Flexible Support Options Limited

Queensbridge Respite

Inspection report

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20 September 2017

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The service provides short stay respite services for up to six adults who have a learning disability or a physical disability. The number of people staying at the service at any one time varied from week to week. This was the first inspection for this service.

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.

Relatives told us they were generally happy with the care provided at the service. They said there had recently been some minor issues with their family members care but these were being addressed. Relatives told said staff members were kind and caring.

Relatives told us there had recently been an unsettled period due to changes in staffing but the situation was improving. Staff confirmed there were enough staff on duty to meet people's needs.

Staff showed a good understanding of safeguarding and knew how to report concerns. They were also aware of the provider's whistle blowing procedure. There had been no safeguarding concerns raised at the service.

The provider had effective recruitment procedures to ensure new staff were suitable to work at the service.

Medicines were managed safely. Staff had completed relevant training and their competency to administer medicines had been verified. Accurate records were kept to account for the medicines people had been given.

Staff completed regular health and safety checks and there were procedures in place to deal with emergency situations. These were up to date when we inspected.

Staff confirmed they received good support and completed relevant training.

People were supported with nutrition in line with their individual needs. Where people required specific support or equipment to help with eating and drinking, we saw this was provided.

People's needs had been assessed and the information used to develop detailed and personalised care plans. These were reviewed regularly to help ensure they reflected people's needs.

People were able to take part in activities they enjoyed. However, some relatives felt there should be more opportunities for their family member to access the local community.

Previous complaints about the service had been investigated. Relatives confirmed they knew how to raise

concerns if they had any issues with the service. Some relatives had complimented the service.

Opportunities for relatives to meet and share their views about the service were limited.

The service had a new manager who was intending to register with CQC. Relatives told us they had met the new manager and found them approachable.

A range of quality assurance checks were completed to help ensure people received good support.

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.

Relatives and staff felt the service was safe.

Staff showed a good understanding of safeguarding and whistle blowing and knew how to raise concerns.

Sufficient staff were deployed to meet people's needs. The provider had effective recruitment procedures.

Health and safety checks were carried out regularly and there were procedures to deal with emergency situations.

Is the service effective?

Good

The service was effective.

The provider complied with the Mental Capacity Act 2005 (MCA).

Staff received good support and training.

People were supported with their nutritional needs.

Is the service caring?

Good

The service was caring.

Relatives were happy with the care provided at the service.

People were treated with dignity and respect.

People's independence was encouraged and promoted as much as possible.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Relatives said there had been some minor issues recently but the provider was taking action to deal with these.

Formal opportunities for relatives to give feedback about the service were limited.

Some relatives wanted more opportunities for their family member to have outings in the community.

People's needs had been assessed and personalised care plans developed.

Relatives knew how to complain. They said they had confidence the provider would listen and address their concerns.

Is the service well-led?

Good

The service was well-led.

A new manager had been appointed who was intending to register with CQC.

Relatives and staff felt the new manager was supportive and approachable.

There was a quality assurance system in operation at the service.

Staff had regular opportunities to give feedback about the service.

Queensbridge Respite

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 checked 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. This was a comprehensive inspection.

This inspection took place on 29 August, 5 September 2017 and 20 September 2017 and was unannounced.

One inspector carried out this inspection.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the clinical commission group (CCG).

The provider completed a provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Many people using the service had limited communication. Following our inspection visits we telephoned six relatives to gather their views about the service. We also spoke with the registered manager, the newly appointed manager, a senior support worker and a support worker. We looked at the care records for four people who used the service, medicines records for four people and recruitment records for five staff. We also looked at a range of other records related to the quality and safety of the service.

Good

Is the service safe?

Our findings

Relatives and staff members told us they felt the service was a safe place for people to stay. One relative commented, "Oh yes [family member] is definitely safe." One staff member said, "Safe, yes. There is a nurse call system. Everything is checked correctly." Another staff member told us, "Totally [safe], we have security in the building and the way staff work [makes it safe]."

Staff showed a good understanding of safeguarding and the provider's whistle blowing procedure. They told us they would raise concerns about people straightaway. One staff member said, "You can go to any ops manager. It would be dealt with straightaway; it would be dealt with correctly." Another staff member told us, "I would go to the manager straightaway if I had concerns." Previous safeguarding concerns had been dealt with appropriately in line with the agreed local policies and procedures. This included referring concerns to the local authority safeguarding team and a full investigation by the provider.

Relatives told us there had been a lot of staff changes recently. One relative commented, "There has been a high turnover, a lot of staff changes. Most relatives confirmed this was now improving. Staff members confirmed there were sufficient staff deployed to meet people's needs safely. One staff member said, "Staffing levels are fine, we all work together." Another staff member told us, "Staffing levels are usually alright." The number of staff deployed at any one time was dependant on the needs of people staying at the service.

There were effective recruitment procedures to help ensure new staff were suitable to work with people using the service. This included completing a range of pre-employment checks before new staff started working at the service. For example, requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

Medicines were managed safely. Only trained staff administered people's medicines. In addition to medicines management training staff had their competency assessed periodically to ensure they retained the relevant skills and knowledge. Medicines related records were accurate such as records relating to the receipt, storage and administration of medicines. Medicines care plans had been written which clearly described the support each person needed with taking their medicines.

