

Flexible Support Options Limited

# Flexible Support Options Limited (Brilan)

## Inspection report

c/o Balmoral Court  
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Tel: 01912617306

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 25 July 2018. We gave the service short notice of our arrival to ensure someone would be available at the service to meet with us.

Flexible Support Options Limited (Brilan) known as Brilan is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides accommodation for up to four people with a learning, physical disability or mental health condition. On the day of our inspection there were three people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.' Registering the Right Support CQC policy.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like 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 last inspected the service in February 2016 and rated the service as 'Good'. At this inspection we found the service remained 'Good'.

We found some recording issues in relation to the administration of medicines that had not been found on internal audits. This meant that the medicines audit process was not being completed robustly. People told us they received their medicines in a safe way and when they were due. We saw staff supporting people to take their medicines in a safe and caring way.

People told us they felt safe at Brilan. There were sufficient numbers of staff on duty to keep people safe. There was an effective recruitment and selection procedure in place and relevant vetting checks were carried out. Staff were suitably trained and received regular supervisions and appraisals.

Accidents and incidents were appropriately recorded and risk assessments were in place. Safeguarding procedures had been correctly followed and staff had been trained in safeguarding vulnerable adults.

Health and safety checks were carried out to ensure people were supported to live in a safe environment.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported with their dietary needs and care records contained evidence of visits to and from external healthcare specialists.

People told us they were assisted by kind and caring staff members. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any support plans and their individual wishes, needs and choices are taken into account.

People were protected from social isolation. People were supported to access activities on site and in the community.

The provider had an effective complaints procedure in place, and people told us they knew how to complain if they wished to.

People who used the service and staff were regularly consulted about the quality of the service via meetings and surveys.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Requires Improvement ●

The service requires improvement to be well-led.

We found records in relation to medicines required improvement to ensure people received their medicines safely.

Audits were carried out, but in relation to medicines they had not highlighted omissions we found on our visit.

People and staff told they found the registered manager approachable and supportive.

# Flexible Support Options Limited (Brilan)

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

An adult social care inspector completed this inspection on 25 July 2018. The provider was given notice because the service is for younger adults who are sometimes out during the day and we needed to be sure someone would be in.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are reports about any changes, events or incidents the provider is legally obliged to send us within required timescales. We used the feedback we received to inform the planning of our inspection.

We contacted external healthcare professionals and the placing authority commissioners to gain their views of the service provided at the service.

We spoke with three people who used the service, the registered manager and two support workers. We looked at the two peoples care records and three medicine administration records (MARs). We also looked at two staff files, which included recruitment records, as well as records relating to the management of the service.

We looked around the service and peoples' bedrooms with their permission.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

We looked at the medicine administration records for all three people at the service. We found some gaps in the recording of medicines and this had not been picked up on the monthly audits completed. We also saw audits stated photographs of people were in place when they were not. We discussed this with the registered manager under the Well-Led section of this report.

We looked at the management of medicines and saw people had support plans in place. These described the medicines people were taking, what they were for, how they preferred to take their medicines, dosage, any possible side effects and what assistance they required.

Medicines were appropriately stored and staff training was up to date. People told us they received their medicines on time and in the way they preferred. We saw staff administering medicines correctly and with care to people.

People we spoke with told us they felt safe living at Brilan. One person told us, "Yes I am safe here, there is always staff around if you need anything."

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with children and vulnerable adults.

We discussed staffing levels with the registered manager. There were always two staff members on shift and this included overnight. The staff team told us they felt well supported and they worked to ensure that leave and sickness was covered by the team.

Accidents and incidents were appropriately recorded and reviewed by the registered manager. Any lessons learned from accidents and incidents, and complaints were discussed at staff supervisions and meetings.

Risk assessments were completed where appropriate and described potential risks and the safeguards in place. Staff were supported to assist people in terms of behaviour when they became anxious by the use of PMVA (Prevention Management of Violence and Aggression) training. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents and incidents from occurring.

Following a burglary at the service, the service reviewed its policies and procedures around finances as well

as took additional security measures such as installing external CCTV. This showed the service learnt lessons from events and supported people and staff to stay safe.

Health and safety checks were carried out at the service. We saw that fire and electrical equipment were tested regularly along with water temperatures.

The premises were clean and people were protected from the risk of acquired infections. Infection control audits were carried out and staff supported people to keep their own rooms clean and tidy.

Safeguarding related incidents were appropriately recorded and CQC was notified of any relevant incidents.

# Is the service effective?

## Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

Staff training needs were regularly monitored by the registered manager meaning people received care and support from staff who benefitted from well-planned training provision.

Staff received regular supervisions and appraisals. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. The registered manager told us, "I always have my work phone on as I like staff to feel supported and I want the staff to know I am accessible."

The registered manager explained they carried out assessments to ensure the service could meet people's needs. Staff also worked to support people in transition by working with them in their current placements and people also visited for tea and other shorts visits so they could familiarise themselves with the service and staff team.

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.

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 and staff we spoke with told us they had attended training in the Mental Capacity Act (MCA) 2005. We saw that records were in place to ensure people understood any restrictions they may be subject to via the DoLS or criminal justice system.

