

Flexible Support Options Limited

Flexible Support Options Limited (Thorntree Way)

Inspection report

13-15 Thorntree Way
Blyth
Northumberland
NE24 4LS

Tel: 01670545568

Date of inspection visit:
20 April 2017

Date of publication:
25 May 2017

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 20 April 2017 and was announced. A previous inspection undertaken in November 2015 found two breaches of legal requirements. These related to Good governance and the failure to notify the CQC of certain events or incidents. The provider subsequently sent us an action plan detailing what action they would take to meet the breaches in regulations. At this inspection we found the provider had taken appropriate action and there were no breaches of legal requirements.

Flexible Support Options Limited (Thorntree Way) consists of two purpose built bungalows situated in a residential area of Blyth, Northumberland. It is registered to provide accommodation for up to ten people with autism or a learning disability, some of whom may also have physical disabilities. At the time of the inspection there were ten people using the service.

The home had a registered manager in place and our records showed she had been formally registered with the Care Quality Commission (CQC) since July 2016. A previously employed registered manager was still listed for the service and had not formally deregistered with the CQC. Consequently their name appears on this report. 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. We were supported by the registered manager throughout the inspection.

Staff were aware of safeguarding issues, had undertaken training in the area and told us they would report any concerns around potential abuse. The provider was following appropriate safeguarding processes and reported concerns to the local safeguarding adults team and notified the CQC. Appropriate safety checks had been carried out on the environment and equipment used at the service. Risk assessments were in place regarding the environment of the service and the delivery of care. Accidents and incidents were recorded and monitored.

The service was clean and tidy. We found some bathrooms and laundry areas were in need of updating and refreshing. We have made a recommendation about this.

There were sufficient staff to support people appropriately and accompany them to access the community and support them with their personal care needs. Proper recruitment procedures and checks were in place to ensure staff employed by the service had the correct skills and experience. Medicines were stored and handled correctly and safely.

Staff had access to regular training and updating of skills. Records indicated most staff had completed a range of training and systems were in place to monitor it remained up to date. Staff told us, and records confirmed there were regular supervision sessions for all staff members and annual appraisals.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act

2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests' it also ensures unlawful restrictions are not placed on people in care homes and hospitals. A number of people had been subject to formal restrictions through the granting of DoLS. Best interests decisions had been made where people did not have capacity to make their own decisions.

People had access to health care services to help maintain their wellbeing. There were regular visits to general practitioners and other health and social care professionals.

People were supported to access adequate levels of food and drink. Specialist dietary advice had been sought, where necessary, and guidance followed.

Some areas of the home, especially the kitchen facilities were in need of refurbishment. We have made a recommendation about this.

We observed there to be good relationships between people and staff. People looked happy and relaxed in staff company. Relatives told us they were happy with the care provided. Staff understood about treating people with dignity and respected people's personal space and choices. A number of people were being supported by an independent advocate.

People had individualised care plans and risk assessments that addressed all their identified needs. Care plans had detailed information for care staff to follow. Changes to care delivery were reviewed, although this was not always recorded in detail. People were supported to attend various events and activities in the local community. The registered manager told us there had been no formal complaints in the last year and relatives told us they had not raised any concerns.

Regular checks and audits were carried out on the service by the registered manager and these actions were overseen by the operational manager. Staff were positive about the leadership of the service and the support they received from the registered manager. They said there was a good staff team and felt well supported by colleagues. Feedback from questionnaires sent by the provider and completed by relatives were not shared with the service. We have made a recommendation about this. Daily records at the home were up to date and contained good detail.

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.

Bathrooms and laundry areas were in need of refreshing and updating.

Staff had undertaken training on safeguarding issues. Risk assessments had been undertaken in relation to the environment and people's individual care. Accidents and incidents were recorded and monitored.

Proper recruitment processes were in place to ensure appropriately experienced staff worked in the service. Staffing levels were maintained to ensure individualised care. Medicines were managed and stored appropriately and safely.

Is the service effective?

Good ●

The service was effective.

Some areas of the home required redecoration or refurbishment.

A range of training had been provided and completed. Regular supervision and annual appraisals were undertaken.

The registered manager was aware of the Mental Capacity Act 2005 and staff understood the concept of best interests decisions. People were supported to maintain adequate levels of food and drink. Specialist advice on diets had been sought and followed.

Is the service caring?

Good ●

The service was caring.

