

# New Directions Flexible Social Care Solutions Ltd Hill End 1

## 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	

### Overall summary

We carried out our inspection on 6 November 2015. We gave the provider 48 hours notice of our inspection to make sure that the appropriate people were present.

The service provided care to adults in their own homes. People who were being supported by the service had mental health conditions. At the time of the inspection, 6 people were being supported by the service.

The service had a new manager, who was in the process of registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 provider also worked at the service.

People's needs had been assessed and care plans were in place detailing their individual needs, preferences, and choices. There were risk assessments in place that

# Summary of findings

informed staff how to support people safely and where possible to reduce or mitigate identified risks. There were systems in place to safeguard people from the potential risks of harm.

People were happy with the service they received and spoke positively about the quality of support they received.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff had a clear understanding of their roles and responsibilities. Staff obtained people's consent prior to supporting people and a consent policy was being developed to ensure a consistent approach.

Staff received support, supervision and appropriate training relevant to their roles. They were able to

demonstrate how they supported people and had the skills to do so. People were supported by staff who were caring and respectful. People who wished to were also supported to pursue hobbies and interests. They were supported to access health services including GP, opticians and dentist appointments when they needed.

There was a process in place for the investigation of complaints. Staff told us they encouraged feedback from people as a way of improving the standards within the service.

The provider had effective quality monitoring processes and audits in place. Records were stored securely in locked cabinets in the office.

# 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.

Staff were able to recognise and report allegations of abuse.

Risks to people's health and well-being were identified and managed effectively.

There were sufficient numbers of staff available to meet people's individual needs.

People were supported to take their medicines safely by trained staff.

The recruitment process was effective to ensure that staff who were employed had been recruited through a robust process.

Good



### Is the service effective?

The service was effective.

Consent was obtained for various aspects of the service provided, and consent was recorded in care records.

Staff had been trained and had the required skills to meet people's needs effectively.

People were supported to eat a varied and balanced diet which met their needs.

People had their health needs met with access to health professionals when required.

Good



### Is the service caring?

The service was caring.

People and or their relatives were involved in their care planning and review of their care.

People were treated with dignity and respect and their privacy was maintained.

People and their relatives were able to access independent advocacy services if required.

People were cared for in a kind and compassionate way by staff who knew them well and were familiar with their needs.

Good



### Is the service responsive?

The service was responsive.

People's support was appropriate to meet their assessed needs and goals.

People were supported to pursue hobbies and interests.

There was a complaints policy in place. People knew how to make a complaint if they needed to.

Staff had access to information and guidance that enabled them to provide person centred care and support.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

People who used the service and staff spoke positively about the management of the service.

Staff had clear roles and responsibilities and were well supported by the management team.

There were effective quality monitoring systems in place to manage risks and to work towards continual improvement.

# Hill End 1

## 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service.

This visit took place on 6 November 2015 and was carried out by one Inspector. We gave the provider 48 hours' notice of the inspection to make sure that appropriate staff and managers would be available to assist us with our inspection. Before our inspection we reviewed information

we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with two people who used the service, two members of staff and the manager who had recently been appointed. We received feedback from health and social care professionals and saw the latest contract monitoring report. We looked at support plans and risk assessments, staff recruitment and support records. We saw staff training information, minutes from team and house meetings and individual supervisions. We reviewed safeguarding and complaints procedures. We looked at quality monitoring arrangements and audits.

# Is the service safe?

## Our findings

People who used the service told us they felt safe. One person said, “The staff help me to feel reassured; I do not worry because I know the area and feel it is a safe place to live.” the person went on to say that they felt especially vulnerable at night once staff went off duty. They said they were able to contact staff by phone and if required a member of staff would be available to support them. However they said the fact that there was not a person at the complex they worried about it. We spoke to the manager about this they explained that as is the service was supported living people lived independently so staff were not ‘on duty’ overnight. However, following feedback from people who use the service, the manager told us they will be implementing waking night staff with immediate effect at the service. This demonstrated a commitment to keeping people safe.

Staff were contactable after 10pm by phone and could provide advice and support. There was also CCTV cameras installed in communal areas within the service and these were reviewed by staff to assist them in responding to any accidents or incidents within the service, during the times when staff were not on duty.

