Care and Support Sunderland Limited

Wensleydale

Inspection report

109 Wensleydale Avenue
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Sunderland
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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?	Good
Is the service well-led?	Good

Overall summary

Wensleydale is a purpose built bungalow where personal care is provided for up to six people with a learning disability. It is not registered to provide nursing care. There were six people living at this small care home who had lived here for several years.

The last inspection of this home was carried out on 27 June 2013. The service met the regulations we inspected against at that time.

This inspection took place over one day on 12 March 2015.

The home had a registered manager. 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.

People were unable to tell us about the service because of their communication needs. Their relatives made

Summary of findings

many positive comments about the service. Relatives said people felt "safe" and "comfortable" at the home. Relatives felt included in decisions about their family member's care.

Staff were clear about how to recognise and report any suspicions of abuse. Staff told us they were confident that any concerns would be listened to and investigated to make sure people were protected.

There were enough staff to meet people's needs. The home had a stable staff team and many staff had worked there for years. This meant they were familiar with people's individual needs. Staff received relevant training to assist each person in the right way. The provider made sure only suitable staff were employed. Staff helped people manage their medicines and did this in a safe way.

Relatives told us they were "pleased" with the care service. They felt there were enough staff to support people in an individualised way. One relative told us, "There seems to be enough staff because she is always out." Another relative said "There are enough staff to get people out where they like to go."

Staff understood the Mental Capacity Act 2005 for people who lacked capacity to make a decision and Deprivation of Liberty Safeguards to make sure they were not restricted unnecessarily. Relatives confirmed they had been fully involved in decisions about people's capacity and any safety restrictions.

People were supported in the right way with their meals. The menus were based on the foods that staff knew people enjoyed, and most people could point or show staff what they preferred. The home promoted a healthy diet that still met people's choices, and they went out for meals from time to time.

Relatives had many positive comments to make about the caring and friendly attitude of staff. One relative commented, "They are definitely very caring and kind." Another relative told us, "The way staff talk to them is lovely. My [family member] goes to hug the staff when they come to pick them up." A visiting care professional told us, "The staff are definitely caring and compassionate. They engage really well with the people who live here."

People were encouraged to make their own decisions and choices, for example about activities and clothes. They were treated with dignity and their diversity was respected by staff. One relative commented, "The staff speak on equal terms with my [family member] and treat them with great respect."

Staff were very knowledgeable about people's individual needs, preferences, likes and dislikes. There were up to date care records that were personalised to each person and included guidance for staff about people specific needs.

Relatives told us they felt people were well cared for in the home. Each person had a range of social and vocational activities they could take part in. People's choice about whether to engage in these activities was respected.

Relatives were invited to comment on the service each month and they felt able to give their views about the home at any time. Relatives said they felt comfortable about raising any issues and these were acted upon.

Relatives and staff felt the organisation was well run and the home was well managed. There was an open, approachable and positive culture within the home and in the organisation. There were plans to change the landlord of the building (although the provider would still provide the care service) and relatives and staff said they felt informed and included in discussions about this.

Summary of findings

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 told us people felt safe at the home and with the staff who supported them. Staff knew how to report any concerns about the safety and welfare of people who lived there.

Risks to people were managed in a safe way so that people could lead as independent a lifestyle as possible.

There were enough staff to meet people's needs. The provider made sure only suitable staff were recruited. People's medicines were managed in the right way.

Is the service effective?

Good

The service was effective. Relatives felt it was a very good care service.

People received care from staff who were familiar with each person's individual needs. Staff felt well trained and competent to support the people who lived at the home.

People enjoyed their meals at the home and were supported with their nutritional well-being. Staff worked closely with health and social care professionals to make sure people's health was maintained.

Is the service caring?

Good

The service was caring. Relatives said the staff were "caring" and "kind". People enjoyed spending time with staff members.

Staff understood and acted on people's individual preferences of how they wanted to be supported. People were encouraged to make their own choices.

People were treated with dignity and their diversity was respected and valued by staff.

Is the service responsive?

Good

Staff understood each person's communication style and were aware if they were unhappy with a situation. Relatives said they knew how to raise any concerns and were confident these would be dealt with.

Is the service well-led?

Good

The service was well led. Relatives said the service was well organised and well managed.

The home had a registered manager who had been in post for several years. Staff told us the registered manager and provider were approachable, open and supportive.

