

Flexible Support Options Limited

# Flexible Support Options Limited (Stockholm Close)

## Inspection report

15-16 Stockholm Close  
Tyne Tunnel Trading Estate  
North Shields  
Tyne And Wear  
NE29 7SF

Tel: 01912708649

Date of inspection visit:

05 May 2016

06 May 2016

Date of publication:

03 June 2016

## 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

The inspection took place on 5 and 6 May 2016 and was announced. We gave the provider 48 hours' notice because the service was a domiciliary care agency and we wanted to make sure someone would be at the office to assist with the inspection.

The service provides personal care for people who live in their own homes in Durham, Newcastle, North Tyneside, Northumberland and South Tyneside areas. Most of the people who used the service had a learning disability.

We have not inspected the service since the provider changed its legal entity in May 2014.

There was a registered manager in post. 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.

People told us that they felt safe. There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse was suspected. No concerns were raised. There was a safe system in place for the management of medicines.

People, relatives and staff told us there were enough staff to meet people's needs. 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.

People were supported to receive a suitable nutritious diet. People, relatives and health care professionals spoke positively about the caring nature of staff. We observed that people were supported by staff with kindness and patience.

People and relatives were positive about the responsiveness of staff. People were supported to continue their hobbies and interests.

There was a complaints procedure in place and people knew how to complain. Surveys and meetings were carried out to obtain people's views.

People, relatives and staff were complimentary about the management of the service. A number of checks were carried out to monitor the quality and safety of the service. Staff told us that they enjoyed working at the service and morale was good.

## 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. Appropriate safeguarding policies and procedures were in place. Medicines were managed safely.

Safe recruitment procedures were followed. People, relatives and staff informed us that there were sufficient staff deployed to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

Staff told us and records confirmed that training, supervision and appraisals were carried out.

Staff followed the principles of the Mental Capacity Act 2005 in their work.

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

### Is the service caring?

Good ●

The service was caring.

People and relatives told us that staff were caring. We observed positive interactions between staff and people.

People were treated with privacy and dignity.

Records evidenced that people were involved in people's care and treatment.

### Is the service responsive?

Good ●

The service was responsive.

People and relatives were positive about the responsiveness of staff.

People were supported to pursue their hobbies and interests and access the local community.

There was a complaints procedure in place and people knew how to complain. Surveys and meetings were carried out to obtain people's views.

**Is the service well-led?**

**Good** ●

The service was well led.

A number of checks were carried out to monitor the quality and safety of the service.

Staff spoke enthusiastically about working at the service and told us that morale was good.

The provider was notifying the Commission of all notifiable incidents.

# Flexible Support Options Limited (Stockholm Close)

## **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 on 5 and 6 May 2016. The inspection was announced. We gave the provider 48 hours' notice because the service is a domiciliary care agency and we wanted to make sure that staff would be available at the office to assist us with our inspection.

We visited three people in their homes. We also spoke with four relatives by telephone following the inspection to obtain their views of the service.

We spoke with the nominated individual, the registered manager and four support workers on the days of the inspection. We also contacted three staff by telephone following our inspection to obtain their views.

We sent questionnaires to people, relatives, staff and health and social care professionals to obtain their views. 10 people, one member of staff and two health and social care professionals responded.

We contacted five people's care managers from Durham, Northumberland, North Tyneside and South Tyneside. We consulted a challenging behaviour clinician, dietitian, district nurse and physiotherapist from the local NHS Trust, a shared lives officer and an advocate. Advocates can represent the views and wishes for people who are not able express their wishes. Shared Lives is a service where a person who needs support and/or accommodation moves in or regularly visits an approved Shared Lives carer. Together, they share family and community life.

We examined three support plans and records relating to staff. In addition, we checked records relating to

the management of the service such as audits and surveys.

We checked information which we had received about the service prior to our inspection. This included notifications which the provider had sent us. We requested a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

# Is the service safe?

## Our findings

People told us that they felt safe. Relatives told us that they did not have any concerns about people's safety. Comments from relatives included, "I would know if anything was wrong. He is safe," "I do feel comfortable leaving him in their hands" and "I trust them to look after my husband. The staff are caring"

There were safeguarding policies and procedures in place. Staff had undertaken safeguarding training and were knowledgeable about what action they would take if they suspected abuse had occurred. No concerns were raised by people, relatives or staff. We saw that the provider had appropriately referred safeguarding incidents to the local authority and CQC in line with legal requirements.