We observed good relationships between people and staff. People looked happy and relaxed in staff company.

Relatives said they were involved as much as possible in care reviews and decisions. A number of people were supported by an advocate.

People's dignity was protected and they were treated with respect.

Is the service responsive?

The service was responsive.

People had detailed care plans. Care plans were regularly reviewed, although the information in reviews was often limited.

People were encouraged to engage in a range of activities and events in the local community. Friends were able to visit people living at the home.

There had been no complaints in the last 12 months.

Good ●

Is the service well-led?

The service was well led.

A range of checks and audits were undertaken to ensure people's safety and care were effectively monitored.

Staff talked positively about the support of the registered manager. They said they were happy working at the service and there was a good staff team there.

Daily records were up to date and contained good detail. Relatives completed questionnaires, although the results were not routinely shared with the service.

Good ●

Flexible Support Options Limited (Thorntree Way)

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 20 April 2017 and was announced. The provider was given 24 hours' notice because the service supported people with a learning disability in the community and we wanted to be sure someone would be at the address and that people who lived there were prepared for an inspector coming to their home.

The inspection team consisted of one inspector.

Before the inspection, the registered provider completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters, DoLS and any deaths.

During our inspection we spoke with two people who used the service, the registered manager, the senior support worker and one support worker. Following the inspection we spoke with one relative on the telephone and contacted one person's advocate. We looked at two people's care records, six medicine administration records, two staff records and a range of documents related to care delivery and the operation of the service, including health and safety records and training files.

Is the service safe?

Our findings

At the previous Inspection of the service in November 2015 we found that safeguarding issues at the home had not been appropriately dealt with, recorded or alerted to the local safeguarding adults team. At this inspection we found that safeguarding processes had improved. Incidents involving people who lived at the home were recorded and had been notified to the CQC and the individual's care manager, as appropriate. We contacted the local safeguarding adults team who indicated they had no current concerns about the service.

Information about the safeguarding of vulnerable adults was displayed around both areas of the home. Staff were aware of how and when they should raise a concern, if they witnessed anything untoward. People we spoke with told us they felt safe at the home.

Both bungalows at the location were maintained in a clean and tidy manner and there were no unpleasant odours. We noticed that all the bathroom, toilet and utility areas were in need of refreshing and redecorating, with some cracked or missing tiles or worn working surfaces. Vinyl in some of the rooms was starting to wear or was stained. We spoke with the registered manager about these issues and the potential infection control risk this could cause if cleaning could not be effectively maintained. She agreed that some of areas of the home were in need of updating, particularly the identified facilities.

We recommend the provider carries out a review of current facilities at the homes with a view to a planned refreshing of facilities.

Checks on the safety of the premises and equipment used at the location were undertaken. We saw evidence of portable appliance testing (PAT), five year fixed electrical system checks, an asbestos survey and legionella checks. The registered manager told us the gas safety certificate was due for renewal and later in the day we witnessed a gas engineer in one of the bungalows servicing the boiler.

Fire systems checks were undertaken and we saw evidence that an outside contractor also carried out regular servicing of equipment. There was evidence of regular fire drills taking place at the home. People had a personal evacuation plan to indicate how they should be best supported in an emergency situation. Risk assessments were in place for the general environment and in relation to the delivery of care; such as the risks associated with people going out into the community. The registered manager maintained a log of accidents and incidents relating to each individual and reviewed these, as appropriate.

At the previous inspection we had found appropriate staffing levels had been maintained to deliver care and keep people safe. At this inspection we found this continued to be the case, with three care workers on a day shift in each bungalow plus the availability of the registered manager or senior support worker. Night shifts were covered by one sleep-in support worker at number 13 and one waking and one sleep in support worker at number 15. We witnessed staff supported people appropriately and people were accompanied when accessing the community.

At the last inspection we found appropriate procedures were in place for the safe and effective recruitment of staff. At this inspection we found this continued to be the case. The registered manager told us much of the documentation relating to staff recruitment was now maintained at the company's head office. However, there was evidence that Disclosure and Barring Service checks (DBS) were being undertaken and evidence that references were being taken up prior to staff commencing employment. There was evidence new staff had also been subject to an appropriate induction programme when starting to work at the service.

