Flexible Support Options Limited

Flexible Support Options Limited (Pengarth)

Inspection report

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16 December 2015

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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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 25 November and 16 December 2015 and was announced. We gave the provider notice because people and staff were often out in the local community and we wanted to make sure that they would be available.

Flexible Support Options (Pengarth) provides care for up to five people who have learning disabilities. There were five people living at the service at the time of the inspection.

We last inspected the service in August 2014 and found that they were meeting all the regulations we inspected.

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.

Relatives considered their family members were safe. There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse was suspected.

We saw that the building was clean and well maintained. Each person had a medicines storage cabinet in their bedroom. Staff explained that this meant that medicines were administered to people in their rooms which promoted a more "personalised" and "dignified" approach to medicines management.

Staff told us and our own observations confirmed that there were enough staff to meet people's needs. Safe recruitment procedures were followed.

There was a training programme in place. Staff were trained in safe working practices and to meet the specific needs of people who lived at the service.

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." Three people had a DoLS authorisation in place. The manager had sent DoLS applications for everybody at the service to the local authority to authorise. The manager was liaising with local NHS Trust care managers with regards to mental capacity assessments and best interests decisions.

People were supported to receive a suitable nutritious diet.

People and the relatives told us that staff were caring. We saw positive interactions between staff and

people. People were supported to maintain their hobbies and interests. One relative told us that they were disappointed that the home's minibus had been exchanged for a vehicle which had only one wheelchair place. They said that this affected people being able to access the local community. The manager told us that they also used a local charitable bus company and people were able to get out regularly.

There was a complaints procedure in place and other feedback mechanisms were in place such as surveys and family forums.

The manager and staff at the service carried out a number of audits and checks to monitor all aspects of the service. We found however, that it was not clear how the provider assured themselves that the home was safe and provided a quality service.

The provider had not notified us of three DoLS authorisations which they were legally obliged to inform us of. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends or concerns. The manager told us that she was now aware of her legal responsibilities and would notify the Commission of all required incidents and events. This issue is being followed up and we will report on any action once it is complete.

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

People told us they felt safe. There were safeguarding procedures in place.

We found the premises were clean and well maintained. Medicines were managed safely.

People, relatives and staff told us there were enough staff to meet people's needs. This was confirmed by our own observations. Safe recruitment procedures were followed.

Is the service effective?

Good

The service was effective.

Staff told us and records confirmed that adequate training was provided. They told us that they felt well supported and supervision and appraisal arrangements were in place.

The manager had sent DoLS applications for everybody at the service to the local authority to authorise. She was liaising with local NHS Trust care managers with regards to mental capacity assessments and best interests decisions.

People's nutritional needs were met and they were supported to access healthcare services.

Is the service caring?

Good

The service was caring.

Relatives informed us that staff were caring. This was confirmed by our own observations.

All of the interactions we saw between people and staff were positive. We saw staff spoke with people respectfully.

People told us that they were involved in their care. Two people were using independent advocacy services.

Is the service responsive?

Good

The service was responsive.

People were supported to maintain their hobbies and interests. They were actively involved in the local community.

Care records documented how people's independence was promoted. They also included people's likes and dislikes so staff could provide personalised care and support.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

The manager and staff at the service carried out a number of audits and checks to monitor all aspects of the service. However, it was not clear how the provider assured themselves that the home was safe and provided a quality service.

The provider had not notified us of three DoLS authorisations which they were legally obliged to inform us of.

Staff told us that they enjoyed working at the service and morale was good at the home.

Flexible Support Options Limited (Pengarth)

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.

The inspection was carried out by one inspector. We visited the service in the afternoon and evening on the 25 November 2015 and the morning of the 16 December 2015 was announced.

All of the people who used the service were unable to express their views on the care they received because of the nature of their condition. We therefore spoke with staff and observed their practices in order to determine how this care and support was carried out. In addition, we contacted two relatives by phone following our inspection.

We spoke with the registered manager, a manager from one of the provider's other services and four support workers on the days of our inspection. We examined three care plans and records relating to staff and the management of the service.

We consulted with a Northumberland local authority safeguarding officer and a local authority contracts officer. We also spoke with a speech and language therapist and two care managers from the local NHS Trust.

Prior to carrying out the inspection, we reviewed all the information we held about the service. We did not request a provider information return (PIR) because of the late scheduling of the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Good

Is the service safe?

