

Sunderland City Council

Fenwick Close

Inspection report

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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 ●

Summary of findings

Overall summary

About the service: Fenwick Close was a purpose-built bungalow in a residential street. It was registered for the support of up to three people. Three people were using the service.

People's experience of using this service: The outcomes for people using the service reflected the principles and values of Registering the Right Support through promoting choice, involving people in their local community and promoting their independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's received personalised care. A relative and an advocate said people were well cared for. People and staff had positive relationships; we observed many meaningful interactions between people and staff.

A relative and staff felt the home was safe. Staff knew about safeguarding and the whistle blowing procedures; they knew how to raise concerns if required. Staffing levels were sufficient to allow staff to support people to meet their individual needs. New staff were recruited safely.

Incidents and accidents were monitored effectively; the findings were analysed to checks for trends and patterns.

The provider completed checks to maintain a clean and safe environment. People received their medicines safely.

Staff were supported well and had access to the training they needed for their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff had a very good understanding of people's needs; this enabled them to effectively support people to make choices and decisions. People were supported to have enough to eat and drink and to access healthcare services.

People's needs were assessed to identify how they wanted to be supported; religious, social and lifestyle needs were considered. The information gathered was used to develop personalised care plans. People were supported to choose and participate in activities; they were also supported to work towards achieving their aspirations.

The registered manager was effective in managing the home. The provider had been restructuring its registered services, leading to regular changes in staff. The provider continued to operate a structured and effective approach to quality assurance. People, relatives and staff had opportunities to give feedback.

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

Rating at last inspection: Good (the last report was published on 12 July 2016).

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

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule for services rated good.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was 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?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Fenwick Close

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: One inspector carried out the inspection.

Service and service type: Fenwick Close is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a manager registered with the Care Quality Commission. The registered manager was responsible for the management of all three bungalows at Fenwick Close. This means that they and the provider 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 it is small. We needed to be sure people and staff would be in.

What we did: Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed all the information we held about the service, this included notifications of significant changes or events.

We checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We also checked Companies House records.

During the inspection we spoke with the registered manager, a team leader and two care workers. The people who used the service could not verbally communicate with us. So, we spent time with people to observe how they were supported. We reviewed two people's care records, two staff personnel files, audits and other records about the quality and safety of the service.

After our visit we had telephone conversations with one relative and an advocate.

We requested additional evidence to be sent to us after our inspection. This was received and used as part of our inspection.

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.

Systems and processes to safeguard people from the risk of abuse.

- A relative and staff felt the home was safe. A relative told us, "[Person] is in safe hands."
- The provider continued to operate effective safeguarding procedures; concerns had been fully investigated.
- Staff were clear about their responsibilities to safeguard people from abuse and to use the provider's whistle blowing procedure. One staff member said, "I am not afraid to use it [whistle blowing procedure]."

Assessing risk, safety monitoring and management.

- Regular health and safety checks and risk assessments were carried out to keep people, the environment and equipment safe.
- Staff had a good understanding of people's individual needs; they used this to support people sensitively if people occasionally displayed behaviours that challenge. A relative and an advocate confirmed staff had the knowledge and skills to pre-empt situations.
- The provider had developed robust plans for dealing with emergency situations. Personal Emergency Evacuation Plans were in place to help evacuate people safely in an emergency.

Staffing and recruitment.

- Staffing levels were appropriate to meet people's needs in a timely way. Staff commented, "We have the staff to accommodate what people want to do."
- Turnover of staff had been high due to service restructuring. We discussed staffing levels with a relative and an advocate. They told us the provider maintained appropriate staffing levels, although there had been frequent staff changes. They said, "There have been quite a lot of staff changes, a period of flux."
- The provider followed effective recruitment procedures, including completing pre-employment checks to ensure new staff were suitable to work at the home.

Using medicines safely.

- Medicines continued to be managed safely.
- Accurate records were maintained; these showed people received the medicines they needed.
- Staff knew about the national campaign STOMP. One staff member told us, "All people have had medicines reviews, they only get them [when required medicines] when necessary. We are looking to reduce medicines for [person]." STOMP is a national initiative for stopping the over medication of people with a learning disability, autism or both with certain medicines which affect the mind, emotions and behaviour.
- Audits were completed to check staff followed the correct procedures.

Preventing and controlling infection.

- The home was clean, well decorated and well maintained.

- Infection control audits ensured high standards of cleanliness were sustained.

Learning lessons when things go wrong.

- Action had been taken following incidents to keep people safe.
- The provider monitored accidents and incidents; this ensured effective was taken and lessons learnt.

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 consistently good, and people's feedback confirmed this.

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

- People's needs were assessed when they moved to Fenwick close to identify how they wanted their support provided; this included discussing needs related to religion, culture and ethnicity.

Staff support: induction, training, skills and experience.

- Staff were very well supported and received the training they needed. They told us, "I am definitely supported" and "Very much so [supported], they will try and sort anything out for you."
- Training, supervision and appraisals were up to date.

