

Sunderland City Council

Sunderland Community

Support Service

Inspection report

Leechmere Centre
Leechmere Industrial Estate, Carrmere Road
Sunderland
Tyne and Wear
SR2 9TQ

Date of inspection visit:
18 February 2019
20 February 2019
21 February 2019
26 February 2019

Date of publication:
23 April 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Sunderland Community Support Service provides a reablement service and supported living service. The reablement service supports people living in their own homes who have been in hospital or require support due to a decline in their health. The supported living service supports people with a learning disability and mental health needs to live independently. At the time of this inspection 360 people were using the service.

People's experience of using this service: People told us they were happy with the service. Many people told us staff were kind, caring and compassionate. One person told us, "Kindness and support, staff treat me humanely, nothing but respect and care."

The service mostly demonstrated the principles of Registering the Right Support, promoting choice and independence and involving people in the wider community. However, we found the principles of the Mental Capacity Act were not always adhered to.

People were supported by a constant staff team. The service ensured staff had the appropriate skills and experience to support people safely and in a person-centred way. Learning opportunities were available and staff were encouraged to develop.

Staff had extensive knowledge of safeguarding and were passionate about keeping people safe.

Safeguarding concerns, accidents and incidents and health and safety matters were investigated and looked in to, with any lessons learnt cascaded throughout the service.

People told us staff treated them with dignity and respect and were complimentary about the care provided.

People received their medicines in a safe way and as they preferred.

People were supported to make decisions about the care they received. The provider offered people several ways to raise their concerns.

The provider encouraged people to be involved in all aspects of the service. The service regularly sought feedback from people using the service and used the information to develop.

A detailed assessment was completed before people joined the service and care plans were developed with people. Where appropriate, people were supported to eat and drink enough to maintain their health. The service was responsive to people's health care needs and had strong partnerships with healthcare services.

People told us staff treated them with dignity and respect and were complimentary about the care provided.

Rating at last inspection: Good (report published 1 September 2016).

Why we inspected: This inspection was a scheduled inspection based on the previous rating.

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

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

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 not always safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Sunderland Community Support Service

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector and two experts 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: Sunderland Community Support Service provides personal care to people using the reablement service and within supported living settings. Not everyone using Sunderland Community Support Service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.'

The service had a manager who was registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because we needed to be sure someone would be in.

Inspection site visit activity started on 18 February 2019 and ended on 26 February 2019. We visited the office location on 18 and 21 February 2019 to see the registered manager and office staff; and to review care records and policies and procedures. Telephone calls to people and their relatives took place on 20 February. On 26 February 2019 we visited people living at two supported living services.

What we did: We reviewed the information we had received about the service since the last inspection. The provider had completed a Provider Information Return (PIR). 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. This information was used to plan our inspection and was considered when we made judgements in this report.

We looked at five care files, other records relating to people's care and support, staff training and supervision records, and records relating to the management of the service.

We spoke with the registered manager, four business managers, two service managers, three team leaders and eight support workers. We spoke with 31 people and six relatives over the phone and three people during visits.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- In the supported living part of the service we found risks were not always identified. One person was living with diabetes and no risk assessment or guidance was in place to support staff. For example, the signs to watch out for if the person became ill, suitable blood test readings and what action to take if a reading was not within the recommended scale. The manager told us they would address the matter immediately.
- Within the reablement service risks were identified and risk assessments were developed to mitigate hazards to keep people safe. These included individual and environmental risks and were regularly reviewed.

- The provider had contingency plans in place to support people in emergency situations for example, adverse weather conditions or electrical failures in the office.
- People were protected from the risk of infection. Staff had completed infection control training and had access to personal protective equipment (PPE), such as disposable gloves and aprons.

Systems and processes to safeguard people from the risk of abuse

- The service had thorough safeguarding processes to ensure people were protected from abuse.
- Staff had extensive knowledge about how to safeguard people and the actions to take if they had concerns.
- People told us they felt safe when they received care. One person said, "I feel safe with them, they are lovely girls."

Staffing and recruitment

- The provider continued to operate a detailed recruitment process. People, relatives and staff told us they had no concerns about staffing levels.
- The service ensured people had the same team of support staff. A number of staff had worked at the service for over 10 years. One staff member told us, "This is the best place to work."

Using medicines safely

- Medicines continued to be managed safely.
- Staff had received medicine administration training and audits were regularly completed.
- People were happy with how their medicines were managed.
- People were assessed to see the level of support needed with their medicines and promoted to be as independent as possible.

Learning lessons when things go wrong

- The service had a range of systems to review information, look for patterns, to learn from incidents and to put actions in place to make sure it doesn't happen again.
- Action was taken by the service when things went wrong. For example, staff did not always record when people had their medication. The business manager created a sheet which prompted staff to stop and think before administering medication and reminded them to record that the medicine had been taken. Staff told us it helped them.

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

People's outcomes were good, and people's feedback confirmed this. The service did not always work within the principles of the Mental Capacity Act 2005 (MCA). Regulations may or may not have been met.