Our findings

Both relatives we spoke with told us that they considered that their family member was safe living at the service. One of the relatives said, "She is safe there." We spoke with a local authority safeguarding officer who informed us that there were no organisational safeguarding concerns with the service.

There were safeguarding policies and procedures in place. Staff were knowledgeable about what actions they would take if abuse was suspected. They told us that they had not witnessed anything which had concerned them.

We spent time looking around the service. One relative said, "It's more homely than a big home…and it's clean." The home had been recently refurbished and redecorated. A new kitchen had been fitted, an extended bathroom had been built and a new disabled toilet had been added. One relative said, "It's beautiful – lovely." The home had been awarded the top food hygiene rating of 5. Hygiene ratings show how closely the business was meeting the requirements of food hygiene law.

We checked equipment at the service, including moving and handling equipment. Ceiling track hoists were fitted in four of the five bedrooms and the bathroom to ensure safe moving and handling. People had their own specialist seating which included wheelchairs and armchairs. Most people used 'sleep systems' which promoted the person's posture and comfort when they were in bed and two people had special epilepsy sensor alarms. The manager said, "These alert staff immediately if someone's breathing pattern alters." All equipment had been serviced and checked in line with legal requirements.

Relatives and staff did not raise any concerns about staffing levels. Four staff supported people through the day. There was one waking and one sleep in member of staff at night. One person had an enabler which was organised by the person's care manager. The enabler supported the person to access the local community and places of interest.

The manager told us that she was in the process of recruiting more staff. She explained that staff turnover at the service had been an issue. She said she considered that this was due to the rural location and lack of public transport.

We saw that staff supported individuals in a calm, unhurried manner. Staff told us and records confirmed that there were outings and activities because there were sufficient staff to accompany people.

We checked medicines management. There was a safe system in place for the administration, storage and disposal of medicines. Each person had their own personalised medicines storage cabinet in their bedrooms. One staff member said, "It's much better, it allows us to give them their medicines in a more personal way and it's more dignified." Daily and weekly medicines counts were carried out to ensure that medicines were administered as prescribed.

A range of health and safety checks were carried out. The manager told us, "We are well into health and

safety. There are extensive checks done on health and safety, infection control and medicines. If I have a problem, everything is acted upon straight away."

Staff told us and records confirmed that appropriate recruitment checks were carried out to help ensure that staff were suitable to work with vulnerable people. This included Disclosure and Barring service checks (DBS) and obtaining references.

Risk assessments were in place which identified a number of hazards such as behaviour management, accessing the local community and moving and handling. This meant that information was available to inform staff what actions needed to be taken to minimise risks and avoid harm.

Good

Is the service effective?

Our findings

Relatives informed us that they considered that staff were well trained. All staff said they felt equipped to carry out their roles and said that there was sufficient training available. One staff member said, "I enjoyed the eating and drinking course which was carried out by the [name of speech and language therapist]. We had to eat a grape and think about the risks and how slippery it was – it was good training." We spoke with a speech and language therapist from the local NHS Trust. She told us that staff were always very receptive to her advice and guidelines.

The manager provided us with information which showed that staff had completed training in safe working practices and to meet the specialist needs of people who lived at the home such as enteral feeding [feeding via a tube], epilepsy awareness, oral hygiene and specialist medicines training.

Staff told us that they felt well supported. We noted that regular staff supervision sessions were held and an annual appraisal was undertaken. Supervision and appraisals are used to review staff performance and identify any training or support requirements

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 manager told us and records confirmed that three people already had a DoLS authorisation in place. She said she had sent DoLS applications for all people who lived at the home and was awaiting a response from the local authority.

The manager told us that she was working with care managers from the local NHS Trust with regards to mental capacity assessments and best interests decisions for specific decisions. She said that she was awaiting paperwork regarding the decision for people to use the beautician.

We checked whether people's nutritional needs were met. We observed the tea time meal and saw that it was a calm and pleasant experience. Staff sat and chatted with people. Support was provided on a one to one basis. One person was able to eat independently with prompting and supervision. She appeared to enjoy her meal. We saw that some people required their meals to be blended. These were blended to the correct consistency. Portion sizes were adequate and met the needs of each individual.

We spoke with staff who were knowledgeable about people's dietary needs. We noticed that one person required additional specialist feeding via a Percutaneous Endoscopic Gastrostomy (PEG) tube. This is a tube

which is placed directly into the stomach and by which people receive nutrition, fluids and medication.