People's safety was monitored and the provider had an effective system for checking the quality of the care service.

Wensleydale

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 12 March 2015. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection 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. Before our inspection, we reviewed the information included in the PIR along with other information we held about the service. We contacted the commissioners of the local authority before the inspection visit to gain their views of the service provided at this home.

The six people who lived at this home limited communication skills. This meant they could not tell us about the service, so we asked their relatives for their views.

During the visit we spent time with the six people who lived at the home and observed how staff supported them. We spoke with the registered manager, the assistant manager, two support workers and a housekeeper. We also spoke with a visiting care professional. We looked around the premises and viewed a range of records about people's care and how the home was managed. These included the care records of two people, staff training records and quality monitoring records.

Good

Is the service safe?

Our findings

The six people who lived at the home had learning disabilities which limited their communication skills. This meant they could not tell us their views about the service. We asked their relatives for their views about whether people were safe at this service. One relative told us, "It's very safe. My [family member] is always very settled there and is very comfortable with the staff." Another relative commented, "He is always happy to go back and gets on well with the staff. The building is safe and secure."

Staff told us, and records confirmed, they had completed training in safeguarding vulnerable adults and this was regularly updated. In discussions staff were able to describe the procedures for reporting any concerns and told us they would have no hesitation in doing so. One staff told us, "I've had safeguarding training in the past year. If something is wrong, it's wrong. We all work well together, but the boundary stops at the safety of the people here." Another staff member commented, "We've had training in safeguarding and if I was concerned about anything I would be able to tell the manager. I would be able to report any issues, whether about health and safety or premises, if it affected people's safety."

There had been only one safeguarding referral made by the home in the past three years. Staff had made the recent safeguarding referral about a behavioural event involving a person at the home. The event did not have an impact on the people who lived there, nor placed them at risk of harm, but staff wanted to ensure their dignity was preserved. The safeguarding authority decided this was not a safeguarding incident. The home staff made sure that the relevant professionals were involved, including psychology and behaviour management services. Staff held a workshop with a psychologist to make sure the person with the behaviour was supported in a way that would mean they were less likely to repeat the behaviour. This demonstrated that staff knew how to report safeguarding matters and acted to uphold the safety and rights of all the people who used the service.

Risks to people's safety and health were appropriately assessed, managed and reviewed. People's records included risk management plans which provided staff with information about identified risks and the action they needed to take to minimise the risk. For example, some people needed to be supervised when in the kitchen, or out in the community because they lacked road safety awareness. There were also individual personal evacuation plans for each person which showed how they should be supported out of the home in the event of an emergency. A staff member told us, "It's very safe for everyone - including for staff. They did a risk assessment about my health needs so I feel my safety is also upheld."

The accommodation for people was warm, modern and comfortable. There were no hazards within the home's premises that would present a risk to the people who lived, visited or worked in the home. The provider used a contractor to carry out health and safety checks, including fire safety and legionella checks. The provider also carried out quality audits of health and safety in the home. The registered manager reported any accidents or incidents to the provider's health and safety advisor. This was to make sure any risks or trends were identified and managed.

Relatives felt there were enough staff to support people in an individualised way. One relative told us, "There seems to be enough staff because she is always out." Another relative said "There are enough staff to get people out where they like to go."

The registered manager described how the staff rota was designed to be as flexible as possible so that people got the optimum amount of support when they needed it. For example, there were a minimum of five support staff on duty on week days to help people to go out to individual or shared activities. There were fewer staff on duty at weekends, usually three or four, because some people went to stay with relatives and some people preferred to relax at the weekends. There were one waking and one sleep-in support staff overnight. The home also employed a part time housekeeper who relieved support staff and people of the main household tasks.

In discussions, staff confirmed there were sufficient staff to make sure people had daily opportunities to go out. A visiting care professional told us, "There are enough staff. They are always interacting with and motivating people, and people are always out."

The registered manager said the staff group as "very willing, very flexible and very stable". This was good as it meant staff were familiar with people's needs and their individual ways of communicating what they wanted, for example by gesture, noise or pointing. The home had a very low staff turnover and there had been only one change of staff in the

Good

Is the service safe?

past 18 months. There was one vacant post at the time of this inspection, and these hours were covered by existing staff. The provider operated robust recruitment practices to make sure only suitable staff were employed. These included applications, interviews and references from previous employers. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant people were protected because the home had checks in place to make sure that staff were vetted before working with vulnerable people.