During our inspection we looked at two people’s care plans and found that assessments were undertaken to assess any risks. The risk assessments included information for staff about how to reduce the identified risks where possible. For example, the risk assessments informed staff how to support people safely when they went out alone in the community. We saw that risk assessments had been reviewed and updated when there was a change to the person’s needs or circumstances or a change in their

mental health. This process helped to ensure that staff had access to relevant and up to date information. Staff showed us completed health and safety risk assessments which were completed when someone new moved to the complex. The assessment highlighted any potential risks for staff and the people they supported whilst working in the person’s home.

There were appropriate recruitment procedures and pre-employment checks in place. We saw from records reviewed that these were undertaken before staff began to work for the service. The checks included a disclosure and barring check (DBS), taking up references and providing appropriate documentation to check people’s identity and eligibility to work in the UK.

Staff told us they had been trained to recognise the signs of abuse and how to keep people safe from harm. Staff were clear about the process for reporting any concerns they might have and they were confident that any concerns would be investigated by the manager. Staff were aware of how to whistle blow and raise concerns if the need arose.

Staff we spoke with were able to demonstrate they knew about different types of abuse that people may be subjected to.

People told us they were supported to take their medicines safely by trained staff where appropriate with the support of the staff. Staff reminded or prompted people to take their medicines. Staff had received training relating to the safe administration of medicines. We were shown the latest medicines audit and noted these were completed regularly to ensure medicines were managed safely and if there were any anomalies these would be picked up and addressed quickly.

# Is the service effective?

## Our findings

People told us they thought staff had received training but were not sure if they were trained specifically to provide support to people with mental health conditions. Staff demonstrated they were trained to deliver effective and appropriate support which included some specific training relating to mental health conditions.

We saw staff training records and the matrix which detailed when updates were due and confirmed that staff had received appropriate training. People told us they were well cared for and that staff had the necessary skills to care for them well. One person said, “All the staff who work here are good and know what they are doing.” Another person said, “I am well supported and I do think they understand what my needs are and help me when I need to be helped.”

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. We checked whether the service was working in line with the principles of the MCA.

We reviewed the support plans for two people and saw they were supported according to their individual assessed needs, which were reviewed regularly. Staff told us about the arrangements for obtaining consent to support people. We spoke to staff about the Mental Capacity Act 2005. We found that they had received up to date training. The

requirements of the Mental Capacity Act were complied with to ensure that people are supported to make important decisions about various aspects of their lives, if they have the capacity to do so. We saw that people had given consent for example, to their information being shared with other professionals involved in their care.

We saw information relating to the availability of independent advocates if people wanted advice and the staff supported them to access this service if they wished. One person had used the advocacy service and told us it had been really helpful in offering advice and support.

Staff told us they received support from their manager. This included supervisions, team meetings and an annual appraisal. Staff told us supervisions were used to discuss a variety of topics and also to have detailed discussions about the people they supported. One staff member told us they felt very supported when they had some personal issues which may have affected their work, however with support they were able to continue working without any impact.

People did their own shopping, meal planning and cooking. However, where required people were supported to develop these skills to make sure they were able to do these tasks independently and to increase people's confidence. Staff told us they did not routinely weigh people as they lived independently in their own homes. However, staff told us that if they had any concerns they would refer people to a dietician, for advice and support and this demonstrated that people's nutritional needs were monitored.

People told us that staff helped them make and attend healthcare appointments such as with GP's and dentists which supported them to keep well and to maintain their health and wellbeing.

# Is the service caring?

## Our findings

People spoke kindly about the staff that supported them and told us they were happy with the support they received at the service. One person told us, “I like [staff] they are very kind and supportive.” A second person said they thought the staff, “Cared about them and were kind and thoughtful.” They went on to say that staff always took the time to explain things to them and they appreciated it when they reminded them about things. Another person said, “We all have a keyworker and I think they are very kind, we get on with some staff better than others.”

We observed that staff interaction with people was positive. Staff communicated effectively with people and in a way that was caring and at a pace that suited their individual needs. People told us that they were supported to maintain positive relationships with family and friends. Staff told us that people were encouraged to visit relatives if this was something they wanted to do. We saw that people had been involved in the planning and review of their support plans and had regular discussions with staff about their goals and inspirations. People could also access local advocacy services if required.

People told us that the staff respected people’s privacy and dignity. One person said, “They [staff] never just walk in,

they knock at the door and wait to be invited in.” Staff told us they ensured people privacy’s whilst discussing personal things with them, especially when other people were in close proximity. They said they always asked the person if they could go somewhere more private. Staff understood that people’s abilities and level of motivation fluctuated and were compassionate when describing this to us, Staff were respectful in people’s private homes when supporting them. For example, they tried not to be intrusive, or stay in their homes longer than required. Staff told us they respected people’s wishes and ensured that people were supported in a way that respected their opinions and lifestyle choices.

