

One Fylde Limited

# One Fylde (Headroomgate)

## Inspection report

2 Headroomgate Road  
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Tel: 01253723513

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04 February 2020  
06 February 2020

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

One Fylde (Headroomgate) supports people with learning disabilities across the Fylde, Blackpool, and Wyre areas of Lancashire. People's support is based on their individual needs and can range from 24-hour care within a supported living environment to a set number of visits each week from the domiciliary (outreach) service. The service provides personal care to people living alone or with family or friends in their own houses.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

At the time of our inspection visit, One Fylde (Headroomgate) supported 72 adults with learning disabilities in supported housing and 41 adults who received domiciliary (outreach) care.

People's experience of using this service and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service and what we found

People were safe and protected from the risk of abuse and avoidable harm because staff assessed and managed risk. Staff were trained in recognising potential harm and knew how to raise their concerns. People told us they felt they were safe and staff kept them safe. People usually received their medicines as they needed and staff were trained and their competency checked. Staff were recruited safely and had a thorough induction.

People were helped 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. Staff assessed people's capacity to make decisions and supported them with decision making. Staff had the training, skills and experience to provide good care. They supported people with meal preparation where needed. They

liaised with health and social care professionals and sought advice quickly if people were ill or injured.

Staff provided care that met people's needs and preferences and respected their diversity. People and if appropriate their relatives, were involved in planning their care and encouraged to make decisions. People told us they were treated with respect and consideration.

Staff assessed people's communication needs and were familiar with the ways people communicated. People said they knew how to complain. Where people had complained, these had been taken seriously and action taken to try to resolve these to the complainant's satisfaction. One Fylde (Headroomgate) supported people at the end of life. Staff understood the importance of supporting people to make this as comfortable, pain free and peaceful as possible.

People said staff encouraged them to give their opinions about the service and to make decisions about their care. They told us staff listened to and acted on these. The management team monitored and audited the service to check on the quality of care. They understood and acted on legal obligations, including conditions of CQC registration and those of other organisations. The registered managers worked in partnership with other services and organisations to assist them to follow good practice.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 12 February 2019). Since this rating was awarded the provider has merged with another organisation and altered its legal entity. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection. At this inspection we found improvements had been made and the provider was not in breach of regulations.

#### Why we inspected

This was a planned inspection based on the rating at the previous provider's last inspection. It is the first inspection of the new provider which registered with us as the new legal entity on 09 May 2019.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# One Fylde (Headroomgate)

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### The inspection team

This inspection was carried out by two inspectors on day one and three inspectors on day two and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency and supported living service. It provides personal care to people living in their own houses and flats or with families or friends. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had two managers registered with CQC and another manager applying to become registered. Each was responsible for a specific part of the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

Day one of the inspection was unannounced. Day two was announced, as we had arranged to speak with people using the service.

Inspection site visit activity started on 04 February 2020 and ended on 06 February 2020. We spoke with people about the quality of their care and support and visited supported houses on 06 February 2020. We visited the office location on 04 and 06 February 2020 to see the registered manager and staff; and to review care and management records.

### What we did before inspection

We completed our planning tool and reviewed information we had received about the service since registering with CQC. This included notifications we had received from the provider, about incidents that affected the health, safety and welfare of people supported by the service. We looked at the last inspection report with the previous legal entity. We also sought feedback from partner agencies and health and social care professionals. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

### During the inspection

We spoke with 26 people supported by One Fylde (Headroomgate) who lived in supported houses or received outreach support. This included meeting people at a cooking group, a gardening group and a drama group. We also held a coffee and cake sessions for people to come and talk with us. People in this session invited us to visit them in their homes and we visited three supported houses. We also spoke with seven relatives. We spoke with the chief executive, two registered managers, and five other office-based managers. We also spoke with 14 members of staff including house managers and support workers.

We looked at a variety of records. This included medicines records and sections of nine peoples care records. We also looked at other management records including audits, staff recruitment records, surveys and meeting minutes. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead in ongoing improvements.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection with the previous provider, this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment  
There had been a change of legal entity at this service since we last inspected this location. The previous provider had merged with another organisation and become one Fylde. When we inspected the service with the previous provider safeguarding processes had not always been operated effectively. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection with the new provider enough improvement had been made and the provider was not in breach of regulation 13.