We checked how medicines were managed in both bungalows at the location. We saw medicines were stored appropriately and well managed. Medicine administration records (MARs) were well maintained. Most entries were double signed by two care staff to confirm they items had been administered correctly. Any hand written entries on the MAR wee also signed by two staff members to say they were correct. People had a specific care plan and care file regarding their support needs with medicines. Whilst "as required" medicines were identified within care plans we found the instructions on how they should be administered were not always detailed. "As required" medicines are those given only when needed, such as for pain relief. We spoke with the registered manager about this. She said they would look to review all such plans and improve the details.

Is the service effective?

Our findings

At our inspection in November 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

At the last inspection we saw evidence that staff were supported to access a range of training. At this inspection staff records we examined held copies of certificates indicating they had completed recent on line training and staff we spoke with confirmed this. The registered manager told us the provider held an overarching record of staff training at the main headquarters. We asked for this document to be emailed to us for review and subsequently received a copy of the document. We saw that staff had received a range of training in recent years and key areas such as medicines and safe moving and handling had been covered.

Staff told us, and records confirmed there was regular supervision sessions taking place at the service. Staff confirmed they received supervision approximately every eight weeks and that they could raise any issues at these meetings. Records also showed staff had an annual appraisal with a six monthly review. The registered manager told us that although these formal processes were in place, she had an open door policy and all staff were able to speak with her at any time.

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.

The registered manager confirmed that all people living at the home had active DoLS restrictions in place, or an application had been made. We saw evidence of this in people's care records. Notifications about these had been made to the CQC. Staff had received training in relation to the Mental Capacity Act and had an understanding of the needs for best interests decisions and obtaining consent. The registered manager spoke with us about a number of instances where best interests meetings had been undertaken or were in progress. We also saw documentary evidence in people's care files showing that such decisions had been made when people had bedrails in place or where a person was to receive a flu vaccination.

We saw pictorial consent forms had been used to assist people in deciding if they were happy for their photographs to be used outside the home, on publications or information developed by the provider. We saw one person had ticked 'no' to this process. The registered manager told us only one person's relative had Lasting Power of Attorney (LPA). LPA is a legal process that allows designated individuals the authority to make decisions on a person's behalf, if they do not have the capacity to do so themselves. However, this

was only for financial matters and not regarding care decisions. She told us that with the exception of one person all individuals living at the service had deputyship arrangements in place with Local Authorities, to manage their finances. Deputyship is a legal process decided by the Court of Protection that places legal responsibility to oversee a person's finances on a named individual or organisation. We witnessed staff obtaining people's consent throughout the day, seeking confirmation they were happy with their actions or asking them to make decisions about their care.

At the inspection in November 2015 we saw that people were supported to access a range of health and social care appointments to help maintain their mental and physical wellbeing. At this inspection we saw this continued to be the case. There was evidence in people's files of them attending general practitioners or hospital appointments.

At the previous inspection we had found the provider was supporting people to access appropriate types and ranges of food and fluids. We also noted there was a variety of food offered. At this inspection we saw this continued to be the case. Staff told us, and people confirmed that they went shopping to the local supermarket and could help decide the meals for the following week. One person was on a specialist diet, due to a medical condition. Staff had a good understanding of this person's dietary needs and there was a good stock of specialist products available. People told us they enjoyed the meals and we witnessed both lunchtime and tea time meals. People seemed to enjoy the food offered and those requiring assistance with meals were appropriately supported. A relative told us their relation was offered choices of food that they particularly liked. They said the individual was not fond of sweet puddings and so was offered lots of fruit as an alternative.

Both bungalows were readily accessible to all the people living there, including those using a wheelchair. Some areas of the home had ceiling hoists fitted to aid with bathing. The atmosphere of both buildings was homely and warm. We noted the kitchen areas in both bungalows were worn in place, with worn working surfaces and some cracked or broken cabinet doors. The registered manager told us she was aware these facilities were starting to show their age and had raised the need for facilities to be updated.

We recommend the provider carries out a review of current kitchen facilities at the service with a view to a planned refresh and refurbishment of these areas.

Is the service caring?

Our findings

Our inspection in November 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People we spoke with told us they liked living at the home and that the staff were nice. We saw good relationships between people and staff, with appropriate affectionate responses from staff to help calm and reassure people, and support and encouragement to complete activities or during meal times. We witnessed good relationship and appropriate 'banter' (humorous discussions) and conversations around the dining table, as people talked about what they had done or their plans for the future, such as going on holiday. Staff spoke positively to people about how well they had maintained diet regimes and had lost some weight, supporting an improvement in their health. A relative told us they were very happy with the care their relations received. They commented, "They have settled very well; I'm very pleased. It's excellent care there. When I visit I notice their nails are clean and they have had a shave. Their clothes are always clean."

