

Flexible Support Options Limited

Flexible Support Options Limited (Pengarth)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Flexible Support Options (Pengarth) provides accommodation and personal care to a maximum of 5 people. At the time of the inspection 5 people with a learning disability and autistic people were receiving support.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people to make decisions following best practice in decision-making. People's relatives helped people express their needs and wishes. Multidisciplinary healthcare teams were involved in decisions about people's health.

Staff enabled people to access specialist health and social care support in the community. Staff knew people well and provided person-centred care. Care documentation included clear guidance on how to care for people.

Medicines were managed safely. 'When required' medicines had clear guidance on when to administer these medicines when people might not be able to ask for this themselves.

Right Care: Staff understood how to protect people from poor care and abuse. The service worked with other agencies to do so. Staff had training on how to recognise and report abuse.

Risks to people were assessed and regularly reviewed when people's needs changed. The building was well maintained, and health and safety risks were assessed.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. People were supported by staff who had been trained in how to care for their specific needs.

Right Culture: There was a positive culture in the service. Staff said the management team were supportive. Relatives thought the service was managed well and that people enjoyed living there.

People, their relatives, advocates and healthcare professionals were involved in planning their care.

Quality assurance and monitoring systems were in place and effective. The registered manager was continuously improving the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 24 April 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service, and the length of time since the last inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

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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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Pengarth is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Pengarth is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted to ensure people were prepared for our visit.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed the information we held about the service and contacted the local authority for feedback. We used all of this information to plan our inspection.

During the inspection

We spent time observing care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 1 person, 3 relatives and 1 visiting healthcare professional about their experience of care and support at the service. We spoke with 4 staff members including the registered manager, operations manager and care staff. Care records for 3 people were reviewed, multiple medicines records, and records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Safeguarding incidents were investigated and reported to the relevant authorities. Staff had received training in safeguarding and whistleblowing.
- One visiting healthcare professional said, "Any issues identified are dealt with straight away, it's very rare that a problem needs to be escalated to the safeguarding team."
- Relatives felt people were safely cared for by staff. One relative said, "I wouldn't want [person] to be anywhere else."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been assessed. Appropriate mitigations had been put in place which were person-centred.
- Health and safety assessments had been carried out for the building. Action to reduce risks identified was taken promptly.
- Accidents and incidents were recorded and investigated appropriately. Analysis of falls was carried out regularly, any trends identified were acted upon.
- The management team had learnt lessons when things had gone wrong. These were shared with staff.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Detailed best interest decisions were in place for people. These included decisions around vaccinations, use of video monitoring and restraints. Appropriate healthcare professionals had been involved in decision making.

Staffing and recruitment

- There were sufficient, appropriately trained staff to care for people safely. The manager acknowledged that recruitment was challenging but a number of new staff were in the process of being recruited.
- When staffing fell below safe levels agency staff were used. Staff commented that they did sometimes struggle due to short staff but everyone pulled together to cover additional shifts if needed.
- We observed there were enough staff to support people safely during the site visit.
- Specialist training had been provided for staff including enteral feeding (PEG) and catheterisation. Staff had completed Oliver McGowan training relating to people living with a learning disability or autism.

Using medicines safely

- Medicines were managed and stored safely. Medicines records were accurate. Staff had received training to manage medicines safely and their competency was regularly assessed.
- Records for 'when required' medicines were detailed. Where people were unable to verbalise that they were in pain, clear information about how to identify a person was in pain was given. Medicine audits were carried out regularly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to receive visitors and visit out of the service in line with current guidance.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive, person-centred culture in the service.
- Staff working at the service knew people well. One staff member said, "I've worked here and known [person] for a long time. We do our best for her."
- Good outcomes were being achieved for people. People chose goals to work towards, recently people had chosen new décor for their bedrooms. We observed staff being kind and attentive towards people throughout the inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 manager was clear about their role. Quality assurance checks were taking place including infection control, care record audits, and analyses of accidents and incidents. When issues were identified, action was taken to rectify problems in a timely manner.
- The provider carried out checks on the service and developed an action plan. Actions were addressed in a promptly.
- Staff felt that the management team were supportive and approachable. One staff member said, "The support from [registered manager] is really good."
- The management team were aware of their requirements under the duty of candour. Relatives said, "[Staff] keep me updated," and "[Staff] give me updates regularly."

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

- People and their relatives were engaged. People had regular meetings with their key worker to gather feedback on various aspects of the service.
- People's preferences were considered when care was planned. Staff planned outings for people based on what they enjoy most.

Continuous learning and improving care

- The service was continually learning and improving. The registered manager was exploring further improvements to the service. Recent improvements had been made to the garden.
- The provider had recently improved the induction process to give more face to face training.

Working in partnership with others

- Staff worked effectively with other healthcare professionals. Multidisciplinary teams were involved in decisions about people's care.
- One visiting professional said, "The care is just amazing. Any advice I give is followed and [the registered manager] is open to receiving information."