

Sunderland City Council

Rubicon Rise

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The last inspection of this care home took place on 1 May 2014. The service met the regulations that we inspected at that time.

This inspection took place on 7 June 2016 and the service was given short notice.

Rubicon Rise provides care and support for up to six people who have a learning disability, some of whom had physical disabilities. The service is in a quiet residential area. The home does not provide nursing care.

The service had a registered manager who had been in post for some years. 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.

Most of the people who lived at the home had communication needs that meant they found it difficult to express their views verbally. Relatives told us people were "safe" and "happy" at the home. One relative told us, "It's brilliant for my [family member]. I would recommend it to others."

Relatives and staff felt there were enough staff on duty at all times to make sure people were safe. Staff were clear about how to recognise and report any suspicions of abuse. There were clear systems for staff to be able to raise concerns.

There had been some changes to staff recently and there were some vacant posts being covered by staff from other homes or by agency staff. Staff were vetted before they started work at the service to make sure they were suitable to work with vulnerable adults. The staff managed people's medicines in a safe way for them.

Staff said they felt trained and supported in their roles. 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. For example five people needed staff support and supervision when out in the community because they had little understanding of road safety.

People were supported with their nutritional health. At the time of this inspection the meals had become repetitive with several pasta dishes during one week which did not correspond to the four weekly menus that were in place. People were supported to access community and specialist healthcare services, such as GPs and speech and language therapists, when they needed these.

People who were able to express their views indicated that they liked the home, their bedroom and the staff. Relatives made positive comments about how people reacted to the support they received from staff. One

relative commented, "My [family member] is very happy there and we're happy for them."

The home had a friendly, relaxed atmosphere and people seemed comfortable with staff. Staff treated people with dignity and respect. Staff told us their colleagues were "very caring". For example a newer member of staff commented, "They are really nice staff. They're all about the people and want them to have lovely lives."

The records about how to support people were personalised and identified people's abilities and needs. But they did not always refer to people's own future wishes and goals that they had expressed, such as holidays and contact with friends.

Each person had a plan of social activities they could take part in, although relatives and staff felt these were a bit limited due to transport arrangements. People were able to show if they were unhappy about a situation. Relatives had information about how to make a complaint and said they felt able to raise any issues.

Relatives and staff felt the organisation was well run and the home was well managed. One relative commented, "They run it like it's their own home. It's like a family and I know my [family member] is happy there."

Staff felt valued and informed by the provider. Their comments included, "It's a good organisation to work for", "they keep us informed" and "it's well organised". The provider had a quality assurance system to check and improve the quality and safety of the service.

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.

Staff knew how to report any concerns about the safety of people who lived there.

There were enough staff to support people in a safe way. The provider checked potential new staff to make sure they were suitable.

Risks to people were assessed and managed. Medicines were managed in the right way.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were well trained in health and safety and care.

Staff understood the Mental Capacity Act so they knew how to make sure people were not restricted unnecessarily.

Staff worked with health and social care professionals to make sure people's health was maintained.

Is the service caring?

Good ●

The service was caring.

People were relaxed and comfortable with staff.

Relatives felt staff were friendly and helpful towards their family members.

People were treated with dignity and their choices were respected.

Is the service responsive?

Requires Improvement ●

The service was not fully responsive.

People's care records did not always include their own wishes or how they were being supported to achieve these.

Staff supported people with activities, although relatives and staff felt these were limited.

People could express if they were unhappy about anything, and relatives felt they could approach the staff about any issues.

Is the service well-led?

Good ●

The service was well led.

The home had an experienced registered manager.

Relatives and staff felt the service was well-organised.

Checks were carried out of the safety and quality of the service for the people who lived there.

Rubicon Rise

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 7 June 2016. We gave the service 24 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 any improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with other information about any incidents we held about the home.

We contacted commissioners of the local authority and social care professionals to gain their views of the service provided at this home. We contacted the local Healthwatch group to obtain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any concerns from these agencies about the service at Rubicon Rise.