The registered manager told us the philosophy of the service was that the bungalows were people's homes first and foremost, and staff were supporting people in their homes. One staff member told us how they loved working at the home because each person had their own individual character. They told us they loved, "coming to work and seeing the lads [people living at No15]."

Staff were knowledgeable about people's personal care needs and them as individuals. Staff had a good understanding of their particular likes and dislikes, personalities, backgrounds and families. They were able to describe the approaches that worked best with certain individuals and how they managed situations, depending on whether people were having a good day or not so good day.

People were involved in determining their care needs as much as possible. The registered manger told us that people were consulted about what meals they would like for the coming week and were involved in going shopping to purchase the required ingredients. People we spoke with confirmed they went shopping with staff. Where necessary staff used alternative communication methods to ensure people were aware of what was going on and were involved. For example, staff used Makaton / sign language to support one person in conversations. Staff used finger spelling to communicate with another person, explaining about the inspection and also to ask them how they were that morning. A relative told us they were kept up to date about all aspects of care and were involved in discussions or reviews about future care needs. They said they received a three monthly update of the relative's care, detailing any changes, hospital appointments and any activities they had been involved in.

People were supported to maintain their independence by being encouraged to go out into the community and attend a range of activities and clubs. The registered manager told us one person attended a dancing club in the local community. She said this club was open to the general public and people who attended the event were very supportive and encouraging of the individual who attended.

The registered manager told us a number of people living at the service had access to advocates. An advocate is an individual independent of local organisations who represents people when they are unable to, or have difficulty in expressing their views. They ensure people's rights and views are protected in any decisions made. She told us the advocates came to visit people at the home, would often check people's care records and would be involved in any discussions about care or reviews, where appropriate. We saw copies of entries in people's care records from advocates confirming they had reviewed people's care documents and spoken to the person about whether they were happy with the care they received.

People's privacy and dignity were supported. We witnessed that when people were supported with personal care this was done quietly and discreetly and staff ensured that doors were kept closed at all times. The registered manager explained how for one person living at the service the privacy of their room was very important to them and described how staff always checked the person was happy for them to enter to room, even when tidying.

Is the service responsive?

Our findings

At our inspection in November 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People living at the home continued to have an individual care plan that set out the range of needs and areas they required help and support with. Care records contained good person centred information, detailing people's backgrounds, their particular likes or interests and details of their friends and families.

Care plans covered the key areas staff supported people with. These included how staff could best support people with personal care, eating and drinking, how staff should assist people if their behaviour became challenging and details of any moving and handling assistance they may require. Care plans contained good information for staff to follow when delivering care, Plans set out how staff should approach and support people. For example, care records described how staff should support people with eating and drinking and also when they were out in the community. Risk assessments linked to the delivery of care were also included in people's care records.

Care plan were reviewed on a monthly basis, although we noted these reviews were often limited and sometimes simply stated there were no changes to the current care plan. In addition to the monthly reviews there was an overarching three monthly review of people's care, which included a review of any significant events or activities. We spoke with the registered manager about the limited information in the monthly reviews. She agreed these could be expanded and said she would look at how this could be best incorporated into review processes.

A relative spoke with us about how the service had supported their relation's move to the home and how they had made a special effort to smooth the transition into the service and limit the changes that could often unsettle the person. They told us the home tried to make their new room similar to their previous one, so the disruption to the person's routine was limited.

People's choices were supported. People confirmed they were involved in shopping and deciding on menus for the coming week. We also witnessed people were able to make choices about the activities they engaged in. For example, one person had decided that morning they were to visit the gym. However, when they learned another person was going shopping they decided they would rather do this and accompanied the other individual and a staff member to the shops. The manager explained that people were supported to make choices regarding the decoration of their own bedrooms. We saw that each room had a very individual feel and was linked to people's interests. For example, two people liked collecting keyrings from places they visited; we saw boards had been made to allow them to display these items. Another person enjoyed playing video games and had their own games console in their room and a large selection of games they could play.

