a week."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We discussed the requirements of the (MCA) and (DoLS) with the registered manager. They demonstrated an awareness of the MCA and DoLS and had made appropriate applications where required. Staff we spoke with were also aware of the MCA and DoLS and said they had received relevant training. Records confirmed staff had received training in this area. A staff member said, "Yes, I've done the training. I'm aware of the restrictions in place."

Staff recorded people's decision making capacity within care plans, and capacity and decision making was considered as part of a formal assessment. These assessments were recorded on documentation supplied by the authorising authority (Newcastle City Council). Where people were subject to a DoLS the registered manager had notified CQC of the outcome of the application.

Staff received training relevant to their role and were supported by the registered manager. New staff had undergone an induction programme when they started work in the home and all staff were working through the provider's mandatory training programme. A staff member told us they had undertaken a lengthy induction over two weeks, which included shadowing more experienced staff. Topics covered during induction training included health and safety and care related topics, such as those linked to people's specific health needs. The structured induction programme included completing a work book. New staff continued on to undertake the Care Certificate when their in-house induction was completed. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care.

The service manager was responsible for maintaining staff training records. Areas of on-going training also included a range of health and safety topics, such as fire safety, safe moving and handling and food hygiene. Training also covered more general care topics, including medicines management, mental capacity and

DoLS, and nutrition. Safeguarding adults from abuse and equality and diversity was also covered, along with training specific to people's individual health and personal care needs.

One staff member told us about how they had received training specific to the needs of people living at Brilan. They also said, "I've done safety training like moving and handling. The training is definitely useful." Another staff member told us they were provided with equipment to help them access their computer-based e-learning. The registered manager told us forthcoming training priorities included those relevant to people's health care needs. They told us they were aiming for a balance between taught and on-line training to enhance staff's knowledge and learning.

Staff told us they were provided with regular supervision and they were supported by the registered manager and the service manager. One staff member told us, "Yes, I have regular supervision with my manager." Another said, "My supervisions are useful. If I've any concerns I can raise them and they're dealt with." Regular supervision meetings provided staff with the opportunity to discuss their responsibilities and to develop in their role. The records of these supervision meetings contained a detailed summary of the discussion and the topics covered were relevant to staff's role, the support they needed and their general welfare.

People's nutritional preferences were recorded and staff monitored their dietary welfare. This was reflected in their care plans. There was regular monitoring of people's weight to identify any unexpected changes and where necessary the input of the dietitian and Speech and Language Therapy team was sought.

People using the service were registered with a GP and other professionals, such as the dentist and optician. Their healthcare needs were considered within the care planning process. We saw assessments had been completed on physical and mental health needs. From our discussions and a review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

# Is the service caring?

## Our findings

One person using the service told us they were treated in a caring manner, they were comfortable and that routines were flexible. We observed a relaxed and comfortable atmosphere at Brilan. The person told us, "My room is comfy, it's very nice here." They continued, "I can have a lie in if I want."

Staff we spoke with understood their role in providing effective, caring and compassionate care and support. They were able to describe practical examples of how they would preserve confidences and uphold privacy and dignity. One person using the service told us they were aware of their care plan, although they didn't want to be involved in developing this. Staff were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they involved people in making decisions. We observed staff ask people for their opinions on various matters, such as activities and menu choices.

On a tour of the premises, we noted the home was furnished with personal items. People had brought their own possessions and decoration reflected people's preferences and interests, such as their football allegiance. This personalised their space and contributed to a homely atmosphere. Practical steps had been taken to preserve privacy, such as door locks fitted to toilets and bathrooms.

People who lived at the home were supported to be able to express their views as part of daily conversations, during review meetings and when professionals visited the service. Staff with specific communication skills had been recruited to help facilitate this for one person. Other staff had also attended training to help them communicate effectively. People's involvement in the care plans was also recorded and these plans were individually tailored and person centred. We saw individual preferences had been clearly recorded and where possible people had signed care documents and consent forms; such as those relating to staff administering medicines.

We observed staff encouraged the maintenance and building of independent living skills where this was possible. Staff were able to provide clear examples of how they supported community access and the use of local facilities, including shops and leisure facilities. We saw staff interacted in a kind, pleasant and friendly manner, and adopted a caring and courteous approach.

Privacy and dignity was promoted. We saw people being prompted and encouraged considerably and at a pace that suited them. Routines were relaxed; people were able to spend time in the privacy of their own rooms and in different areas of the home as they pleased. Staff were seen to be polite and were able to explain how they would preserve people's privacy, for example by knocking on doors and awaiting a response before entering. Staff also explained how they would close curtains, blinds and doors when providing personal care. During the inspection there were no instances when personal care was inappropriately provided in shared areas of the home.

All staff received information on recognising the importance of confidentiality and this was also a topic covered during their induction. This was reinforced within the provider's policy documents. Staff gave us examples of how they maintained confidentiality, including the secure storage of records and conducting

discussions about personal care needs in private. This helped ensure people's confidences were maintained.