We looked at the way medicines were managed. People and relatives raised no concerns about the way that medicines were managed. One relative said, "Staff administer his medicines, he is much better now." There was a safe system in place for the ordering, receipt, administration, recording and disposal of medicines. We checked three people's medicines administration records and found that these were generally completed accurately. One staff member said, "We have to make sure that everything is recorded [on the medicines administration record] because we have to identify what tablets we need to administer." We noted that one person's weekly medicine had been signed for daily. This had been a recording error since only four tablets had been received.

We checked staffing levels at the service. People and relatives told us that there were sufficient staff deployed to meet people's needs. Most people and relatives told us that people had a consistent staff team. A challenging behaviour clinician told us that one person's staff team was changed annually. They told us that this change in staff was effective in stabilising the person's behaviour.

Staff told us that appropriate recruitment checks were carried out prior to staff starting work at the service to help ensure that they were suitable to work with vulnerable people. These included Disclosure and Barring service checks (DBS) and obtaining references. A DBS check is a report which details any offences which may prevent a person from working with vulnerable people. They help providers make safer recruitment decisions. Staff DBS checks were renewed every three years to make sure there were no concerns.

The manager demonstrated strong governance when dealing with disciplinary matters. She had investigated concerns about one staff member's conduct. This had resulted in their dismissal and referral to the appropriate authorities including the DBS. Records were available to demonstrate all actions taken.

Risk assessments were in place which had been identified through the assessment and care planning process. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction such as maintaining independence in the local community whilst staying safe. One person accessed the local community independently. He took his mobile phone and told staff when he was leaving and what time he would be back.

There were systems in place to deal with any emergencies. Personal evacuation plans were in place which told staff how people should be supported in the case of an emergency. People were reminded of fire safety procedures during meetings and there were contingency plans in place in people's houses which gave staff information about who to contact in the case of a power cut, fire, flood or other emergency.



## Is the service effective?

### Our findings

People and relatives were complimentary about the skills of staff. Comments from relatives included, "They know what they are doing," "They are all well trained," "They know [name of person inside out]."

All staff informed us that they felt equipped to carry out their roles and said that there was sufficient training available. Comments included, "I get training every other week, everyone has done training on behaviours and medicines, except for those who have just started. [Name of manager] gives you updates all the time," "I do training for both services; it keeps you fresh and updated," "Most of the people are trained in challenging behaviour and break away training and autism." One staff member told us that she had undertaken "eye sight training" because one of the people she supported had problems with their vision. She told us, "When you look around, the walls are lighter than the flooring; it helps him distinguish his surroundings." Another person had diabetes and staff administered their insulin. We spoke with their care manager who told us, "They needed a lot of support with diabetic management. [Name of nominated individual] organised for diabetic training and they are looking after him well now." District nurses carried out training and undertook competency checks with staff in diabetes management every six to eight weeks. We spoke to a district nurse who told us, "They are always spot on."

The manager provided us with information which showed that staff had completed training in safe working practices. This included safeguarding adults, health and safety, first aid and moving and handling. Staff had also completed training on the specific needs of people who used the service such as British Sign Language, challenging behaviour, epilepsy and autism training.

Staff told us and records confirmed, that they undertook induction training when they first started working at the service. This was based on the Care Certificate. The Care Certificate is an identified set of standards that care workers adhere to in their daily working life. It was developed to address inconsistencies in training and competencies in the workforce so that people and families experiencing care services can have confidence that all staff have the same introductory skills, knowledge and behaviours. This meant that staff felt prepared when they started working independently at the home and supported the effective delivery of care. One relative said, "They are consistent. They are all very aware of how to look after him. They all go through a shadow period when they start."

We spoke with a health and social care professional who told us that they considered that staff in a certain area who supported those with behaviours which challenged the service would benefit from more support. We spoke with some of these staff. They all told us they felt well supported and had completed relevant training. Comments included, "[Names of managers] are wonderful, they couldn't be any better or supportive. There is regular supervision." Another said, "The support is a thousand times better than what it was." We noted that staff supervision sessions were held and an 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 manager was liaising with people's care managers with regards to deprivation of liberty applications for people using the service.