In the care files we reviewed we saw people had consented to the care planned. When we spoke with people they confirmed this to be the case.

People we spoke with told us they met together to decide on food choices and menus and people had open access to the kitchen, which was adapted to ensure people in wheelchairs could access sinks and work surfaces. We saw people preparing drinks and snacks for themselves.

Care records contained evidence of involvement from health and social care professionals such as GPs, district nurses, occupational therapists, dietitians and speech and language therapists.



# Is the service caring?

## Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People who used the service gave positive feedback about the caring attitudes of staff. Comments included, "The staff are brilliant," and "I am very happy here."

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives and provided with appropriate information. Everyone we spoke with had information about the service included in their care file and they knew they could access this at any time.

The atmosphere was relaxed and friendly. There was lots of laughter and friendly banter between people and staff members throughout our visit.

The people we spoke with told us staff always treated them with dignity and respect. People found staff were attentive, showed compassion, were patient and had developed good working relationships with them. One person told us, "I have particular healthcare needs meaning I need personal care and staff always help me keep my dignity."

We asked staff how they promoted people's independence. One staff member told us, "We try and get people to do as much as they can for themselves but we step in if needs be." One person told us they enjoyed keeping their room tidy but staff supported them with some tasks that they found difficult.

We saw that people were supported to have friendships and relationships but we discussed with the registered manager that support plans could contain further information to ensure issues relating to people's cultural background and their sexual orientation was well recorded. The registered manager told us the provider was changing their support plans across all services and one of the areas to be covered more in depth was the area around sexuality and relationships.

We saw people had access to advocacy services and one person currently had advocacy involvement. We saw through regular house meetings and surveys that people's views were regularly sought about the running of the service.

## Is the service responsive?

### Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

Care records were person centred, which means the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account. Each person's care record included important information about the person, such as family history, things they enjoyed doing and their personal care needs. We saw these had been written in consultation with the person who used the service. Every person who used the service we spoke with felt their needs were well met and that their preferences were acted upon.

Support plans were in place and described each person's individual needs and what actions were required from staff. Records described in detail what was required from staff at each visit and specific requirements with regard to mobility, personal care, medication, meal provision, domestic tasks, shopping and any other additional information.

The management team were responsible for reviewing and updating support plans and assessments, and there was evidence that people and external professionals all had input into this. One person told us, "My care plan is in the office so I know it's there if I want it but I'm not too bothered."

People were supported to access a range of social and leisure opportunities in the community. One person had their own vehicle and drove themselves and other people were supported to access the community with staff. On the day of our visit two people went into town with staff for their lunch, on their return they told us they had "a lovely time."

The provider had an effective complaints policy and procedure in place. People told us, "Any big issues then I talk to [Name] the registered manager but niggles I'll talk to the other lads or to the staff," and "I can always talk to [Name] the registered manager."

At the time of our inspection no one was receiving end of life care, however staff understood what action to take if this changed. We saw people did have their end of life wishes recorded within their care plan.

# Is the service well-led?

## Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service required improvement to be to be well-led.

At the time of our inspection a registered manager was in place. The registered manager was qualified, competent and experienced to manage the service effectively. The registered manager managed another small service next door and had an office within the Brilan service.

We looked at the arrangements in place for quality assurance and governance. The registered manager completed monthly audits of all aspects of the service, such as health and safety, medicine management, and care plans. The operations manager for the service also carried out checks and produced a report every six months. We saw in relation to medicines that the last two monthly audits had not picked up gaps in medicine administration records (MAR) that we found and also were completed stating that a photograph of the person was on their MAR. There were not any photographs of the person in their medicine administration file. Also on the operations managers audit, the last two visits asked "Is there an up to date copy of the British National Formulary (BNF) and it is easily accessible?" We saw the manager had answered 'no' but no action had been taken over the last year to source this required book. The registered manager told us they would immediately action the areas in question to bring the records up to date. Following the inspection visit, the provider informed us this question had been removed from the audit and the service now referred to other approved national guidance on medicines.

Accidents and incidents that involved staff and/ or people who used the service were monitored to ensure any trends were identified.

People who used the service provided positive feedback about the registered manager, and how the service was run generally. Comments included, "[Name] is usually here and is easy to talk to," and "Yes, they are alright."

Brilan undertook surveys about the quality of life people experienced receiving care and support from the service and also from the staff team every six months. We saw the service had used communication tools to support staff who had a hearing impairment. This meant that people using the service could use these cards to make their needs and wishes known and that staff members were supported by the service.

The service told us they worked well with community partners and people we spoke with told us of links with wheelchair services and district nurses who visited them regularly for support.

Staff members we spoke with said they were kept informed about matters that affected the service by the provider. They told us regular staff meetings took place and that they were encouraged to share their views. We saw records to confirm this. Staff we spoke with told us the registered manager was approachable and they felt supported in their roles. One staff member said, "We are a good team here, and everyone gets on together." One staff member told us, "It's a nice place here, we all get on well."

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law. We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.