People told us that staff supported them to access healthcare services. We read that people saw the speech and language therapist, occupational therapist, dietitian, PEG nurse, GP and physiotherapist. People also visited clinics such as the spasticity and epilepsy clinics. Spasticity is a condition in which certain muscles are continually contracted. The manager told us that three people wore specialist shoes which were obtained through the local NHS Trust's Orthotics service. Orthotics is a branch of medicines that deals with the provision and use of correct devices such as shoes and splints. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health.

The environment had been adapted to meet the needs of people who lived at the home. We observed that one person's bedroom door opened outwards to ensure that if they fell against the door, staff could still access their bedroom. The conservatory had been turned into a sensory room with tactile surfaces, lighting and projected images. The bathroom had been extended and a suitable bath purchased following consultation with the occupational therapist to ensure that it met everybody's needs. A disabled toilet had been built specifically to meet the needs of one person. Staff explained that this toilet promoted the person's independence because of its size and layout.

Good

Is the service caring?

Our findings

We spoke with relatives who told us that staff were kind and caring. One relative said, "It's absolutely wonderful - it's the best place she's had. It's just like going home, she is well taken care of." Other comments included, "Staff are caring, it's in their nature," "They are just so full of love" and "When you go, it's just like visiting your family. You are immediately put at ease."

We saw a satisfaction questionnaire which had been completed by a relative. This stated, "The staff are very friendly to both visitors and residents."

Staff spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. One staff member told us, "I love my job, I do it for them [people] they are the most important reason." Another said, "It's so caring here. Everyone [staff] is in the same frame of mind – they know what is needed for each individual." Other comments included, "It's so much more personal here. There's more time to spend with people" and "The care is so relaxed. It's not rushed – I have the time to care here."

We looked at people's care plans and found they were person centred. Their care needs, choices and preferences were recorded. We spoke with staff who were knowledgeable about people's personal care needs. They could describe in detail the care needed for individuals and people's likes and dislikes. A staff member told us how much one person liked to strum her guitar. They told us how they observed people's body language and facial expressions to ascertain people's feelings and mood.

One member of staff showed us a person's interactive picture of a tropical scene. The staff member explained how relaxing this was for the person until they turned it on - when loud seagull squawks were emitted! Staff said that they ensured the sound was turned down because the person did not like the noise.

We saw that staff communicated effectively and people reacted positively to all interactions. Staff were skilled at engaging with people who were nonverbal or had complex communication needs. We noticed that although people were unable to communicate their opinions and wishes, staff talked to people about what they were doing, pointing out things of interest such as the Christmas decorations. They knelt beside people, smiling and using appropriate touch. We saw one member of staff gave an individual an impromptu foot massage which they appeared to enjoy. Staff recognised that one person was hungry by their body language. The staff member said, "Can you smell the curry? – Dinner will not be long."

Staff involved people in their care and support. A staff member sat with an individual and said, "Come on [name of person] you can help me do the laundry." The person was unable to physically help, but the member of staff folded the person's laundry in front of them and took the individual to their room to put the washing away.

We noticed that staff treated people with dignity and respect. They spoke with people in a respectful manner. Staff explained that there was no "them and us." They talked with people, not over the top of them.

They told us that a male member of staff had recently started working at the home to ensure "Man to man time and support" was available for the one male who used the service.

The manager told us and records confirmed that two people were accessing advocacy services. We read one person's file where the advocate had documented their visit. They said, "I visited [name of person] today. On arrival [name] was watching the DVD the Lion King… [Name of person] has been to the cinema, swimming and Christmas shopping." Advocates can represent the views of people who are unable to express their wishes.

Good

Is the service responsive?

Our findings

We read a satisfaction questionnaire which had been completed by a relative. This stated, "The needs of the residents are attended to promptly and without any fuss" and "With a nice garden area and a mini bus for their use, the residents lead as normal a life as possible under the circumstances." We spoke with two care managers from the local NHS Trust. They raised no concerns about the service and said that staff contacted them if they had any concerns or issues.

Each person had a care plan which contained comprehensive information about their likes and dislikes. One person's care plan documented the behaviour they exhibited to express their displeasure. This information helped ensure that staff knew when the individual was not happy and could take action to address this.