Staff provided support in a personalised way and demonstrated they were knowledgeable about the type of support people required and the things that were important to them, such as what they liked and did not like and what they enjoyed doing and how they liked to spend their time. People could also access local advocacy services if required, and were supported by staff to do so.

Staff showed us that records and personal information were stored securely and could only be accessed by staff who were authorised to access them.



# Is the service responsive?

## Our findings

People received personalised support that met their individual needs. Staff described how they assessed and reviewed people's needs to ensure the support was relevant, current and personalised and took into account of their background history and personal circumstances.

Support plans confirmed that people's needs had been assessed and were reviewed at regular intervals. These were kept under regular review to ensure any risks identified were assessed and risks mitigated as far as possible.

Staff told us that the needs of the people they supported fluctuated and emphasized the importance of regular reviews so that they could be assured they continued to meet their needs and wishes. We saw changes were recorded and dated to notify staff when the change was implemented. Also significant events and or changes were discussed during the handover at the beginning and end of each shift. For example when people's health needs changed, their support needs often changed and these were reflected in the updated support plans.

The support plans we reviewed demonstrated how people's individual needs were met. They contained specific and detailed information about how people were to be supported. We saw and people told us they asked

people how they wanted staff to support them. Staff told us they asked people about any specific religious or ethnic preferences when they moved into their homes to ensure appropriate arrangements could be put in place to make sure these were met. One person told us they visited a local church when they wanted to, but not regularly.

Staff told us that they supported people to access facilities in the community and to pursue hobbies or interests. For example going to the local market or going to play pool at a local venue. Although people lived independently, information was provided about local events, travel and transport arrangements and if people were interested in attending staff supported them. Staff told us this helped minimise the risk of social isolation for people, however people told us they did not always like doing activities. For example, one person wanted to do voluntary work to develop their interpersonal skills.

People were given information packs in addition to their tenancy agreement when they first moved in. We saw details of the complaints procedure that was in place and people told us they knew how to make a complaint. We saw that the complaints leaflet was available in an easy read version to help people to understand the content. Records showed that complaints and concerns had been investigated and to the satisfaction of people who raised the concern. People told us their concerns were taken seriously and they were satisfied with the outcomes.

# Is the service well-led?

## Our findings

### Our findings

We saw that there were systems in place to check the quality of the service provided. People who used the service were happy with the support they received and were positive about the new manager. People told us the service was well managed and had confidence in the abilities of the staff. Everyone we spoke with knew the name of the new manager. One person told us that they had regular house meetings and were given an opportunity to talk about all aspects of the service. Staff confirmed that actions were recorded in response to the issues people raised and timescales put in place so that they could be reviewed. During the inspection we saw the manager in the communal areas of the home, interacting with people who used the service. People told us they thought this was positive to see the manager frequently as it gave them an opportunity to talk with them if they wanted to do so.

Staff spoke positively about the support they received from the manager. They told us the manager was approachable and knowledgeable and felt they were open and honest when communicating with them. Staff were confident in the abilities of the manager and the plans to review certain aspects of the service. For example to review the roles and responsibilities of staff. One member of staff told us that the 'organisation' was a "forward thinking organisation which was well led, and well supported". They told us the staff and management were "passionate about the people they supported and went the extra mile to achieve the best

outcomes they could". We observed throughout our inspection positive interactions between staff and the manager and saw that staff were confident having open and inclusive conversations. Staff told us they were listened to, respected and this helped them to remain motivated.

We saw the results from a quality monitoring survey which involved all stakeholders completing questionnaires. Responses were analysed and actions put in place. The results were shared with staff and people who used the service. The results were positive and where there were a couple of suggestions for change, these were discussed in more detail during house meetings. A decision was then made as to whether or not the suggestion was implemented.

We were shown the results of several audits that were in place and undertaken by staff at regular intervals. These included medicines audits, care plan audits and checks that people's individual homes were being maintained as part of people's support plans. The range of audits help to ensure standards were maintained and improved. We saw that accidents and incidents were recorded, as a way of minimising the risk of a recurrence.

Providers of health and social care are required to inform the Care Quality Commission (CQC) of certain events that happen in or affect the service. The manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken. This had been done so that people could be confident that they would reliably and safely receive all of the care they needed.