The arrangements for managing people's medicines were safe. Medicines were securely stored in a locked cabinet. The home received people's medicines in blister packs from a local pharmacist. The blister packs were colour-coded for the different times of day. This meant staff could see at a glance which medicines had to be given at each dosage time. Medicines were administered to people at the prescribed times and this was recorded on medicines administration records (MARs). A stock count was carried out at every handover (that is, 8am and 8pm) to make sure the amount of medicines remaining corresponded with the record of those given.

Staff understood what people's medicines were for and when they should be taken. There was a designated list of staff who were responsible for medicines. Staff told us, and records confirmed, that they received training in 'safe handling of medication' and they also had annual checks of their competency to manage medicines. Monthly audits were carried out of medicines and medication records. The local pharmacist also carried out annual audits of the management of medicines by the home. We saw the storage, management and recording of people's medicines were well ordered and safe.

Good

Is the service effective?

Our findings

Relatives told us they were "pleased" with the care service and felt staff were competent in their roles. One relative told us, "The staff are very good with them. Some staff have been there for years and are very familiar with their quirks." Another relative commented, "A while ago the turnover of staff was high, but it's great now because all the staff have been there a while and are experienced with people's ways." A visiting care professional told us, "It has a very high standard of care."

Staff told us they had "very good opportunities" for training. One staff member told us, "We have had lots of training and are always able to do any training that is relevant." Another staff member told us, "We get more than enough training and we have annual training in some areas."

Training records confirmed that staff received training in necessary health and safety subjects including first aid, fire safety and moving and assisting. Staff had also attended training that was specific to people's individual needs, for example 'epilepsy with rescue medication'. All the support staff had achieved a care qualification (either NVQ level 2 or 3), and half of the staff team had also completed a learning disability care qualification.

The provider had a comprehensive induction training programme for new staff (although there had been no new appointments, there was one vacant post at this time). The induction training was a two week course that included all mandatory health and safety subjects, safeguarding adults and breakaway techniques. The provider used a computer-based training management system which identified when each staff member was due any refresher training.

Staff told us they had regular supervision sessions with either the registered manager or assistant manager. Records confirmed staff had individual supervision around four or five times a year and an annual appraisal of their performance and development. In this way staff told us they felt trained, confident and supported to carry out their roles.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. All of the staff had received training in MCA and DoLS. Staff understood that the safeguards were in place to make sure people were not restricted unnecessarily, unless it was in their best interests. The registered manager had made DoLS applications to the local authority and these had been authorised. This was because people needed 24 hour supervision and also needed support from staff to go out. In this way the provider was working collaboratively with local authorities to ensure people's best interests were protected.

Relatives said they had been involved with the DoLS applications and told us they had received written and verbal information about this from the home. One relative told us, "They gave me an information form and explained what DoLS were about and why [my family member] needs to be supported safely when [they] go out because [they] couldn't manage on their own. But staff make sure [my family member] has got liberty in the rest of their daily life."

Relatives felt people were supported in the right way with their diet. One relative commented, "It must be alright because they seem to like it. When my family member has been visiting me the staff tell me what's they're going to have for tea and it always sounds nice." One relative said, "The staff try to help them to be healthy with lots of salads and vegetable and taking them out for walks." Another relative told us that their family member needed soft food and felt this was now well managed as they were a healthy weight.

The menus were based on the foods that staff knew people enjoyed, and most people could point or show staff what they preferred. The home promoted a healthy diet that still met people's choices. For example one person was on a fortifying diet and one person was on a reducing diet. They ate the same meals but with different calorie contents. Another person preferred to "graze" rather than have main meals. Staff helped the person to do this by providing lots of snacks of their favourite foods throughout the day.

Most people were not able to be involved in food preparation because of their complex behavioural needs, but some people were able to prepare snacks and sandwiches with support from staff. Other people were involved in setting the tables. People also went out for some meals from time to time as part of their activities in the community. Staff dined alongside people so they could make sure people managed their meal in a safe way. For example, some people needed support with cutting up food and one person had softened food.

Good

Is the service effective?

In discussions, staff felt they were successful at helping people to maintain good nutritional health. They described how two people who had previously been seen by a dietitian were now discharged because their nutritional well-being had improved. Staff kept a record of each person's weight, and key workers had monthly reviews of people's 'eating and drinking' support plan. This meant people were fully supported with their nutritional well-being.