We also recommended that the service develop risk assessments to reflect staff medical conditions to improve safer working. This had been done and had improved safe working.

- People were protected from risks of abuse and avoidable harm. People said they felt safe and supported. Staff knew what to do if they felt someone was abused and were trained in safeguarding children and vulnerable adults. One person told us, "I know I am safe. If [fellow tenant] shouts at me the staff will step in. They look after me."
- Staff told us their recruitment was thorough and the organisation had made checks before they could start working with people. They said there had been staff shortages in the past but these had improved recently. Where agency staff were used, the same staff were usually booked to provide consistent care to people.
- There were mainly positive views from people and their relatives about having support from the same group of staff and staff arriving around the time they should. One person said, "I'm very happy with support that my [family member] gets." Another relative said, "I think they deliver exactly what they said they would, they've been absolutely marvelous and I have no concerns."
- Several people who had outreach visits said they would prefer more regular staff. Comments included, "There are sometimes hiccups and people who are not on the rota turn up but otherwise they do try to send the same staff." And, "They are mostly on time, and if there is a problem I will often get a phone call – and our regular staff are amazing."
- Staff said they usually had sufficient staff and the time to meet people's needs. People had the same group of regular staff where possible. There had been difficulties in staffing previously but this had improved. One person told us their family member had not liked a member of staff. When they informed the manager, they were offered a different staff member. They had lots in common and family member loved their visits.

Assessing risk, safety monitoring and management

- Staff completed risk assessments with people to assist them to remain safe. They encouraged people to be independent, while also supporting them to assess and manage avoidable risks. One person told us they felt safe. They said they locked up every night so they knew the house was safe.
- People and most relatives said they were confident staff would know what to do in an emergency. Staff had arrangements to support people in emergency or unexpected situations. Staff had support from on call managers' where they needed advice or assistance. A relative said, "They [organisation] are really good at helping me, I have poor health and sometimes can be taken ill quite quickly. They have helped sort out care for my [family member] when this happens."

#### Using medicines safely

- Staff almost always supported people with medicines as prescribed and in line with good practice guidance. Our checks saw most medicines were managed safely. We found some improvements to medicines were needed in one of the supported houses. The registered managers quickly made these. They followed up with further action to make sure staff were competent and safe with medicines.
- Staff told us there were regular medicines audits and they received training in managing medicines. The management team checked staff were giving medicines correctly through audits and staff competency checks.

#### Preventing and controlling infection; Learning lessons when things go wrong

- Staff reduced the risk of infection by safe infection control practices and supporting people to keep their house clean and hygienic.
- Staff learnt from situations that did not go as well as expected. They reported and documented accidents, incidents and near misses. The registered managers reviewed these and shared findings with the team. This reduced the risks of similar incidents.
- The registered manager was aware of their responsibility to report any issues to the relevant external agencies and did so promptly.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection with the previous provider this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people with food preparation and had been trained in food safety. They encouraged people to eat and have enough drinks to keep hydrated. People were involved in choosing meals, although encouraged to eat healthily. One person said, "I choose what I eat. I can have food I like." Another person told us, "I have lost 6lbs. I eat a healthy diet and I like Yoga."
- Staff supported people to receive prompt healthcare and to attend appointments with health professionals. They worked effectively with health and social care professions and sought, listened and followed their advice, so people received appropriate treatment.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered managers carried out robust assessments of the person's needs so they received the right care and support. Staff reviewed care plans regularly with people so information was up-to-date.