The six people who lived at this home had complex needs and for some people this limited their communication, so we also contacted relatives for their views.

We joined people for a lunchtime meal and, with their permission, looked at their bedrooms and communal areas of the home. We spoke with a senior support worker and three support workers.

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, the records of three staff, training records and quality monitoring records.

Is the service safe?

Our findings

The people who lived at the home had communication needs that meant they were not fully able to express their views. Relatives said people were "safe" and comfortable at the home. One relative commented, "[My family member] is happy there."

Staff told us they had regular training in safeguarding adults. Training records showed that all staff had received this training in the last year. Staff knew how to recognise the potential signs of abuse and said they would have no hesitation in reporting any concerns. One staff member commented, "I would feel able to report it to the senior or manager, and would go higher if needed."

The provider had clear policies on safeguarding vulnerable adults and whistleblowing (for staff to report any poor practices). Staff had access to a safeguarding file in the office that had guidance and reporting forms for staff. There was a 'see something, say something' poster in the office reminding staff of their duty to contact the provider if they had any concerns. There had been no safeguarding incidents at this home. One staff commented, "It's very safe for people." Another staff member said, "People are safe here and it's a lovely home."

Risks to people's safety and health were assessed, managed and reviewed. People's records included individual risk assessments which provided staff with information about identified risks and the action they needed to take. For example, some people had mobility needs and used specialist mobility equipment to support them, such as hoists. There were moving and assisting assessments and support plans to guide staff in how to support the person in the right way. Accidents and incidents were recorded and acted on where necessary. The reports were checked at monthly audits by the senior staff for any trends. There had been no significant accidents or incidents in the home over the past year.

All required certificates for the premises were up to date, such as gas and fire safety and legionella testing. The staff carried out monthly health and safety checks. There were contingency arrangements for emergencies, including evacuating people from the building. There were personal evacuation plans for each of the people who lived there.

The bungalow was owned by a housing association. The provider, Sunderland City Council, rented the property from the housing association and was responsible for the upkeep of decoration and furnishings. Most areas of the home were well decorated and furnished, bright and comfortable. Although there were no safety issues in the home, there was a shower room that was showing signs of wear and tear. For example, a rusting radiator and grab rails, peeling floor and damp odour. This had been reported to the housing association for their attention.

Relatives told us there were enough staff to support people. One relative commented, "There seems to be plenty of staff when we visit." There were sufficient staff to meet people's physical needs. One person needed two members of staff to support them with moving and hoisting because of their mobility needs. Through the day there were typically three to four support staff on duty for the six people who lived there.

During the night there was one staff on sleep-in duty because people did not currently require support through the night. In the event of an emergency the home would be supported by a nearby telecare centre (a 24/7 care service) operated by the same provider, which would immediately provide additional staff. This meant there was access through the night to extra staff if necessary. A member of staff told us, "There's enough staff to keep people safe."

Relatives commented on the recent changes to staff as a result of staff moving on or applying for 'severance' from the council. At the time of this inspection there were vacancies for two full-time support workers. These posts were being covered by agency staff. The provider made sure the same agency staff members worked at Rubicon Rise so they had some knowledge of the needs of the people they were supporting. For example, one of the agency staff members had worked at the home since March 2016.

Three new staff had started to work at the home over the last year, including an apprentice. Recruitment practices were thorough and 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. The provider also carried out updated DBS checks on all staff every few years. This meant people were protected because the home had checks in place to make sure staff were suitable to work with vulnerable people.

All the people who lived at this home needed support with their medicines. There were individual risk assessments about this for each person. Medicines were securely stored in a locked cabinet in each bedroom so people received personalised support with their medicines. The home received people's medicines in blister packs from a local pharmacist. The blister packs included the day and time of day that medicines should be taken. This meant staff could see at a glance which medicines had to be given at each dosage time.

Staff understood what people's medicines were for and when they should be taken. There was a list with pictures of each medicine to guide staff. Medicines were administered to people at the prescribed times and this was recorded on medicines administration records (MARs). A medicines stock check was carried out every 24 hours to make sure the medicines remaining were correct.