We found that staff were following the principles of the MCA. Some mental capacity assessments had been carried out for important decisions such as financial management. The manager was strengthening the service's records to ensure that documentation was available to evidence how the MCA was being followed in all cases.

We checked whether people's nutritional needs were met. People told us that they were happy with the meals provided by staff and some told us that they were supported to make their own meals. Personal preferences were included in support plans. We read that one person liked meat and dumplings and fish and chips. This information helped ensure that staff were aware of people's likes and dislikes.

Action was taken if concerns were identified such as weight loss. We read one person's support file and noted that the doctor and dietitian had been involved. We contacted the dietitian following our inspection. She told us, "[Name of staff member] is very good and knowledgeable. Food diary records and weight charts are completed. Sometimes not all staff are as knowledgeable about [name of person's] dietary needs." We passed this feedback to the manager for her information. People were supported to eat healthily. Staff told us and records confirmed that they supported some people to go to weight loss clubs.

People and relatives told us that staff supported them to access healthcare services. One relative said, "They organise regular appointments with the doctor and they take him for eye and dental checks." Records showed details of appointments with health and social care professionals. We saw evidence that staff had worked with various agencies to ensure that people accessed other services in cases of emergency, or when people's needs had changed, for example GP's, district nurse teams, consultants, social workers, podiatrists and dentists. We spoke with a district nurse who told us, "They always contact us if there is a problem. I have no problems or concerns." We noted that one person frequently refused certain healthcare services such as podiatry. A staff member told us and records confirmed that further appointments were made because it was dependent on the person's mood at the time of the appointment.

# Is the service caring?

## Our findings

People and relatives were complimentary about the caring nature of staff. One person said, "They are all nice." Comments from relatives included, "They are really nice, very friendly," "They know him well, he considers them his friends - they are concerned about him" and "They are very caring." We spoke with a physiotherapist who said, "They have the best interests of the people at heart."

Staff spoke with pride about the importance of ensuring people's needs were met and people were at the forefront of everything they did. Comments included, "Everything is centred around them. Everything we do is for them," "Just to see the smiles on their faces, it's wonderful you know that they are happy," "We're like friends, at the end of the shift he will always shake my hand and that makes me happy," "The most important thing is to make sure people are happy," "He needs to be involved in his care as much as possible and this is what I always make sure happens," "He is not just shoved in his room. This is his house and he sits out here with us [lounge]," "[Name of person] is happy – he is the main man here" and "It's nice because you make a connection with [name of person]."

Monthly visits were carried out by the provider's monitoring officer and senior management staff. Observations of people's care and support were also included. We read one recent check which stated, "It was very good to observe the positive interaction of the staff team with [name of person]. [Name of person] vocalised that he really liked his staff team and that he was happy with them. Well done to staff team!"

We saw positive interactions between people and staff. There was much laughter between staff and a person whom we visited when the individual told us they were going on holiday in Skegness and one of the staff members thought that Skegness was in Scotland! We heard that one person loved shopping. A staff member said, "We go shopping and then when I look in the trolley, I say to you 'How did all these biscuits get in the trolley?'" The person smiled and said, "It was me!" There was also cheerful banter about rival football teams with plenty of boos from a person when the staff member was extolling the virtues of her favourite football team.

Staff were knowledgeable about people's needs and could explain these to us. One staff member said, "You have to sit down and spend time talking things through. She does get worked, but you just need to spend time talking and reassuring her." Another staff member told us, "I know what he loves [looking at person]. You love going to the disco and going out for a coffee and going shopping, don't you?" The person nodded in agreement. A relative said, "They know [name of person] they know everything about him." Another relative said, "They know him really well."

Support plans contained information about people's life history and preferences. This information helped staff provide more person centred care. We noted that pictorial support plans were in place. A staff member said, "The pictures make it easier to understand when we're going through them with people." We read one support plan about the person's cat which was an important part of their life. We read another document which stated, "Things I need to be happy." Underneath this title was written, "I need regular reassurance from staff." We saw that this advice was followed by staff in practice. One person said to a support worker, "I

feel frightened," the support worker replied, "There's no need to feel frightened." The staff member proceeded to redirect the conversation to what the person enjoyed doing such as watching Dr Who, going on the bus, cycling and the action hero cape that he liked.

