Care Quality Commission

Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Flexible Support Options Limited (Thorntree Way)

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Tel: 01912708649

Date of Inspections: 01 September 2014
27 August 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Flexible Support Options Limited
Overview of the service	Flexible Support Options Limited (Thorntree Way) is two purpose built bungalows. It is registered to provide accommodation for up to nine people with learning disabilities, some of whom also have physical disabilities.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	6
Our judgements for each standard inspected:	
Care and welfare of people who use services	7
Meeting nutritional needs	9
Safety and suitability of premises	11
Requirements relating to workers	12
Assessing and monitoring the quality of service provision	13
About CQC Inspections	15
How we define our judgements	16
Glossary of terms we use in this report	18
Contact us	20

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 August 2014 and 1 September 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with commissioners of services.

What people told us and what we found

At the time of the inspection there were nine people accommodated at the service. Due to their health conditions and complex needs they were unable to share their views about the service they received. During our visit we observed their experiences and spoke with the acting manager and the staff on duty.

We considered all the evidence we had gathered under the regulations we inspected. We used the information to answer the five questions we always ask;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well-led?

Below is a summary of what we found.

Is the service safe?

The provider had effective systems in place to identify, assess and manage risks to help protect the health, safety and welfare of people using the service and others.

There were risk assessments in place to help protect people's health and safety. For example, associated risks when going out in the community, eating and drinking and the use of bedrails.

Routine safety checks and repairs were carried out by staff and external contractors carried out regular inspections and servicing. For example, fire safety equipment, hoists, electrical installations and gas appliances.

Appropriate checks were undertaken before staff began work and effective recruitment and selection processes were in place to help ensure staff were suitable to work with vulnerable people.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We saw policies and procedures were in place and staff had received training in the Mental Capacity Act 2005 (MCA) and DoLS. We saw documentation that relevant people had been involved in decisions made in the best interests of people who lacked capacity.

Is the service effective?

People's health and care needs were assessed which included communication, expressing sexuality, medications, personal care, mobility, controlling body temperature and bed time routines. Support plans were in place which gave staff information about people's needs, equipment that may be required and how their care and support should be delivered.

We spoke with staff and they were able to describe people's individual care needs and what support they needed.

Is the service caring?

We observed the interactions between staff and the people they cared for. We saw staff interacted well with people, and supported them to eat their lunch, access community facilities and pursue their hobbies.

We spoke with two relatives whose comments included, "I can't fault the quality of care provided. The staff are pleasant and the manager does a fabulous job" and "I think Y is well cared for but I would like to see more activities provided."

We spoke with a health care professional who visited the home and they told us they felt the staff were very caring and people were well cared for.

Is the service responsive?

A complaints procedure was in place and two relatives confirmed they were aware of how to make a complaint. We saw there was information available on the notice board in the home about making a complaint.

A health care professional told us that the staff were very good at involving other care specialists if they had any concerns or issues and required advice.

Is the service well led?

The registered manager had recently left the organisation and we were told that the position had been advertised and interviews were due to take place. A senior care worker was acting as the manager until a replacement manager was found.

The service had a quality assurance system in place that included the use of surveys issued to relatives of people who used the service. This meant people were able to feed back on their experience and the service was able to learn from this.

Relatives told us that three monthly family forum meetings had been set up and they had

been invited to attend to discuss day to day issues in the home.

Regular staff meetings were held which meant they were able to feedback their views and concerns to the management of the home. Staff told us they felt supported in their role and felt their views were listened to and taken into account.

We saw records to show audits were carried out by the manager to help ensure standards were maintained and any improvements could be introduced. These included audits related to care records, medications, infection control, accidents, safeguarding, health and safety, training and supervision.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at the care records for four people who used the service. We found these were individualised and contained information about each person's care and support needs and how their care should be delivered. For example, areas covered included, communication, expressing sexuality, medications, personal care, mobility, controlling body temperature and bed time routines. Support plans were in place which gave staff information about people's needs, equipment that may be required and how the support should be delivered. The care records included information about people's likes and dislikes and their interests and hobbies. Summaries were completed every three months to ensure any changes in needs were met and information about people's goals and whether these had been achieved was updated. For example, one person had indicated that they wished to lose more weight.