We found the service was very clean, well decorated and well maintained. The building had been purpose built with involvement from the relatives of people using the service. One relative said, "The facilities are very good there. We were very involved in the construction of the building." Another relative commented, "It is a lovely new building." A third relative told us, "The place is gorgeous."

The provider carried out a range of health and safety related checks to help keep the premises and equipment safe for people to use. This included checks of fire, gas and electrical safety as well as specialist equipment such as hoists and slings. Records confirmed these checks were up to date at the time of our inspection. Procedures were in place to help ensure people continued to receive care in emergency

situations.

Health and safety related risk assessments had been completed. These covered a variety of potential risks such as first aid, moving and handling, home security and food preparation. The assessment clearly identified the potential risk, who may be harmed and the measures required to minimise harm to people.

A recently reviewed business continuity plan had been written which identified the action required to deal with a number of situations, such fire, flooding and adverse weather conditions. Personal emergency evacuation plans (PEEPs) were also in place to guide staff as to people's support needs in an emergency.

Incidents and accidents were logged and investigated. Records included a detailed account of the incident, who was involved and the action taken to deal with situation. Actions taken included distracting people in line with their support plan, verbal reassurance and medical assistance if required.

Good

Is the service effective?

Our findings

Staff confirmed they received good support and the training they needed to be effective in their role. Essential training included moving and handling, first aid, fire safety and infection control. Staff had also completed more specialised training such as in relation to specialist feeding techniques and autism. One relative told us their family member had very specific health related needs. They said, "Everybody is trained on it. All people [staff at the service] are trained on it and re-trained on it. It was a leap of faith letting [family member] go." One staff member told us, "I feel supported. You are part of a team." Another staff member said, "[New manager] listens. You can ring her up at any time. She cares about the staff." Records we viewed showed supervisions, appraisals and training were up to date when we inspected the service.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People using the service were unable to consent to their stay. We found the appropriate DoLS authorisations were in place for each person. People's care records contained examples of MCA assessments and decisions made in their best interests such as when people were unable to give consent to their stay at the service.

Staff showed a good understanding of how to support people with making choices. They described to us the strategies they used to promote choice when supporting people using the service. For instance, this included asking people what they wanted, showing people items to choose from, using picture cards and a tablet. Each person had a 'communication passport' which provided guidance about the most effective strategies to use when supporting people with making choices and decisions.

People were supported with nutrition in line with their individual needs. One relative commented, "[Family member] is always well fed. There are no problems with meals at all." Care plans described the support people needed with eating and drinking including details of any specialist equipment required. They also gave details of people food preferences and any allergies they had. Each person had a meal management plan providing specific instructions to help ensure they received appropriate support with eating and drinking. This included details about any specific seating arrangements, any specialist equipment needed, any specific dietary requirements and the support people needed from staff. We observed during our visit to the service that staff followed people's meal management plans.

Good

Is the service caring?

Our findings

Relatives told us they were happy with the care provided at the service. One relative said, "It is pretty good. We all need it [the service], they are complex people that use the service." Another relative commented, "We love it, [family member] seems to love it. [Family member] is happy. The staff are nice." A third relative told us, "It seems okay, really nice. [Family member] seems happy when she comes back. If [family member] wasn't enjoying it they would let us know. The staff seem really nice". A fourth relative said, "It is brilliant there is a place like Queensbridge. I am really happy with the place."

During the time we spent at the service we observed staff were kind, considerate and caring towards the people in their care. When staff interacted with people they were warm and friendly. We played a game of skittles with one person using the service. During the game they commented they liked the service, they had chosen their own room and liked to go shopping with staff. The person was then very keen and enthusiastic to show us the herb garden and show us around the inside of the service.

Staff described how they adapted their practice to promote dignity and respect when caring for people. For example, one staff member said they would continually talk to the person and explain what they were doing. They went on to tell us that when providing personal care they would keep people covered up as much as possible to maintain their privacy. We observed staff members were polite and respectful when speaking with people.

Encouraging independence was a priority for staff when supporting and caring for people. One staff member told us, "We encourage people to do as much for themselves as possible." Care records provided information about each person's current level of independence and how much support they wanted and needed. For example, one person's care plan stated they were quite independent, wanted staff to encourage this at all times and wanted to do as much as possible for themselves.

People had personal action plans which identified individual goals. These were written in an easy read, pictorial style and included step by step actions for people to work towards. Action plans clearly identified what was to be achieved, by when and prompts to help determine whether goals had been achieved.

Care plans were individual to each person and included details of any preferences they had. For instance, being able to get out and about in the local community, spending time with family and friends and eating healthy meals. For one person, this meant being able to have a bath using their own 'bath bombs' and 'lots of bubbles.' Each person had a 'One page profile' which gave a summary of each person's personal qualities, what was important to them and how they wanted to be supported. For example, for one person this meant explaining things step by step and being involved in decisions made about them.