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

- Staff supported people to have a healthy diet that met their individual needs and preferences.
- People had been referred to external health professionals depending on their needs; their recommendations were incorporated into care plans and staff followed the guidance.

Staff working with other agencies to provide consistent, effective, timely care.

- People had emergency health care plans and a care passport; these gave a summary of their needs and other important information when people accessed other services.

Adapting service, design, decoration to meet people's needs.

- The home had been purpose built to meet people's needs; as well as having personal space people could spend time with others in communal areas.
- People were supported to personalise their rooms to their own tastes and preferences.

Supporting people to live healthier lives, access healthcare services and support.

- People were supported to access health care services when required.
- Staff responded quickly if people needed medical advice. A relative commented, "If anything is wrong or there is a doctor's appointment, they let me know straightaway."
- Health professionals' recommendations were included in people's care plans; this ensured staff were following the most up-to-date guidance.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- DoLS authorisations were in place as required; the registered manager monitored DoLS applications to ensure re-applications were submitted on time.
- MCA assessments and best interests decisions were in place for any restrictions placed on people.
- Staff had an especially good understanding of people's communication needs; this enabled them to support people effectively with making daily living choices. Visual strategies were used such as showing pictures and objects to make choices.

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; equality and diversity.

- Positive and caring relationships were apparent between people and staff; people were relaxed around staff and the home had a good atmosphere. A relative and an advocate said, "[Person] is happy, settled. Staff know [person] well" and "The staff are good, they understand [person]."
- A relative and an advocate said people received good care. Comments included, "They are very much driven towards people getting the best possible care" and "They are really fantastic. [Family member] is happy where they are. You are made to feel welcome when you go."

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

- The provider made information available to people in various ways to aid their understanding, to comply with the Accessible Information Standard. For example, visual information was used effectively to help people communicate.
- Staff had an excellent understanding of people's preferred communication; they supported people well to express their choices and make decisions. A relative said their family member's communication had improved from living at Fenwick Close.

Respecting and promoting people's privacy, dignity and independence.

- People were treated with dignity and respect. Staff described how they adapted their practice to ensure people received dignified and respectful care that met their individual needs. One staff member commented, "We explain what is happening. We keep doors shut, curtains shut. We knock on doors before going into bedrooms."
- Staff supported people to develop their independence. A relative told us their family member had made good progress. They described how their health, communication and social needs had been met and improved.
- Relatives or independent advocates were actively involved in decision making; they told us the provider always kept them involved.

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.

- People's care plans were personalised and detailed; they were written in an easy read format.
- Care plans described how staff should support people with all aspects of their health and social care needs.
- Care plans were evaluated regularly to reflect people's current circumstances.
- People were actively supported to engage with meaningful activities that reflected their interests. Visual activity planners were used to inform people of what they would be doing each week.
- People had plenty of opportunities to access the local community. A relative told us, "They try to take [family member] swimming. [Family member] goes bowling and goes on holiday."
- Staff supported people to achieve their aspirations and goals. For example, one person was supported, using a gradual approach, to go choose and go on holiday for the first time.
- Staff supported people to maintain contact with family members and to meet up with people living in the other bungalows at Fenwick Close. An advocate told us the provider was proactive in developing and maintaining complex family relationships.

Improving care quality in response to complaints or concerns.

- A relative told us they knew how to complain but hadn't needed to; they felt able to approach the provider if needed. They said, "I have never had a wrong word against them."
- The provider had a robust process for dealing with complaints.

End of life care and support.

- Staff had sensitively supported people living at all the Fenwick Close bungalows to understand and cope with their grief when a person passed away.
- People could discuss their future care wishes if they wanted; these were then detailed in their care plans for future reference.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider and staff worked to a set of values based around being customer focused, providing quality services and respecting people and staff.
- Staff were valued and respected.
- The service had a friendly, homely and welcoming atmosphere; staff morale and teamwork were positive. A relative told us, "When you go the atmosphere is brilliant." Staff members said, "It full of fun ... we treat people as human beings. There is a family feel."

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

- Due to a planned restructuring of the provider's homes there had been regular changes of staff.
- The registered manager was pro-active in submitting the required statutory notifications to CQC following significant events at the home.
- The registered manager completed robust checks to ensure people received good care and staff followed safe practices.
- The registered manager was supportive and approachable. A relative said, "The new manager seems to be fantastic." Staff commented, "[Registered manager] is very approachable, she can be contacted anytime, day or night."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People, relatives and advocates were able to give feedback. Regular 'customer meetings' took place; relatives could also meet up with relatives of people from the provider's other services.
- Staff could also share their views through attending regular staff meetings.

Continuous learning and improving care.

- The provider continued to operate a structured approach to quality assurance; these had been effective in identifying and addressing issues.
- The registered manager completed monthly checks focussing on quality and safety; action plans were developed to address any issues identified.
- The provider's quality assurance systems incorporated independent oversight of the home.

Working in partnership with others.

- Annual reviews involving people and other important people in their lives were held. This gave an opportunity to discuss what was what was working well and where improvements were needed.
- The provider worked with local commissioners to promote positive outcomes for people.