All the staff were trained in safe handling of medicines before they could support people with this. It was good practice that new staff members had six competency checks, for example one a month for six months, to monitor their practices when managing medicines for people. For other staff their competency was checked at least once a year. An annual audit was carried out by the supplying pharmacist to check the medicines practices were correct. The most recent audit was carried out in April 2016 and had identified no concerns with the safe management of medicines.

Is the service effective?

Our findings

Relatives told us the home met people's needs and had supported them with their health and social well-being. One relative commented, "My [family member] has come on leaps and bounds since moving here."

Staff told us, and records confirmed, they received relevant training in care and health and safety, such as food hygiene, first aid and fire safety. Seven staff had achieved appropriate qualifications, such as diplomas in health and social care. Three new staff, including an apprentice, had completed the Care Certificate (a set of national minimum standards of safe care that care workers should cover as part of their induction training). Staff commented, "The training is spot-on" and "there's always loads of training".

Staff also felt there were good opportunities for training that were relevant to the specific needs of the people who lived there. For example one person had recently been diagnosed as having dementia care needs so staff had received training in this. One staff member told us, "We've just had dementia care training. It was very informative and means we can understand how and why [the person] is changing."

New staff were provided with induction training before they started work at the home. A newer member of staff told us, "When I first started I had two weeks of induction training. The training was brilliant." It was good practice that agency staff and staff members who transferred from other care homes operated by the same provider also had an induction to Rubicon Rise when they started to work here.

Staff also felt supported in their roles through regular individual supervision sessions with the senior support worker. (Supervision provides an opportunity for individual staff members to have a two-way discussion with a manager about their role, expected practices and training needs.) Each staff member also had an annual appraisal of their performance and development with the senior support worker which were overseen by the registered manager.

Staff had recent training in the Mental Capacity Act 2005 (MCA) which 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 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). We found that the provider had made applications to the local authority about the people who lived at Rubicon Rise because they all needed supervision both inside and outside of the home. Five people's DoLS applications had been authorised by the local authority. The sixth person been assessed by an external care professional as having capacity so did not currently have a DoLS authorisation. In this way the provider was complying with the requirements of the Mental Capacity Act.

Staff had recently received training in ways of helping people to manage behaviours when they became anxious or upset. This was called Positive Behaviour Support (PBS) and included techniques such as verbal redirection for people from whatever was upsetting them.

The care records about each person included nutritional information about their eating and drinking needs. None of the people who lived there had any special dietary needs, but one person had their meal fork-mashed so they could swallow it easier. This person was supported by a staff member at each mealtime to make sure they were safe when eating their meals. They had input from speech and language therapists about this.

There was a four week menu in the home that was designed from people's known likes and preferences. People were always offered an alternative if they did not want the main option. We saw the food cupboards were well stocked with fresh vegetables and a range of produce. However we noted from daily food records that five lunch and tea time main meals for the week had been pasta dishes. The senior support worker agreed this was contrary to the four week menu and would raise this with staff members. People also had occasional opportunities to go out for lunch.

Daily records were kept of the meals people had eaten. One person's care records stated they should be offered snacks and smoothies in between meals to help them put on weight. Staff confirmed the person did have snacks, although these were not specifically recorded on the meals records so it was difficult to tell how much they had eaten. The home aimed to record people's weight on a monthly basis but for the past few months had not had access to specialist scales for people with mobility needs (although those people were not deemed to be at nutritional risk). The senior support worker described future plans for people to be weighed at another home that had suitable scales. However this would have to be with people's permission from the other care home and in a way that would not be detrimental in terms of transport costs for the people who lived at Rubicon Rise.

Each person had a health action plan that set out how their health care needs were met. People were supported to access local community health care services such as GP, dentist, chiropodists and opticians. It was good practice that the home had arranged for home visits for some people by these services as due to the unfamiliar environment they would be too agitated to attend the surgeries. There were records of any contact with community or specialist healthcare professionals, such as speech and language therapists.

