Southdown Housing Association Limited

Southdown Housing Association - 28 Southdown Road

Inspection report

28 Southdown Road
Seaford
East Sussex
BN25 4PG

Tel: 01323897877
Website: www.southdownhousing.org

Date of inspection visit:
11 October 2016

Date of publication:
16 November 2016

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

This inspection took place on 11 October 2016 and was an unannounced inspection. It was carried out by one adult social care inspector.

Southdown Housing Association - 28 Southdown Road specialises in providing care and support to adults who have a learning disability, autism and/or a physical disability. Accommodation is arranged at ground floor level and the home can accommodate up to seven people. All bedrooms are for single occupancy and the home is staffed 24 hours a day.

The people we met with had very complex physical and learning disabilities and were unable to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with staff to help form our judgements.

There was a registered manager in post. 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.

Staff morale was good and people were comfortable with the staff who supported them. The atmosphere in the home was very relaxed. It was evident that staff knew people very well and were committed to ensuring people received the care and support they needed as well as a fulfilling life.

Staffing levels were good and people also received good support from health and social care professionals. Staff were confident and competent when assisting and interacting with people.

There were effective policies and procedures in place to reduce the risk of harm or abuse to the people who lived at the home and these were understood and followed by staff.

People contributed to the assessment and planning of their care as far as they were able. Care plans showed that people and their relatives attended person centred reviews where they could discuss the care and support their relative received.

People were always asked for their consent before staff assisted them with any tasks and staff knew the procedures to follow to make sure peoples legal and human rights were protected.

People were unable to look after their own medicines. Staff made sure medicines were stored securely and there were sufficient supplies of medicines. People received their medicines when they needed them.

Routines in the home were flexible and were based around the needs and preferences of the people who lived there. People were able to plan their day with staff and they were supported to access a range of social

and leisure activities in the home and local community.

The service made sure staff completed appropriate training so they could meet the needs of the people they supported. The knowledge, skills and competency of staff were regularly monitored through supervisions and observation of their practice. Staff told us they felt well supported and received the training they needed.

There were systems in place to monitor health and safety and the quality of the service provided to people. Results of a recent satisfaction survey had been very positive. One comment included "The staff are extremely caring. We could not have wished for a more suitable place for [name of person] to live. I cannot thank the staff enough." Another relative commented "A big thank you to all the staff for the care they gave [person's name] during a recent illness."

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.

There were adequate numbers of staff to maintain people's safety.

There were systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

Staff followed safe procedures for the management and administration of people's medicines and people received their medicines when they needed them.

Is the service effective?

Good

The service was effective.

People could see appropriate health care professionals to meet their specific needs.

People made decisions about their day to day lives and were supported in accordance with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good

The service was caring.

Staff were kind, patient and professional and treated people with dignity and respect.

People were supported to make choices about their day to day lives and were supported to be as independent as they could be.

People were supported to maintain contact with the important people in their lives.

Is the service responsive?

Good

The service was responsive.

People received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People were supported to follow their interests and take part in social activities.

Is the service well-led?

Good

The service was well-led.

The registered manager had a clear vision for the service and this had been adopted by staff.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There was a quality assurance programme in place which monitored the quality and safety of the service.

Southdown Housing Association - 28 Southdown Road

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 was planned to check 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 inspection took place on 11 October 2016 and was unannounced. It was carried out by one adult social care inspector.

Before the inspection, the provider 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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. This included previous inspection reports and notifications sent in by the provider. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection there were seven people living at the home. During the inspection we met with five people (the remaining two people were on holiday with staff), four members of staff and the registered manager.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care and support records of three people who lived at the home. We also looked at records relating to staff, the management and administration of people's medicines, health and safety and quality assurance.

Good

Is the service safe?

Our findings

There were sufficient staff on duty to help keep people safe. Staff told us they were able to support people in accordance with their assessed needs and preferences. We observed staff interacting and supporting people in a relaxed and professional manner. There was a good skill mix of staff and there was always a senior member of staff on duty to support less experienced staff.

Risks of abuse were minimised because all staff knew how to recognise and report any signs of abuse. Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe.