We heard from relatives how they advocated on behalf of their family members to ensure there needs were met appropriately. They told us the provider listened to their views and made changes when required. One relative commented, "I have to be [family member's] spokesperson."

Requires Improvement

Is the service responsive?

Our findings

Most of the relatives we spoke with said there had recently been minor issues which they had raised with the provider. They felt this was due to the service going through an unsettled period due to changes in staffing. They confirmed the provider had listened to their concerns and implemented changes. Relatives were hopeful that these issues had been addressed thoroughly and would not happen again. They were also confident things were improving. One relative said, "Things were going quite well until recently. I have had concerns, nothing major. We got in touch with [operational manager]. [Operational manager] is on the case and is very good. She has been excellent." Another relative told us, "We have had steady carers for a lot of years. Recently new people [staff] are starting. They do reassure you. I am starting to get confident with the new staff team."

We received mixed views about the activities available to people. Some relatives felt opportunities for their family member to access the community had reduced. One relative said, "[Family member] hasn't got out the last few stays. [Family member] should be going out more, accessing the community." Another relative commented, "Sometimes [family member] has and sometimes [family member] hasn't (been able to go out in the community)." The registered manager told us community based activities were planned on a "rota basis" to ensure equal access for all people using the service. One staff member told us people were occupied as much as possible. They gave examples of activities which included the sensory room and sensory toys. One staff member commented, "We do a lot of activities for the garden. We have the gazebo when it is hot and barbeques. We invite other service users (from the provider's supported living services)." Care records gave details of people's preferred activities.

Relatives told us staff kept them informed about any changes in their family member's care during each stay. One relative said, "They [staff] are very nice to talk to." Another relative commented, "They always phone up to ask if there are any changes with [family member]." A third family member told us, "They do listen to any little concerns. They are always at the end of the phone. The new manager responded to my text last night."

Some relatives said more structured opportunities to make suggestions and give feedback about service improvement and development were limited at the moment. One relative said, "There was a steering group when FSO (Flexible Support Options) were first brought in. I think it would be helpful to have an informal catch up from time to time." Another relative told us, "There are no meetings, there is an occasional coffee morning. There used to be a meeting. I think it would be a good idea (to have a more regular meeting)." The manager told us questionnaires had not yet been sent out this year as the questionnaire was being redesigned to make it more relevant to people and their relatives.

People's needs had been assessed to help identify the care and support they required from staff. This information was then used as the basis for developing personalised care plans. A 'booking pack was on file for each stay a person had. This included details of any personal items brought to the service and any special instructions from relatives.

Care plans clearly described the care and support people needed including any specific prompts to help ensure people received consistent care. They also included specific information about people's preferences. For one person this meant having time to relax, having time to socialise, watching TV and films and outings in the community. Care plans provided step by step guidance about the care people needed and outlined preferred routines so that people received the care they wanted. For example, for one person this meant choosing each night whether to have a bath or shower and their preferred time for going to bed and getting up.

Care plans provided prompts to help maintain people's health and safety. For one person this included a reminder for staff to administer their medicines at certain times, dietary requirements and information about specific health conditions.

Although relatives gave us mostly positive feedback about their family member's care, they knew how to raise concerns if required. One relative commented, "If I wasn't happy I would complain." There had been two previous complaints received linked to issues with communication between the service and relatives. These had been investigated and action had been taken to prevent the situation happening again. There had been three written compliments received from relatives. These relatives had written to thank the service for the care and support they had shown their family member during the stay. One relative also commented that they were happy that communication with relatives had improved recently.

Good

Is the service well-led?

Our findings

A new manager had been appointed who was intending to register with CQC. The manager currently registered had been appointed to a new post within the organisation. They were supporting the new manager until such time as they moved into their new role. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had been proactive in submitting the required notifications to the Care Quality Commission. We received positive feedback about the registered manager and the new manager from relatives and staff. They described them as supportive and approachable. One relative said, "We had a coffee morning a couple of weeks ago. We met the new manager, she seems really nice." One staff member told us, "[New manager] gets on really well with everyone. She knows what she is doing. Everyone has confidence in her."

Staff members commented there was a positive atmosphere within the service. One staff member told us, "I like it here, it is nice. Everyone is welcoming. It is a nice place to be around." Another staff member told us, "There is a good professional atmosphere. We can have a laugh with staff and with the service users."

There were regular opportunities for staff to feedback their ideas and suggestions about how to improve the service. One staff member commented, "We are very involved, staff always have their say. We have supervisions and staff meetings. Staff wouldn't hold back their views anyway." We viewed the minutes of previous staff meetings. These had been used to discuss topics such as staffing, health and safety and changes in people's needs. The meetings were also an opportunity to raise awareness of important issues such as promoting dignity and respect and safeguarding. Where actions had been identified from the meeting, these were reviewed and followed up at a subsequent meeting.

Quality assurance checks were completed to help ensure people received good care. Records we viewed confirmed checks were carried out consistently and were up to date when we inspected. The quality assurance file had a schedule of checks identified which the manager was expected to complete including checks of the DoLS register, infection control, medicines, finances, care plans and accidents. In addition to the manager's checks, senior support workers and the provider's quality officer carried out other checks of the service.