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

The 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 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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At one supported living service we saw that MCA assessments and best interest decisions were not always conducted. These are assessments to look at people's mental capacity and support with specific decisions so people are not restricted unlawfully. The manager showed us the new MCA process the provider was introducing to address this matter.
- Staff had received MCA training and told us how they supported people with decision making.
- People confirmed that staff sought their consent before providing personal care and we saw evidence of signed consent in people's care plans.
- The service confirmed if people had a lasting power of attorney (LPA) in place but did not always obtain the documentation. (LPA) is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future. The manager advised that this matter would be addressed.

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

- People were involved in their pre-assessments of their support needs before commencing with the service. The service gathered all information about people to ensure they were protected from discrimination.
- People's care and support plans clearly set out their needs and preferences for how they wished to be supported.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction programme when they began work and had opportunities to shadow more experienced staff.
- People and relatives told us staff had the appropriate skills and training to support them. One person told us, "They all seem very well trained." Another person said, "They all know what they are doing."
- Staff were well supported, received the training they needed to support people safely and were encouraged to develop.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they received the required support with their meals. Staff understood the balance of supporting people and promoting their independence with daily tasks.
- People were supported to maintain a healthy balanced diet and care plans clearly reflected the support people needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care services when required.
- Staff were responsive to changes in people's needs and were quick to involve healthcare professionals.
- Guidance from health professionals was adapted into people's care plans, this ensured staff had the most up-to-date guidance.

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

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.

- People and relatives were very positive about the care and support provided. Comments included, "I couldn't fault them they have been brilliant", "The girls who come are nice" and "They have been marvellous, so good with my (relative) they are so kind and patient."
- The provider promoted equality and diversity. The service had developed additional training to support staff when they were discussing sensitive areas such as sexuality during pre-assessments.
- People appeared comfortable with staff and were happy in their company. One person told us, "I'm not worried any more, they are kind, caring people."
- Staff clearly knew people well and had developed trusting and positive relationships with people. One relative remarked that they were "over the moon" with the changes in their family member.

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

- The provider complied with the Accessible Information Standard. People had access to information about the service and their own care in a range of formats. The service worked with people to create their own communication tools.
- People were supported to make daily decisions. When required the service supported people in accessing advocacy services if they needed advice and guidance on a specific decision.
- Staff had a good understanding of people's preferred method of communication. Where people were unable to express their needs and choices, staff observed body language and gestures to interpret what people needed.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were polite and respectful. Comments included, "They are very nice, very polite to you" and "They have been very good, very helpful."
- People were encouraged to be as independent as possible. Plans were developed with people outlining set goals and staff worked with people to achieve their objectives.
- A manager told us about many success stories where people had been supported with their physical and mental health enabling them to live independently.
- Wherever possible, positive risk taking was promoted to encourage people to remain independent.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were designed to meet people's individual needs. Reablement plans were short and clear to support staff, whilst supported living plans were comprehensive and covered all aspects of the person's life. These were available in easy read format.
- Care records were developed in partnership with the person and relevant healthcare professionals. These outlined people's history, preferences, health and mental health care needs and what outcomes and goals they wanted to achieve. These were regularly reviewed and reflected people's current needs.
- Staff were responsive when people's needs changed. They were proactive in working with healthcare professionals to ensure people had the correct equipment and support to aid their recovery.
- People were actively supported to engage in meaningful activities and maintain their interests. One person had a love of pigeons. One of the person's support team built a pigeon coop in the garden. During the summer months the person is supported to care for the birds with staff looking after them during the winter months.
- People were supported to maintain family relationships and access the wider community.

Improving care quality in response to complaints or concerns

- Information about the complaints procedure was available in various formats, such as easy read and pictorial.
- The provider used any complaints received as an opportunity to improve the service. They were open and transparent and discussed issues and how they addressed the matter.
- People told us they would speak to staff about any concerns if they needed to and were confident it would be dealt with.

End of life care and support

- At the time of the inspection no one using the service was receiving end of life care.
- People had the opportunity, if they wanted, to discuss their future care wishes.

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

Leaders and the culture they created promoted high-quality, person-centred care. Quality audits were not always effective in identifying issues. Regulations may or may not have been met.

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

- Whilst the provider had a well-established quality assurance system in place, the issues we discovered during our inspection were not recognised at local level. For example, failing to adhere to the principles of the MCA.
- Regular management meetings were held to discuss all aspects of the service.
- All appropriate reporting had been carried out to alert the CQC and local authorities when incidents occurred.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There was a positive culture where staff and management took pride in the care and support that they provided.
- The provider had a well-established vision and values which staff demonstrated throughout their work.
- Staff told us they felt valued and respected. The provider had systems in place to recognise and reward staff.
- The provider understood their responsibilities under the duty of candour and were open and honest about any lessons learnt.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider regularly sought feedback from people and relatives.
- People were involved in the development of the service including the recruitment of staff and the running of the service.
- Newsletters were created and reported on people's successes.
- Staff told us they attended regular team meetings and were well informed about the service.
- There was a culture of review and learning and constantly driving for improvement. Managers kept up to date with best-practice in a number of associated areas with the service, including health and safety and training.

Working in partnership with others

- The service had strong established links with health care services ensuring people received immediate support.
- The provider worked in partnership with people's local authorities, multidisciplinary teams and

safeguarding teams ensured people received joined-up care.