Staff promoted people's independence. Comments from relatives included, "They have fetched them on a lot," "They've come on leaps and bounds," "He has become more independent – he's never looked back" and "He couldn't do anything, he couldn't even fasten his coat, but now they've really brought him on. He goes to college by himself and he comes over to mine by himself. He gets the bus to the ferry then a taxi from the ferry. He wouldn't have been able to do that before he started the service."

We visited one person at home. A staff member showed us how he had attached the remote control to the person's electric arm chair with Velcro. He said, "This means that he can adjust the chair himself into a comfortable position which helps promote his independence." The staff member also told us, "[Name of person] hates his manual wheelchair; he much prefers his electric one for his independence. Even when he went to hospital on the stretcher, his electric wheelchair went with him in the back of the ambulance so he could see it." We saw that the person enjoyed drawing and painting and saw examples of his work. The member of staff said, "We encourage this as it helps his hands keep moving because of his arthritis which promotes his independence as much as possible."

People's privacy and dignity were promoted by staff. This was confirmed by people and relatives. One relative said, "They are very respectful." Staff were able to give examples about how they promoted people's privacy and dignity such as ensuring that they were covered during personal care. We read minutes of meetings which were held in people's homes. We noted that one person stated that he did not like to be called a service user and wanted to be called by his name. Staff were aware of this and said that they always used people's preferred name.

People and relatives told us that they were involved and consulted in all aspects of people's care. One person said, "Everything is about me." Comments from relatives included, "Every month staff and [name of team leader] have a meeting at his house and they go through everything. I am kept well informed," "She [staff member] is really sweet. They are always there to speak and listen to me. We have team meetings and we gather together to discuss everything," "They have reviews and I'm invited" and "They have reviews at his house with staff and the psychologist."

A staff member told us and the person confirmed, "[Name of person] is involved in everything. He is involved in the staff rotas; he likes to know who is coming in." We noted that people had signed to say that they had been involved in the formulation of their support plans and risk assessments. We read one person's care file which stated, "I have been involved in the planning of the contents of this file."

We spoke with an advocate who said, "They know the people they support well... They support not only the people, but also their families. They will pick up the family if they are unable to get [to any meetings]. They support people to make their own choices, they have not influenced their decisions... I heard one member of staff say, 'It's your decision, whatever you want to do, it's your choice. Whatever you decide we will support you.' They are really doing well and don't push their judgements on people" and "With one gentleman, they are using language he understands and recapping everything and supporting him to make the decision not making the decision for him."

# Is the service responsive?

## Our findings

People and relatives were complimentary about the responsiveness of staff. Comments from relatives included, "They've come on leaps and bounds," "He has become more independent – he's never looked back," "He has had the same staff team for eight years," "Everything has been good," "They have been very good, better than the last company we had," "They are brilliant – I would rate them high" and "It is excellent, nothing really could be improved."

We conferred with a care manager who told us that staff had previously needed a lot of support from her with regards to one of the people who used the service. She said that action had been taken and they were now meeting the person's needs well. She told us, "They did step up to the mark. They managed so well when he was in hospital liaising with hospital staff and myself. They are looking after someone with complex needs and doing a good job. [Name of nominated individual] has been exceptional" and "You get staff staying for a long period of time and that works for him." We spoke with a physiotherapist who told us, "They do their best, they have the equipment and they have the photos displayed [showing the correct moving and handling techniques]. They do try and they understand the reasoning behind what they are doing. Sometimes I need to chase them up a little, but generally they are good."

Another care manager from the local authority told us, "They deliver very person centred care and are very family orientated. They have supported my clients well. I have no concerns." A third care manager said, "We have a good working relationship. Communication is good...They have managed [name of person's] behaviours well and are doing a good job." A Shared Lives officer told us, "They are really supportive and flexible. They have switched plans at short notice and have been very flexible at changing staff. They have adapted the service straight away and have a really good understanding about how to engage with her and support her. They have another person who has [name of condition]. They are supporting him to access an educational establishment and the support they have given him is excellent and he has been maintaining four days a week there [at college]. The educational establishment themselves have said how excellent the support has been. They have worked really well and engaged with him...I have been really impressed."