Staff support: induction, training, skills and experience

- Staff had supervision, support and training to help develop their skills and knowledge and provide good care. They said their induction and training was thorough and supervision helpful in supporting people correctly. One staff member told us their training had been really interesting and useful and helped them to become more competent in caring for people.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People had been asked for their consent to decisions where they were able to give this. Where people

were unable to make a particular decision, relevant people were involved in best interests' decisions.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection with the previous provider this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us staff were caring and helpful and were familiar with the care they needed. One person said, "Everyone is amazing. I'm so happy." Another person told us, "The staff are good. They don't make me grumpy and they look after me like I want."
- Staff were respectful of people's rights and of their differences. They received training to help them understand people's equality and diversity needs. One person said, "My staff are very nice, everyone helps me when I have any problems." Another person said, "[Staff member] is the best, just fabulous." Their housemate nodded enthusiastically at this.
- Staff respected people's confidentiality. This included restricting unauthorised access to people's records and checking people could not overhear confidential information.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to discuss what they wanted from their support to make choices and decisions. One person told us, "I decided I wanted to go to the gym, so we go now." Another person said, "I've retired now and I choose what I want to do."
- People and their relatives had information about advocacy services, so an independent person was able to act on their behalf, if needed.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection with the previous provider this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation;

- Staff gave people personalised care that met their needs, respected their choices and improved their well-being. Their care plans reflected how they preferred to be supported.
- Staff supported people to develop and maintain hobbies, educational work and social activities. People were encouraged to maintain relationships with friends and family. One person said, "I go to work two hours a week. I like it."
- People told us One Fylde provided frequent and varied activities. People also chose individual activities in the local area, as well as going on holidays in the UK and abroad. Comments included, "I go to gardening, recycling and rambling. I go to everything I enjoy." And "I go to Moor Park swimming and to Zumba." And, "I like the 'soaps'. I have been to all the sets of them with staff."

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of the AIS. They made sure people with a disability or sensory loss were given information in a way they could understand including picture cards, objects of reference and signing.
- People's communication needs, including speech, hearing, sight and understanding were recorded in their care plans. These were informative and kept up to date.

### Improving care quality in response to complaints or concerns

- People told us they knew how to complain and almost everyone said any concerns were dealt with quickly. Complaint information showed the management team had investigated and taken action in response to any complaints or concerns.

### End of life care and support

- Staff understood the importance of supporting people and their families and provided caring and sensitive end of life care. They explored people's preferences and choices in relation to end of life care, where people were willing to discuss this. They had recorded this in care plans.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection with the previous provider this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

When we last inspected the service the previous provider had failed to ensure systems or processes were operated effectively or receive sufficient or timely overviews of accident/incidents, complaints and audits. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection with the new provider, enough improvement had been made and the provider was not in breach of regulation 17.

- There had been changes in the senior and middle management team with the merger of the two previous providers. The new provider was strongly focused on developing the new organisation. Relatives were positive about the merger, although some said they had had difficulties with the previous organisation. Comments included "I am cautiously optimistic with the fact that they have merged and that things may get better." And, "I am optimistic that things will improve with the changes."
- Although still undergoing change, people and their relatives felt they were learning about the new staffing structure lines of responsibility and accountability. A relative said, "We had quite a bit of information sent through regarding the merger of the companies. I feel we have been kept in the loop." People knew who to contact for advice and how to do so.
- Staff said their line managers were knowledgeable and supportive and available to discuss ideas or issues. We saw several 'You said, we listened' posters showing the action taken as a result of suggestions or concerns.
- The management team carried out frequent checks and audits on the quality of the service. This included formal audits, spot checks, phone calls, visits and questionnaires.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us the management team were easy to talk to and willing to listen. They said staff routinely involved them in decisions about the service and any changes.
- Staff said the management team were approachable, caring and competent. They said they were very supportive and they could go to any of the management team if they were concerned about something.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers, management and staff teams were open and transparent. They supported people to take control of how they wished their care and support to be provided.
- The registered managers and provider understood and met their responsibilities to apologise to people and/or their relatives when mistakes were made and act on their duty of candour.

Continuous learning and improving care; Working in partnership with others

- The registered managers and management team completed audits, sought people's views, reviewed care, and evaluated accidents and incidents to see if lessons could be learnt. They referenced current legislation, standards and evidence-based guidance. Where improvements could be made these were discussed and acted on.
- The registered managers maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals, registered manager forums and local and national organisations.