The risk of financial abuse was minimised because there were robust systems in place which were followed by staff. Records of transactions, receipts and balances were checked by staff every day. Checks were also carried out by the registered manager and the provider's quality team as part of their quality assurance procedures.

The provider's staff recruitment procedures helped to minimise risks to people who lived at the home. Applicants were required to complete an application form which detailed their employment history and experience. Those shortlisted were then required to attend an interview. Applicants had not been offered employment until satisfactory references had been received and a satisfactory check had been received from the Disclosure and Barring Service (DBS). This helped employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Everyone who lived at the home required staff to manage and administer their medicines. There were appropriate procedures in place for the management of people's medicines and these were understood and followed by staff. Medicines were supplied by the pharmacy in sealed monitored dosage pots which provided details of the prescribed medicine, the name of the person it was prescribed for and the time the medicine should be administered. Each person had a pre-printed medicine administration record (MAR) which detailed their prescribed medicines and when they should be administered. Staff had signed the MAR charts when medicines had been administered or had made an appropriate entry when a medicine had not been administered. There was a clear audit trail of all medicines entering and leaving the home. Medicines were only administered by staff who had received appropriate training.

People's care and support plans contained clear information about identified risks and how risks should be managed. Examples included supporting people to take part in certain activities and the management of certain health needs such as reducing the risk of choking. We saw that a plan of care had been developed to manage any identified risks in the least restrictive way. This meant that people could be supported with activities with reduced risks to themselves or to the people who supported them.

There were plans in place for emergency situations; people had their own evacuation plans if there was a

fire in the home and a plan if they needed an emergency admission to hospital. Staff had access to an on-call system within the organisation; this meant they were able to obtain extra support to help manage emergencies.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. Part of the induction required staff to work closely with two people who lived at the home initially. Once they had been assessed as competent, they then repeated this with the other people who lived at the home. This helped to ensure staff got to know people well and understood their needs and preferences. After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. A member of staff told us "I thought the induction was really good. Very detailed."

Staff were confident and competent when assisting and interacting with people and it was evident staff knew people very well. They knew what people wanted even where the person was unable to express their wishes verbally.

Staff told us they had good training opportunities which helped them understand people's needs and enabled them to provide people with appropriate support. Staff had been provided with specific training to meet people's care needs, such as caring for people with autism and sensory impairment. Staff had received specialist training to help them meet the needs of one person who had dual sensory impairment (deafblind). After observing staff supporting a person to transfer from their wheelchair to another chair a healthcare professional who was visiting the home said "The staff were excellent and they certainly knew what they were doing."

People could see health care professionals when they needed to. The registered manager and staff told us they received good support from GP's and they would always visit if there was a concern about the health or well-being of people. People's care and support plans showed they received annual health checks and a review of their prescribed medicines. People also had access to other healthcare professionals such as dentists, epilepsy nurses, dieticians and chiropodists. On the day we visited a healthcare professional was at the home to try out suitable comfortable chairs for a person who lived at the home.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) Staff had been trained to understand follow these in practice. 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 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. Staff spoke confidently about how they involved the people they supported to make decisions. For example, offering a limited number of choices to not overwhelm the person or visually showing people choices.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes

and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Assessments about people's capacity to consent to living at the home had been completed and DoLS applications had been completed for people who were unable to consent to this and for those who required constant monitoring by staff.

People were supported to eat well in accordance with their preferences and needs. There was a varied menu which had been developed around people's likes and dislikes. A member of staff told us "We know what people's favourite meals are and we know when they don't like something. It's never a problem. We always have alternatives if somebody doesn't fancy what's on offer."

Each person had a nutritional assessment which detailed their needs, abilities, risks and preferences and we saw people were supported by staff in accordance with their plan of care. For example, one person had been assessed as being at risk of choking. There was a specific care plan in place which reduced risks to the individual. Staff supported this person in accordance with their plan of care. People were supported to be as independent as they could be. People were provided with specialised cutlery, crockery and beakers which enabled them to be as independent as they could be. The atmosphere during lunch was relaxed and sociable.

Good

Is the service caring?