We saw staff responded quickly to possible changes in people's health needs. For example, we saw from records that staff had recently arranged a full health check with the GP for one person because their vocal behaviour had increased and they wanted to make sure this was not due to pain or illness. Another person's daily routines had changed and staff had been proactive in referring this to appropriate health care professionals for tests and screening.

Is the service caring?

Our findings

People who were able to express their views said they liked the home, their bedroom and the staff. Relatives made positive comments about how people reacted to the support they received from staff. One relative commented, "My [family member] is very happy there and we're happy for them."

Staff spoke about people in a respectful and empathetic way that valued them. Staff described the people who used the service as 'customers' and we saw this was the term used by the organisation too. This aimed to promote the fact that people should be decision-makers about the service they received.

Staff told us their colleagues were "very caring". For example a newer member of staff commented, "They are really nice staff. They're all about the people and want them to have lovely lives." Staff felt one of the most positive aspects of the service was the "happy atmosphere" and the home was "very relaxed and laid back" for the people who lived there.

Some of the people who lived at this home had limited communication, and used non-verbal methods to let staff know what they wanted such as noises and gestures. People's individual communication methods were outlined in their care records and staff were able to describe the different methods people used and what these meant. Relatives felt staff were good at encouraging people's individual communication abilities. One relative told us, "My [family member] lets you know something in their own way. Their communication has improved so much in this house."

People were encouraged to show their choices, for example about activities and meal options. One relative said, "My [family member] likes all the staff but chooses which staff they want to support them with different things, like going to the bathroom."

The staff were patient, encouraging and supportive when talking with people. Staff gave people the time they needed to process choices and make a response. This meant people were not rushed or overwhelmed to choose. For example, one person chose not to have the lunchtime meal that was placed in front of her by pushing it away. Staff immediately made another option as quickly as possible and again the person pushed it away to show they did not want it. The staff made a third option and the person accepted this.

One relative felt that living at Rubicon Rise had improved their family member's abilities. For example, they told us, "My [family member] is doing more for themselves since moving here. Every time we go they are doing a bit more."

A staff member told us, "Everyone here is different and we try to assist them with whatever skills they have." We did note that one staff member supported a person after their meal by wiping their face. This was something the person could have managed themselves and the senior support worker agreed to remind staff about encouraging people to retain their own skills.

One person had been supported to access advocacy services as they did not have any family members to

support them for significant events or decisions.

Is the service responsive?

Our findings

People had care records that set out their individual care needs. The care records we looked at were detailed and personalised about the assistance people needed. The support plans included areas of assistance such as communication, general health, mobility, personal care, behaviour and medicines.

Most people were not involved in planning their care service because of their limited communication. However people were asked about their future wishes and goals at monthly house meetings. We saw from the minutes that at every meeting for the last six months one person had said they wanted to go on holiday to a specific place. This goal was not recorded in the person's care records and there was no record of any action taken to support the person to achieve their goal. Another person had expressed a wish to meet up with old friends from a previous home. Again this was recorded in the meeting minutes for the past two months but there was no record in their support plans or in the meeting minutes about any action taken to assist them with this goal. In this way the service did not always demonstrate that people's expressed wishes were acted upon. In discussions the senior support worker was able to describe actions taken and the reasons why these goals may not yet be met but agreed there should be a record of how the people were being supported towards achieving them.

Relatives felt the service did respond to people's decisions on a day to day basis. For example, one relative commented, "My [family member] makes their own decisions and lets the staff know whether they want to do something or not."

Relatives felt the permanent members of staff were knowledgeable about each person's needs. We saw staff adapted their support to meet each person's individual requirements. For example, one person needed specific support with all daily tasks. Other people simply needed verbal guidance with personal care tasks.

The care records about people were written in a personalised and valuing way. For example, people had 'all about me' booklets in their bedrooms that helped staff get to know the person. The booklet was in easy read and picture format to support people's communication. One person's booklet included statements such as 'I am a sociable person and love other people's company' and 'I do not have speech so you will need to watch my body language and listen for changes in my vocals'.