At the previous inspection we had found that people were supported to engage in a range of activities and

were supported in hobbies. At this inspection we found this continued to be the case. On the day of the inspection several people went out to local day services or sheltered work programmes. Other people went on trips out or were supported to go shopping. People we spoke with told us they liked going dancing and talked about past holidays and the fact they were going on holiday to Blackpool again this year, which they were looking forward to. They talked about how they had visited Blackpool Tower and laughed when the registered manager had recounted how she found such a height frightening. One person showed us some knitting they were doing and told us they were knitting a tie. Later in the day they also brought out a jigsaw they were doing and spent some time completing this. Staff told us that one person was very interested in music and had recently been to an Ed Sheeran concert in Newcastle. The home had access to a vehicle to support people attend events. One person living at the home had their own Motability vehicle to support their outside interests. People were also supported to be involved in housekeeping activities, such a dusting their rooms or completing their own laundry, as a way of developing and maintaining their independence skills.

A relative told us their relation was involved in a range of activities that they really enjoyed. They said that when they had initially started living at the home they had not been keen on going out, but with the support of staff they now had frequent and wide access to the community.

People had personal care plan folders in which key workers recorded details of their activities and trips, including a large number of photographs to support people recalling events they had taken part in. We saw people's holidays were recorded, trips out to local places of interest, meals out, birthday parties and attendance at events such as a valentine's disco. There were also copies of information leaflets and tickets for events such as concerts or pantomimes.

During the inspection we noted that several people called at the home to visit friends or popped in to see how people were. These included individuals who had previously lived at the home or were friends with people who currently lived there. We saw these people were warmly welcomed in the homes and in some cases were invited to stay for meals.

At the previous inspection we saw the provider had a complaints process in place but there had been no recent formal complaints. At this inspection the registered manager told us there had been no formal complaints in the past 12 months and explained that they supported people to deal with any issues if they had any concerns. A relative told us they had not raised any formal complaints since their relation had move to the home. They said when they had discussed any queries with the staff they had been responded to in full.

Is the service well-led?

Our findings

At the previous inspection of the service in November 2015 we raised concerns because the registered manager for the home was not always on site. We also noted that a number of notifications, that providers are legally required to send to the CQC, had not been made. At this inspection we found a new registered manager had registered with the CQC in July 2016. She told us she was based on site and covered a range of shift patterns, including occasional weekends. She said she was also part of an on-call system for staff to contact in an emergency.

We noted that the previous registered manager was still formally registered with the CQC. Consequently their name appears on this report. The registered manager told us they still worked for the organisation in a different capacity and she would remind them about the need to cancel their registration.

At the previous inspection the provider had not notified us about DoLS granted at the home. At this inspection, as part of the planning process we noted notifications for all granted DoLS had been received. The registered manager told us she was aware of what events at the home required to be notified to the CQC. Prior to the inspection our records showed a range of incidents had been reported to the CQC and records on the day confirmed this and that there were no evident unreported matters.

On arrival at the service we could not see the current quality rating displayed. We asked the registered manager about this. She told us she had not been aware this was a requirement for the service. She immediately made arrangements for the current rating and inspection report to be available in the main entrance area of both bungalows.

Staff told us they felt well supported by the registered manager and the senior at the home. One support staff member told us, "(Registered manager) is lovely. I can go to her with things; there is no problem with that. (Senior support worker) is lovely as well and very supportive." Staff also told us they were happy working at the home and there was a good staff team, who supported each other.

We saw the registered manager carried out a number of checks on safety, the running of the home and the delivery of care. We saw she completed a weekly report about the service that was forwarded to the operations manager. This report highlighted any significant care issues within the past week, including key activities such as; illnesses, hospital or review appointments, accidents and incidents, any equipment issues and any staffing matters. The registered manager told us the operations manager visited the service approximately every two months and carried out her own review of the service. We found copies of these reports kept on file by the manager and saw they covered a range of issues and identified any actions requiring attention.

The registered manager told us relatives received regular questionnaires for them to express their views on the care at the service. However, she said this information went straight to the provider's headquarters and they did not receive any feedback into the service, therefore were unaware of any positive or negative comments, and could not respond appropriately.

We recommend the provider ensures feedback from such audits and questionnaires is shared with the registered manager and the service.

The registered manager told us the aim of the service was provide individual care in what was people's own home. She told us the staff at the home were in the majority long serving and so had a good knowledge and understanding of people and their individual personalities. She also commented on the good relations they had with the local community, including the home's immediate neighbours and the wider local community.

With the exception of care plan monthly reviews, which were limited at times, we found records were well maintained and up to date. Daily records contained good detail of people's activities and presentation throughout the day.