Our findings

It was evident that staff cared a great deal about the people they supported. They spoke with kindness and compassion when they told us about the people they supported. They spoke to people in a very kind and caring way and there was lots of friendly banter and laughter.

There was a stable core staff team which enabled people to build relationships. It was evident staff knew people well. People who lived at the home were unable to fully express their needs verbally. Staff had a good knowledge of how people communicated. Care plans contained information to assist staff to communicate with each individual. For example there was information about the best way to talk to a person such as the tone of voice staff should use and the need to use short sentences. A communication passport also identified the unique ways each person expressed their needs and wishes. This could be showing staff objects or making specific noises which expressed their mood. During the inspection we observed one person communicating their happiness in the ways described in their care plan. Another person enjoyed a particular music video and staff made sure this was put on for them. Staff gave the person a drum and we observed the person interacting in a positive way.

In a recent satisfaction survey completed by people's relatives/advocates there was a high level of satisfaction with the service provided. One comment included "The staff are extremely caring. We could not have wished for a more suitable place for [name of person] to live. I cannot thank the staff enough." Another relative commented "A big thank you to all the staff for the care they gave [person's name] during a recent illness."

Staff respected people's right to privacy. Each person had their own bedroom which had been decorated and furnished in accordance with people's tastes and preferences. People could spend time in their bedroom whenever they wanted to. We saw this to be the case on the day we visited. One person had chosen to have a lie in when we visited. We saw staff regularly checked on them and were available to support them when they decided they wanted to get up.

People were treated with respect. Staff communicated with people in a very kind and respectful manner. Staff asked people if they were happy doing what they were doing and checked they were happy with the member of staff who was supporting them. Staff introduced us to people when we arrived at the home and as they got up. They took time to explain to people why we were visiting and made sure they were comfortable in our presence.

People's confidentiality was respected and all personal information was kept in a locked room. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. Each person had a plan which described the care and support they required and how staff should provide it. These plans also included who the important people in their life were, how people communicated, daily routines, preferences and how they made decisions. The staff we spoke with told us the care plans told them everything they needed to know about the people they supported.

Care plans had been regularly reviewed to ensure they reflected people's current needs. People and their relatives had been involved in reviewing their plan of care wherever possible. Staff told us that they attended a handover meeting at the start of every shift. They said that this provided them with current information about the people they supported. We saw that staff recorded detailed information about each person on a daily basis. Information included how people had spent their day and how they had responded to activities of daily living. This meant that the effectiveness of people's care plans could be fully reviewed.

The staff responded to changes in people's needs and adjusted care accordingly. For example, one person required their food to be prepared at a certain consistency because they were at risk of choking. This was following an assessment by a speech and language therapist. The person's care plan had been updated and we observed the person received an appropriate meal.

People had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. The majority of people who lived at the home had lived there for many years.

Staff told us about one person who moved to the home last year. They told us staff from the home spent time with the person at their placement where they were able to get to know them and their daily routines, preferences and needs. These visits enabled the person to get to know the staff who would be working closely with them as their keyworker when they moved to the home. This helped to ensure a smooth transition for the individual and would enable staff to determine whether they were able to meet the person's needs and aspirations.

Prior to the person moving to the home staff were provided with specialist training to meet their complex needs. The person had dual sensory impairment (deafblind). A member of staff described the training as "excellent." They said "The training really helped to understand what it must be like for [name of person] and how best to support them. We had to wear blindfolds and ear defenders. The trainer also observed how we worked with [name of person] which helped to make sure we were interacting in a positive way for [name of person]. A relative told us "The staff at Southdown Road are responsive to [person's name], learn from them and use his methods to communicate with him such as hand on hand signing, objects of reference and body language. They are always welcoming and friendly and I am kept informed and involved in [name of person's] life."

Staff told us routines in the home were flexible to meet the needs and preferences of people. For example, people chose what time they got up in the morning and when they went to bed. We observed people arriving for breakfast at different times during the morning and staff were available to respond to people's needs and requests. Staff had liaised with people's GP's which had enabled them to provide a more person centred approach for the administration of people's medicines. A member of staff told us "Each person is treated as an individual. Not everyone will want to wake up at 8 o'clock and have their tablets. We discussed this with the GP's and now have a routine for each person which works well."