It was clear from care records that people were supported to access community health services, such as GP, dentist, and home visits from chiropody services. The staff also made sure people had access to specialist services when this was required. For example some people had input from speech and language therapists, psychology services, occupational therapists and a community treatment support nurse.

A visiting care professional told us, "The home is very compliant with any guidance and advice we give to support people's needs. They always record any incidents, which helps to keep us informed."

Good

Is the service caring?

Our findings

Relatives had many positive comments to make about the caring and friendly attitude of staff. One relative commented, “They are definitely very caring and kind.” Another relative told us, “The way staff talk to them is lovely. My [family member] goes to hug the staff when they come to pick them up.” Another relative commented, “The staff are really nice. And we’re very happy with the key worker who is lovely with our [family member].”

A visiting care professional told us, “The staff are definitely caring and compassionate. They engage really well with the people who live here.”

People were encouraged to make their own decisions and choices, for example about activities and clothes. One relative commented, “They encourage [my family member] to make their own choices like what clothes to wear. And they take them shopping so they can choose the things they like.”

Relatives felt staff understood each person’s individual needs and what they liked. Staff were very familiar with each person’s people’s communication styles. For example some people used pointing or gestures to indicate what they wanted. A relative told us, “My [family member] signs for anything they want and the staff understand. The staff are very pleasant and my [family member] is very relaxed with them.”

Relatives felt people were treated with dignity and that their diversity was respected and valued by staff. One relative commented, “The staff speak on equal terms with my [family member] and treat them with great respect. Staff also have a good laugh with them and they love it!”

We saw people frequently sought out staff to take them to what they wanted and staff responded immediately with empathy and patience. There was a relaxed atmosphere in the house and this was attributable to the calm, supportive attitude of staff.

In discussions, all the staff we spoke with felt their colleagues treated people with dignity, and respected people’s choice of who supported them wherever this was practicable. One staff member told us, “All the staff are compassionate towards everyone who lives here. Some people prefer specific staff members, so they tend to be their keyworkers as their bonds help them work successfully with the person.”

We saw people’s bedrooms reflected their individuality, tastes and favourite items. People had been supported by staff to decorate their rooms in their preferred colour schemes and to a high standard. In discussions it was clear that staff valued people and wanted them to have their own personalised area where they could relax. Staff told us they wanted people to have a good quality of life and experiences, and so were always trying to find new activities that they might enjoy.

Relatives told us they felt involved and informed about the service their family member received. There was regular contact between the home and relatives, and staff supported people to go to their relatives’ homes and picked them up again. Relatives told us they were kept informed of any events and had a good relationship with the registered manager and staff. One relative commented, “We get a monthly newsletter about what they have been doing, such as activities. We like to know about any changes and the staff keep us informed, which is really important.”

Good

Is the service responsive?

Our findings

People had little involvement in their own care records because of their limited communication and the complexity of their needs. Relatives said they felt fully involved in any changes to their family member's needs or to the service. One relative told us, "They always explain to us if there are going to be any changes. We've had reviews and information about changes to the landlord and what that might mean for people."

A visiting care professional told us, "The home makes sure people are empowered. People seem to be able to get staff to do what they want them to do."

Staff were very knowledgeable about people individual needs, preferences, likes and dislikes. Staff were also skilled at understanding people's individual communication methods. One staff member commented, "We're very familiar with people's needs and aware of their individual ways and this makes people feel very settled."

We looked at the care records for two people. Their support plans included guidance for staff on people's communication, medication, eating and drinking, personal hygiene and safety. This meant all staff had access to information about each person's well-being and how to support them in the right way. It was clear from discussions with staff they had a very good knowledge of people's specific needs. The care records were written in a way that valued people's preferred choices about how they were supported. For example, one person preferred to be supported by male staff and this was arranged wherever practicable. Monthly keyworker reviews were used to record a summary of the person's health, activities, relatives contact, goals and ambitions for the future. For example, for one person this was to go on holiday in the summer.

The care records we looked at were very personalised to each person. Where people's needs rarely changed the support plans were short and concise. Where people had significant needs there was a detailed support plan to guide staff. For example, one person had mobility needs because of their physical disability, so they had a comprehensive care assessment and plan about moving and assisting that had been developed by an occupational therapist. This included detailed guidance for staff, including step-by-step photographic instructions, of how to support the person to stand, turn, transfer and use the bath.