There was evidence that care plans had been reviewed on a regular basis to ensure that the information was up to date and reflected the care and support required. We observed that care was delivered as planned. Staff provided care and responded to people's needs in an appropriate way and engaged people in planned or spontaneous activities. A staff member explained that they had noticed one person was having difficulty using their hands. She said, "We noticed that she wasn't using her hands and struggling to use her spoon, so we took her to hospital…we now do hand exercises like this." The staff member showed us how they passed small objects like plastic eggs and different shaped objects for the person to hold and place in containers such as egg boxes. The staff member said that these exercises had really helped the person's dexterity.

We noted that annual health checks had been carried out following government recommendations. In addition, each person had a 'Hospital passport.' These contained details of people's communication needs, together with medical and personal information. This document can then be taken to the hospital or the GP to make sure that all professionals are aware of the individual's needs.

One relative informed us that their family member was encouraged to maintain their hobbies and interests. She said, "It's amazing what she gets up to." We read a satisfaction questionnaire which had been completed by a relative. This stated, "From what I have seen, the staff seem to try to provide as many activities as possible with regards to the limitations the residents have." A staff member said, "We go out for a lot more walks and we have made the garden into a sensory garden, it looks gorgeous." Staff also told us that they provided a spa experience at the home. People wore their swimming costumes and sensory water sessions were carried out in the bathroom which staff said people enjoyed.

Another relative said that they felt more trips out into the local community would be beneficial. They said the home's previous mini bus had been removed and replaced with another vehicle which only had one wheelchair space. The relative stated that this meant that not as many people could go out. We spoke with the manager about this comment. She said that they also used a charitable transport service, in order to enable people to access the local community.

A wide variety of activities were observed. Daily records and photographs showed that people were involved in the local community and supported to maintain hobbies and interests that they enjoyed. These included,

visits to the hydro pool, five-a-side football matches, Alnwick gardens, a specialist second hand book shop and a local ice cream parlour. A beautician came to the home regularly and a folk singer visited once a fortnight.

There was a complaints procedure in place. Pictures had been added to make the written word easier to understand. No formal complaints had been received. Any minor concerns or feedback were documented in people's care files. We noted that a written summary of one person's care and support was provided to their relative on a weekly basis. This was confirmed by the relative themselves. This helped ensure that the relative knew what their family member was doing and how they had been the preceding week. Other feedback systems were in place such as surveys and family forums.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post. Relatives and staff spoke positively about her. One relative said, "I like [name of manager] she is good." The other relative stated, "She gets on with the job and keeps the staff in check and works hard." Comments from staff included, "She's very supportive" and "She is great."

The manager told us that there had been a change in the provider's management structure. She said that there used to be four operations managers but now there were two, despite more services being acquired by the provider for the operations managers to oversee. She explained that the operations managers used to visit regularly and carry out the six monthly medicines and finance audits but said, "It's our responsibility now." She said that she would appreciate more visits from the operations manager and said, "It's nice for staff to know that someone is coming in, but I realise that [name of operations manager] is busy and has got lots of services."

The manager and staff carried out their own audits of all aspects of the service. These included health and safety, infection control, medicines management, finances, care plans and accident analysis. A quality audit was also completed which contained a number of different areas. This was sent to the provider. Whilst we had no concerns about the quality of the manager and staff's audits and checks, it was not clear how the provider themselves ensured themselves of the quality and safety of the service.

As part of our preparation for the inspection, we found that the provider had not notified us of three DoLS authorisations which had been granted in 2014. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends or concerns. The manager told us that she was now aware of her legal responsibilities and would notify the Commission of all required incidents and events. This issue is being followed up and we will report on any action once it is complete.

The manager told us and records showed that surveys were carried out to obtain feedback from people, relatives and staff. She explained that the previous staff survey had raised issues regarding morale and her management of the service. We noticed a staff meeting had been held by the operations manager to discuss the issues raised. We read that some staff considered that there was too much paperwork. The minutes stated, "It was agreed that [the] paperwork in place is too much and that we are recording too much information. Times of activities, position changes, personal care etc. will be omitted." The manager told us however, that she felt this information was important. Following our inspection, the operations manager stated that her comments at the meeting had been misinterpreted and positional changes and information about personal care and meal times were important. Other information however, such as the end times of activities and meals did not generally need to be recorded.

Staff informed us that morale was good and they enjoyed working at the service. One staff member said, "I love working here, it's a good team." Another stated, "It's so much better here." There was a happy atmosphere at the home on both days we visited.