People were able to enjoy holidays and visits to see their family and friends. On the day we visited two people were away on holiday with staff. We heard how people were also supported to maintain contact with friends and family.

People's views and suggestions were encouraged and responded to. Each person was allocated a key worker who met with them on a regular basis. These meetings provided people with the opportunity to spend one to one time with staff who knew them well. People were supported to make decisions about their day to day lives and to explore other things they may like to do. A relative told us "They encourage [person's name] to participate in the day to day tasks of his home such as laundry, stripping his bed, going to recycling centre and shopping.. They also ensure that they have the opportunity to regularly access the activities they enjoy such as swimming, eating out and lounging on the sofa!" We saw this to be the case when we visited. Staff supported the person to do the recycling and shopping.

Good

Is the service well-led?

Our findings

There was a staffing structure in the home which provided clear lines of accountability and responsibility. Staff were clear about their role and the responsibilities which came with that. The home was managed by a person who had been registered by the Care Quality Commission. Staff described the registered manager as accessible, approachable and supportive.

The provider's vision for the service was "Everyone, no matter what their life experience, background or challenges will have the opportunity to lead their life to the full." From our observations, discussions with staff and feedback from relatives it was clear this vision had been adopted by the staff team. One member of staff said "We have a really great team. All the staff are really committed and want the best for the guys [people who lived at the home]." They also told us "Staff are always willing to come in for extra shifts if somebody wants to do something." The staff member also told us about an initiative the home had adopted called the "stay up late campaign." They explained that flexible rotas had been introduced which enabled people to enjoy more activities in the evenings. These included a trip to see a tribute band and attending a local disco.

Satisfaction surveys were sent to relatives to seek their views on the quality of the service provided. Results of a recent survey had been very positive and showed a high level of satisfaction with the service provided. Relatives had nothing but praise for the caring attitude and commitment of the staff team and of the care their relative received. A relative told us how moving to the home from another placement had transformed their relative's life. They said "I remember thinking that [person's name] didn't smile anymore. I can honestly say that [name of person's] smile has returned since moving into their new home at Southdown Road."

Systems were in place to monitor the skills and competency of staff employed by the home. Staff received regular supervision sessions and observations of their practice. Staff were very positive about the support they received. One member of staff said "The manager and deputy are brilliant and very supportive. There is a very open door policy here and you are encouraged to speak up. You don't have to wait for a supervision" The provider information return (PIR) told us "The manager regularly works alongside the staff team (including weekends and sleep-ins) to act as a role model. It is also an opportunity to observe practice and every Friday he adds a message in the communications book giving one example of good work throughout the week & thanking staff for their hard work."

The provider's training department monitored staff training which ensured staff received refresher training when required. A training matrix showed all staff had completed required training and updates when they were due. The registered manager told us the system worked well and they were able to access staff training matrixes on-line at any time. Staff described the training opportunities as "excellent."

The registered manager made sure they kept themselves up to date with current legislation and best practice. They attended monthly meetings with managers from the provider's other homes and also attended "annual manager days." The registered manager told us how the meetings were useful for sharing ideas, concerns and areas of good practice. The PIR stated "All divisional managers meet once a month with

the Director and the Senior Management team for business updates, training sessions and working sessions on policy & practice."

There were regular meetings for staff where a variety of issues could be discussed such as health and safety, activities and the well-being of the people who lived at the home. Meetings started with a refresher on Makaton signing. Makaton is a language programme using signs and symbols to help people communicate. Staff explained they had a "Makaton sign of the month" which all staff practiced at the beginning of every staff meeting.

There were quality assurance systems in place to monitor care and plan on going improvements. There were audits and checks to monitor safety and quality of care. Detailed audits were completed by the registered manager. The provider's quality systems manager carried out regular visits to the home to monitor and highlight on any areas for improvement. We looked at the action plans which had been developed from two recent visits. These demonstrated that the registered manager had, or was in the process of addressing the points raised.

Information about the home had been produced in accessible formats for the people who lived there. This included photographs of the staff on duty and the days menu. This meant that people could be supported to make informed decisions and choices.

The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.