## Is the service responsive?

### Our findings

The service was responsive to the needs of the people using the service. One person we spoke with said they were able to take part in regular activities and were aware of how their care was planned. They said, "I get out and about a lot. I like yoga and music. I like most things." They also told us, "I don't want to get involved in my care plan, but I know what's in it."

Staff identified and planned for the person's specific needs through the care planning and review process. We saw staff developed individual care plans to ensure the team had the correct information to help maintain people's health, well-being and individual identity. An assessment of their needs had been undertaken before each person had come to live at the home. From this assessment a number of areas of support had been identified by staff and care plans developed to outline the support needed from staff.

Care plans covered a range of areas including; diet and nutrition, psychological health, personal care, managing medicines and moving and handling. Care plans were reviewed regularly and were sufficiently detailed to guide staff's care practice. The input of other care professionals had also been reflected in individual care plans.

Staff reviewed people's health and social care plans on a regular basis. However, review comments were often brief and contained little reflection or analysis of progress in meeting goals. Key events related to the plan or commentary on a person's condition that impacted how care was delivered were not documented; rather comments were often simply; 'no change.'

Risk assessments had also been developed; linked to the care plans. These were aimed at both keeping people safe and in promoting community involvement and independence. Examples included accessing the community, dietary needs and the management of behaviour described as challenging. These assessments had documentation for staff to evaluate how well their interventions were working, but again we found comments were brief, with no significant reflection or commentary. We discussed this with the registered manager and the service manager who both acknowledged our observation and undertook to provide more meaningful analysis during future evaluations of individual care plans and risk assessments. Progress notes were maintained. These were written factually and used respectful language.

Staff had a good knowledge of the people living at the home and could clearly explain how they provided care that was important to them. Staff were readily able to explain people's personal preferences, such as those relating to leisure interests. A broad range of activities and pastimes were encouraged. Each person had a weekly timetable of activities, and staff supported people to access a range of community and leisure facilities. Activities included using local leisure centres, going to places of interest and being involved in practical tasks, such as food shopping. Staff completed a 'community mapping booklet' which recorded people's individual preferences and evidenced the community resources and facilities used. During the inspection we observed people being supported in activities within and outside the home, and routines were relaxed and set at a pace determined by each individual person.

Information was clearly posted in the home regarding complaints and raising concerns. There were no complaints made during the year.

## Is the service well-led?

### Our findings

A person we spoke with said of the registered manager, "She works things out for you." A staff member told us, "It's good. If you've any queries (name) is just a call away. They're here regularly and we have regular meetings and supervisions if we want to change anything." Another staff member said, "The managers are very good here. Any problems, I'd see (name)." The staff we spoke with also said they would recommend Brilan to a friend or relative.

At the time of our inspection there was a registered manager in place. Our records showed they had been formally registered with the Commission in May 2014 for this location. The registered manager was present and assisted us with the inspection. They were able to answer our questions clearly, provided the records we needed and appeared to know the person using the service and the staff well. The registered manager was able to highlight their priorities for developing the service and was open to working with us in a cooperative and transparent way. They were aware of the requirements as a registered person to send CQC notifications for certain events.

The registered manager was able to clearly articulate their values, vision and priorities for the home. These included promoting community input and ensuring the people using the service were involved in the service as much as possible. They told us about the challenges the service had faced and the ways they would promote good practice. This included ensuring staff attended relevant training and worked to attain the Care Certificate. There was a stated commitment to working in an open and transparent way and to promoting equality and diversity. Reasonable adjustments had been made to support a person using the service and members of the staff team. This meant the registered manager worked to meet their duties under equality legislation.

We saw the registered manager and the service manager carried out a range of checks and audits at the home, including unannounced 'spot-checks'. Accident reports were reviewed by the registered manager and systems were in place to monitor and audit staff training, complaints and medicines. The registered manager gave examples of how they would learn from incidents at this or other services and modify practice as a result. Staff we spoke with were also able to confirm learning would take place where incidents had occurred. For example, they were able to explain what would happen after an accident, such as a fall. The registered manager also outlined changes made to improve security at the home. This meant there was a focus on learning from events and improving safety and care practices.

We reviewed our records as well as records of incidents held at the home. There was a system to ensure accidents and incidents which occurred in the home were recorded and analysed to identify any patterns or areas requiring improvement. Where lessons needed to be learnt or practice changed this was communicated to staff.

The registered manager told us there were staff meetings and regular consultation for people living in the home. Records confirmed this was the case and also that the staff meetings were well attended. There were a broad range of topics discussed, which were reflective of the registered manager's stated vision and

values. Topics included health and safety, safeguarding, dignity and respect, as well as staffing and record keeping issues. There was evidence in the meeting minutes of action points being noted and of these being acted upon and resolved.