Support plans were in place which were comprehensive and contained information which helped ensure that people's social, emotional, physical and social needs could be met. Important information about people's health was included at the front of the file. We read one document entitled, "You need to know." This stated that the person had diabetes and was prone to skin damage. This meant that information was readily available to inform staff of people's needs and ensure they could take responsive action to prevent any deterioration in their health and wellbeing. Goals were included in people's support plans. We read that staff had supported one person to move house and live independently and another person had planned their own holiday.

'Hospital passports' were in place. These contained details of people's communication needs, together with medical and personal information. This document could then be taken to the hospital or the GP to make sure that all professionals were aware of the individual's needs. Communication support plans were also in place. These detailed how people communicated. One plan stated, "I don't like loud noises." A staff member

said, "It just gives staff an overview of [name of person] in a nutshell." This individualised approach to people's needs helped staff provide flexible and responsive care.

People and their relatives informed us that there was an emphasis on meeting social needs and that the service promoted people's hobbies and interests. One relative said, "They do as much as [name of person] will allow]. [Name of person] will cook and bake under supervision." We read that people went to the pub, attended arts and craft clubs, musical events, discos and cycling.

We noticed that housekeeping rotas were displayed in people's homes some of which were pictorial and reminded people about their duties. Such housekeeping skills are important as they help to promote independence. One relative informed us, "He does all his own washing and makes his own meals."

There was a complaints procedure in place. None of the people or relatives with whom we spoke raised any concerns. One relative said, "The service is really good. I cannot complain; the carers all know what to do." There were no recent complaints recorded on the complaints log. The manager told us however, that there had been two complaints which had not been entered onto the log. She showed us documentation and correspondence relating to one of the complaints. The director was dealing with the second complaint and he had the records relating to this issue. The manager told us that she would make sure that all complaints were recorded on the log to ensure that there was an overview of all concerns and complaints which had been received.

# Is the service well-led?

## Our findings

There was a registered manager in post. She had worked for the company for 13 years and held various management roles during this time. She became registered with CQC as manager of Flexible Support Options (Stockholm Close) in May 2014.

Staff spoke positively about the senior management team. One staff member said, "[Names of management staff] are the best three managers that you would want to support you," "I can't call the company, they are very good and the help that [name of person] receives is very good," "Name of [nominated individual] is one of the most approachable people I have ever known. I can text or phone at any time. She has been up here to take [name of person] out and to the bingo."

Staff spoke positively about working at the service and told us that morale was good and they felt valued. Comments included, "I love my job, it's so rewarding," "It couldn't be any better," "It's the best company I've worked for. They look after the staff brilliantly," "I'm blessed in my job. When it comes to work I am always available I love it," "I do this because I love the job, I care about what I do" and "It's not just a job to me, I love it."

Staff meetings were carried out. Areas covered included training, accidents and incidents, CQC requirements and good news stories. We read the minutes of a recent meeting which stated, "[Name of person] no longer takes behaviour medication, well done." Staff surveys were also carried out and an action plan had been formulated following the feedback received. We read that information had been provided to staff about rates of pay and staff contracts so they were aware of any changes.

Monthly visits were carried out by the provider's monitoring officer and senior management staff. These looked at all aspects of the service including people's opinions. Checks were carried out on people's finances, support plans, medicines, infection control and record keeping. We read minutes of these checks both at the office and at people's homes. An action plan was completed which listed any deficits in standards. We read the records of a recent check which had been undertaken. These stated that a health and safety file was not available at one person's house. During our visit to the person's home, we noticed that a health and safety file was present.

Accidents and incidents were monitored and analysed to identify if there were any trends or themes. One care manager told us about an incident which had occurred whilst a person was using public transport. She told us, "They [staff] reported it correctly and informed us about it and changed their procedures. They used it as a learning point...Communication is good."

Six monthly surveys were carried out to obtain people's views and those of their representatives. One relative said, "They have surveys and questionnaires, but [name of manager] is there all the time, so I just speak with her if there's anything. She gets things done." We noted however, that it was not always clear what action had been taken when certain feedback had been received. One relative had stated that they would like their family member to be involved in more community activities. There was no evidence to

document what action had been taken. The manager told us that this would be addressed.

The provider was notifying the Commission of all notifiable incidents. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends or concerns.