There were risk assessments in place to help protect people's health and safety. For example, associated risks when going out in the community, eating and drinking and the use of bedrails. One person's records provided staff with instructions to serve warm drinks to reduce the risk of scalding.

There were daily notes which recorded personal care, appointments, continence changes and activities. There was written evidence to show that referrals had been made to health care professionals when necessary, for example, GPs, occupational therapists, speech and language therapists and the challenging behaviour team. We spoke with a health care professional who visited the home regularly and they told us the home was very good at involving other professionals should they have any concerns or issues. They felt the staff were very caring and people were well cared for.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We saw policies and procedures were in place and staff had received training in the Mental Capacity Act 2005 (MCA) and DoLS. We spoke with the acting manager about the recent high court judgement and she said

she would contact the appropriate people in the Local Authority so assessments could be carried out for the people who lived in the home. There was documentation in the care records to show that best interest decisions had been made and relatives had been involved. For example, a best interest decision had been made for a person to have a flu jab.

We observed the interactions between staff and the people they cared for. We saw staff interacted well with people, and supported them to eat their lunch, access community facilities and pursue their hobbies. We saw that staff were very patient with a person who was pursuing an individual activity and repeatedly requested assistance.

Staff were able to describe each person's individual needs and how these needs were met. They were also able to describe people's likes and dislikes and had developed ways of communicating with each individual.

We spoke with a relative whose comments included, "The care is very good and the staff are excellent. They are very good with X and understand her moods" and "I think Y is well cared for but I would like to see more activities provided."

There was a programme of individual activities for each person who lived in the home. These included knitting, arts and crafts, manicures, gardening and music therapy. Each bungalow had access to a vehicle to escort people to local places of interest. Some people attended college courses and day centres. The staff on duty told us they were able to spend time with people individually to provide activities which people enjoyed.

People were supported to go on holiday and some people had recently had holidays in Yorkshire and Kielder, Northumberland. The staff said two people did not tolerate being away from home so day trips were arranged for them. One person was very excited because they were going on holiday the following week to a caravan park.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

Due to their complex needs and conditions most people were unable to speak with us about the food they were served. However, one person said, "Yes it's nice" when asked if they enjoyed the food.

The lunchtime menu consisted of broccoli and cauliflower cheese or jacket potato in one bungalow and pizza and coleslaw or cheese toastie in the other bungalow. We saw that one bungalow had the main meal at lunch time and the other served the main meal at tea time. The staff told us this was according to people's preferences.

We observed lunch being served in one dining room. Care workers gently encouraged people to eat their food. Some people required varying degrees of assistance to eat their meal and staff provided this in a patient and sensitive manner. No one was hurried and the atmosphere in the dining room was relaxed.

The staff told us they talked to relatives about people's likes and dislikes and also introduced different foods to find out what people preferred.

We spoke with the staff who were aware of the people who required special diets, such as fortified soft or pureed diets. The staff confirmed that the budget was adequate to provide people with a healthy and varied diet. They said they did the main shopping at a local supermarket once a week and other foods such as milk and bread were purchased daily.

People's weights were checked on a regularly basis so action could be taken when necessary to refer them to health care professionals, such as GPs, dieticians and speech and language therapists.

Details of people's likes, dislikes and special diets were recorded in their care plans. The provider may find it useful to note that one record showed that a person should avoid spicy food due to a medical condition but a recent entry showed they could eat spicy food as they enjoyed it. We discussed this with the acting manager who agreed to amend the record as the person was now able to eat mildly spiced food.