People were offered a range of activities and occupations. Each person had opportunities to go out each day to social or sports activities such as trampolining, horse riding, swimming, bowling, cinema, discos, shopping and meals out. People's choices were respected about which activities they wanted to do, or whether they wanted to engage in any activities. One staff member told us, "People go out every day if they want - some people don't like to be out all day. We're always trying to find any new activities that people might like."

Relatives confirmed that people were offered a range of activities. One relative commented, "I know my [family member] goes out where [the person] likes to go – to the beach, shopping and meals. And [they] are going on holiday again next month." Staff also described in-door activities for people such as pamper sessions and music sessions. Staff told us people enjoyed annual holidays of their choice which were paid for by the provider. These had included holidays to the Cotswolds and Blackpool. For people who would find overnight stays too unsettling, staff had arranged several day trips locally. In this way, people's individual preferences were used to plan their activities and holidays.

People were invited to monthly meetings with their keyworker who would check if they seemed to have any concerns. Staff were skilled at understanding people's individual communication methods, and were able to tell if people were unhappy or upset with a situation. People were encouraged to show if they did not like something and their views were respected.

Relatives knew how to make a complaint and were confident to do this if necessary. Monthly feedback forms were sent out to each person's relatives for any comments about the service. No comments had been received but relatives told us they felt able to telephone the staff at any time.

One relative told us, "If I mention anything to staff they act on it straight away." Relatives also knew how to make a complaint. Another relative said, "We would feel able to raise any worries or complaints with the manager and I

Good

Is the service responsive?

know they would be listened to and acted on. We have done this in the past and it was addressed." Another relative commented, "I've never had to make a complaint, but if I did I would be happy to ring the manager."

There had been no complaints made about this service since the last inspection.

Good

Is the service well-led?

Our findings

People were unable to comment on the way the service was managed, but we saw people frequently came into the office to spend time with the registered manager and assistant manager.

Relatives told us the service was "very well-managed" by the registered manager and the provider.

The registered manager had been in post for several years. Relatives described the registered manager and assistant manager as "lovely" and "very good". One relative told us, "Wensleydale is better than it's ever been before. Everything is running very smoothly. The managers are very good and they listen to you." Another relative commented, "The manager is very good about any issues and acts on them." A visiting health care professional told us, "[The registered manager] is a really good manager – very open and approachable."

Relatives felt the provider involved and included them in the service, and all were familiar with the director and senior managers in the organisation. The provider held 'Family Forum' meetings so that any issues could be discussed directly with relatives. One relative told us, "There are two-monthly meetings with the director and we're kept very well informed." Another relative commented, "[The director] always explains any changes to us and listens. We did once comment on the number of changes to staff. They said it would be settled and it has been ever since, so we felt we were listened to."

All the staff we spoke with also felt supported by the registered manager and the assistant manager. One member of staff told us, "They are very approachable. You couldn't wish for better managers." Another staff commented, "They are both very supportive." Staff felt able to contribute their suggestions and comments about the service at regular staff meetings, which were held about six-weekly. One staff told us, "Nowhere is perfect so we could always improve. I feel I'm listened to if I ask questions or suggest anything."

Staff also felt they were kept informed by the provider about the future development of the service. One member of staff told us, "We've just been to a meeting about all the changes and it felt really positive. I feel well informed by the provider. The culture and aims of the organisation are absolutely about the people and improving their lives."

The provider had a quality monitoring system to check the safety and quality of the service. The registered manager and assistant manager also carried out regular check in of the service. These included audits of health and safety, infection control, medicines managements, use of bed rails and care records.

There were monthly 'peer' visits to the home by the manager of another service to check the premises, records, finances, medicines management and staffing levels. We saw the visit reports included any issues that needed attention. This meant the provider could identify improvements and make sure they were addressed. For example, a recent monthly check had identified damage to the corridor flooring that required urgent attention as it posed a risk to people who lived there. This was expedited and the flooring was repaired.

There were also a small number of outstanding shortfalls in décor of the bathrooms that posed no risk to the people who lived there, for example rusting radiators. These had been reported several times by the provider to the current landlord of the building but had still not been addressed. The registered manager said this may be because as the building was being sold to another landlord.