Two people had placements at a day centre where they went twice a week for vocational and social activities. Two people also went to a weekly coffee morning at a church. Each person had one day a week where they had planned one-to-one support to do any activities they wanted, for example shopping trips or cinema. The remainder of the time people were reliant on staff for support with activities and social events. These were mainly in-house activities such as arts and craft, listening to music and watching television.

Relatives and staff said there were some activities for people but more could be offered if the home had its own transport for people. One staff member commented, "There are some activities but it's a bit limited because there's no transport and not always enough staff to do much outside the home." Another staff commented, "It's hard to take people out on spec if they want to go because there's no vehicle so we have

to rely on buses or taxis." In discussion the senior support worker explained that most people could use public transport and occasionally the service hired a car to take people on day trips.

There was information for people in the hallway about what they could expect from the service. This was written in easy read and picture format to help people understand it. The information included how people could make a complaint. People were also asked if they had complaints or compliments at their monthly house meeting.

Relatives also had access to this information. The relatives we spoke with said they would feel comfortable about raising any concerns with the registered manager. One relative had raised an issue in the past about clothing and had discussed it with the registered manager. Another relative told us, "If anything wasn't right I would feel able to say so, because my [family member] wouldn't be able to. If they knew about anything I feel they would put it right." There had been no formal complaints about this service.

Is the service well-led?

Our findings

Relatives and staff felt the service was well run. One relative commented, "They run it like it's their own home. It's like a family and I know my [family member] is happy there."

The home had an experienced registered manager who had been in post for several years. Relatives and staff said the registered manager was open and approachable. One relative told us, "[Registered manager] is a really nice man. Really friendly and approachable."

The registered manager was supported in running the service by a senior support worker who had a management qualification. The senior support worker carried out much of the day to day supervision of the home with oversight from the registered manager. Staff said the service was "well organised" and that the senior support worker "keeps us right".

People were asked for their views at monthly house meetings. Although some people were unable to express their views verbally they were able to indicate if they liked or disliked anything. There were set agenda items that included complaints, compliments, activities and menus.

The provider had leaflets called 'Tell Us What You Think' to encourage comments from people and relatives. The leaflets asked 'is there anything particularly good' and 'is there anything you think could be improved'. At the time of this inspection the leaflet was not in easy-read format to support people's communication skills, but people were asked for their views at their monthly house meeting. The managing director of the organisation also held regular Family Forums for relatives of all the services it provided, although currently none of the relatives of the people at this service attended.

Staff meetings were held monthly. This gave staff an opportunity to meet as a group to discuss strategies for supporting people and also to receive consistent direction from the management team. Staff who were unable to attend were asked to read and sign the minutes of the meetings so they were aware of the discussions held.

Staff told us they felt included in suggestions about how to improve the care service for people. Each staff member received a monthly newsletter from the provider outlining challenges for the organisation but also celebrating services that had won awards for good practice. The newsletters encouraged staff to give any suggestions about how to improve services.

Staff said they felt valued by the home's management team and by senior managers of the organisation. One staff member commented, "I feel we're kept informed by the organisation even though it's so big. The senior managers are totally approachable people." Other staff members' comments included, "It's a good organisation to work for", "they keep us informed" and "it's well organised". In June 2015 the staff team at Rubicon Rise had been awarded 'Team of the Month' for the care and support provided to a customer who passed away.

The provider had a quality assurance system to check the quality and safety of the service. Staff carried out a number of audits to ensure the welfare and safety of the service. These included monthly health and safety and infection control checks. The senior support worker also carried out monthly 'home audits' which included checks of evacuation protocols, a sample of care records and premises safety certificates. Any areas that required attention were set out on an action plan and re-checked at the next monthly audit. The registered manager had oversight of the monthly audits and actions and these were then forwarded to a senior manager of the organisation. We were told the senior manager also carried out visits to the service throughout the year although at this time there were no reports in the home of the outcome of these visits.