There were food and fluid charts in place where necessary, to ensure people were provided with sufficient nutrition and hydration throughout the day. There were guidelines

in place in people's care records for staff to follow to assist people to eat, drink and to highlight details of any special dietary requirements.

The acting manager showed us documentation that staff had received training regarding nutrition and staff on duty confirmed this.

We found that people were supported to access food and drink which was suitable to their individual nutritional needs.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors are protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The service consisted of a four bedroomed and a five bedroomed purpose-built bungalow. We looked around both bungalows and found they were clean and comfortable. However, the provider may find it useful to note that the kitchen units were showing signs of wear and tear and a drawer unit had been damaged due to a leak from the washing machine.

We saw people's rooms were decorated and personalised to suit their own individual taste and interests. A relative told us the home was comfortable and was always fresh and clean.

Each bungalow had a large back garden and garden furniture was provided at the rear of the building. Staff told us people enjoyed sitting outside in the warmer weather. The staff told us that a gardener was employed to cut the grass and some people who lived at the home liked to plant their own vegetables and flowers with support from the staff. There was ample car parking at the front of each bungalow.

Staff on duty told us they felt the home was suitable to meet the needs of the people who lived there and there were adequate bathing and showering facilities.

We saw from records that the provider had arrangements in place for the on-going maintenance of the building and a maintenance team was employed by the provider. Routine safety checks and repairs were carried out by staff and external contractors carried out regular inspections and servicing. For example, fire safety equipment, hoists, electrical installations and gas appliances were all appropriately maintained.

There were records in place to report any repairs that were required and we saw that these were dealt with promptly.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at four staff files. These were well organised and there was evidence to show that appropriate checks had been carried out before staff commenced work. These included, identity checks, two written references, one of which was from the person's last employer and Criminal Records Bureau (CRB) checks, now known as Disclosure and Barring Service checks, to help ensure people were suitable to work with vulnerable adults.

We saw application forms which included full employment histories and copies of interview questions and notes. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

Staff were requested to provide documentary evidence of any qualifications they had gained prior to commencing work at the home.

A staff member told us that they had attended an interview and checks had been carried out before they began work in the home.

This showed that appropriate checks were undertaken before staff began work and that effective recruitment and selection processes were in place.

We contacted the operations manager who gave us written confirmation that the nurses employed in the home were registered with the Nursing and Midwifery Council to ensure their skills were up to date.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

The registered manager had recently left the organisation and we were told that the position had been advertised and interviews were due to take place. A senior care worker was acting as the manager until a replacement manager was found.

A nurse was employed to work with one person who lived in the home due to their complex health issues.

The provider had systems in place to monitor the quality of the service people received.

We saw records to show audits were carried out by the acting manager to help ensure standards were maintained and any improvements could be introduced. These included audits related to care records, medications, infection control, accidents, safeguarding, incidents, health and safety, training and supervision. The acting manager said the audits were sent to the operational manager who then decided if risk assessments were required or additional training.

The acting manager told us that surveys were issued to relatives annually and the results were analysed by head office but the home had not been provided with a copy of these but the results were discussed with the manager. A relative told us they felt the surveys were too basic and did not state what the information they provided would be used for. We discussed this with the operations manager who told us this had been addressed and new surveys had recently been produced and they were currently being issued to relatives.

Family forums were held every three months so day to day issues in the home could be discussed but attendance rates had been poor.

Regular staff meetings were held which meant they were able to feedback their views and concerns to the management of the home. Staff told us they felt supported in their role and felt their views were listened to and taken into account. One person said, "the manager listens in meetings and you can see her privately so ideas and suggestions can be discussed at any time."

A fire risk survey was carried out by an external company and the staff carried out checks of the fire detection and fire fighting equipment at appropriately intervals.

A complaints procedure was in place and a book was maintained to record any complaints received and the outcome of the investigation. No complaints had been received since the last inspection. We spoke to two relatives who confirmed they knew how to complain but they had not done so.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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