Sue Ryder

Sue Ryder - Bixley

Inspection report

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Date of inspection visit:
10 November 2017

Date of publication:
11 December 2017

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

Sue Ryder - Bixley provides a personal care service for people living in a supported living setting. At the time of our announced comprehensive inspection of 10 November 2017 there were four people living with neurological conditions and physical disabilities using this service. The provider was given 24 hours' notice of the inspection because we needed to know that staff and people would be available.

At the last inspection of 28 October 2015 the service was rated Good. At this inspection, we found the service remained Good.

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.

The service continued to provide a safe service to people. This included systems in place intended to minimise the risks to people, including from abuse, infection control, and with their medicines. Care workers were available when people needed care and support and the recruitment of care workers was done safely.

People were supported by care workers who were trained and supported to meet their needs. 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. Systems were in place to assess and meet people's dietary and health needs, where required. The service worked with other organisations involved in people's care to provide a consistent service.

Care workers had good relationships with people who used the service. People's rights to privacy and independence were promoted and respected.

People were involved in making decisions about their care and support. People received care and support which was assessed, planned and delivered to meet their specific needs.

The service had a quality assurance system and shortfalls were identified and addressed. A complaints procedure was in place. The service used comments from people and incidents in the service to learn and use this learning to drive improvement. As a result, the quality of the service continued to improve.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

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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 checked 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 comprehensive inspection was carried out by one inspector on 10 November 2017 and was announced. The provider was given 24 hours' notice of the inspection because we needed to know that someone would be available in the service.

Before our 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 information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

Prior to our inspection, we received completed questionnaires from all four people who used the service, one relative and five care workers. These questionnaires provided their views of the service provided. We also received feedback from a health professional.

We visited people in their home and met three people who used the service. We spoke with two people and one person's relative. We observed the interactions between staff and people. We spoke with the registered manager and three care workers.

We reviewed the care records of two people who used the service and records relating to the management of the service, including care worker training, two recruitment files and quality assurance records.

Good

Is the service safe?

Our findings

At our last inspection of 28 October 2015 the service was rated Good. At this inspection, we found the service remained Good.

We saw that people were safe in the service and comfortable with the care workers who supported them. One person said, "I feel very safe." A care worker told us about the systems in place for ensuring the safety of the home of the people using the service. This included securing the premises at night and reassuring people that all the safety checks had been done.

The service continued to have systems in place designed to protect people from avoidable harm and abuse. People received support from care workers who understood how to recognise and report abuse. All of the questionnaires we received from people said that they felt safe from abuse or harm from their care workers. A questionnaire from a relative said that they felt that they believed that their relative was safe from abuse. All of the questionnaires from care workers said that people were safe from abuse and harm and they knew what actions to take if they suspected that a person was being abused or at risk of harm.

Risks to people continued to be managed well. People's care records included risk assessments which identified how risks were minimised, this included risks associated with going out in the community and finances. Where incidents and accidents had occurred the service learned from them and developed systems to reduce future risks. For example, falls were monitored and analysed and actions taken, such as seeking guidance from health professionals to minimise these risks and reviewing care records and risk assessments. Care workers understood their responsibilities in reporting incidents relating to people's safety.

The registered manager and care workers told us that the staffing level continued to be appropriate to ensure that there were enough care workers to meet people's needs safely. This was confirmed by people and in records. We saw that care workers were available when people needed them.

The service continued to maintain recruitment procedures to check that prospective care workers were of good character and suitable to work in the service. The care workers had worked in the service for many years, with the last new care workers starting in 2017. We reviewed the recruitment records for this care worker and another and found that appropriate checks had been made.

Medicines continued to be administered safely. Records showed that medicines were given to people when they needed them and kept safely in the service. Regular audits allowed care workers to identify issues and take action to address them. People's records identified the support that each person required with their medicines. There had been changes in the way that medicines were stored, which were now in people's bedrooms. One person told us they preferred this system which gave them more independence. Care workers were provided with training in medicines management and their competency in the safe handling of medicines were assessed.

Care workers were provided with training in infection control and food hygiene and understood their responsibilities relating to these subjects. There were systems in place to reduce the risks of cross infection including personal protection equipment, such as disposable gloves, hand wash gel and disposable paper towels. All of the questionnaires from people and a relative said that care workers did all they could to prevent and control infection, for example by using hand gel, gloves and aprons.

Good

Is the service effective?

Our findings

At our last inspection of 28 October 2015 the service was rated Good. At this inspection, we found the service remained Good.

People's care needs were assessed, planned for and delivered holistically. This included their physical, mental and social needs. The management and the care workers worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. People required equipment to support their independence, such as mobility equipment. The service's staff had worked with other professionals, including occupational therapists, to achieve the best outcomes for people. For example, ensuring that the hoists and shower chairs were suitable and safe for people's needs. All of the questionnaires from people and a relative said that people were supported to be as independent as they could be.

There were systems in place to provide information about people to other care settings, for example if people were admitted to hospital. There had been a recent change in the people using the service and discussions with the registered manager and records confirmed how this had been managed smoothly and effectively to achieve the best outcomes for people. This meant that the systems in place had supported people to move to another service and use this service in a safe and effective way.

The service continued to provide care workers with training, support and the opportunity to obtain qualifications in care to meet people's needs effectively. Training included safeguarding, moving and handling, infection control and medicines. There was also training provided associated with people's specific and diverse needs such as Parkinson's disease, equality and diversity, falls management and assisted eating. Care workers told us that they were happy with the training and support received. One care worker said that their training was updated on an annual basis and they received an e-mail notification when this was required. All of the questionnaires from people said that they felt that their care workers had the skills and knowledge to provide the care and support they needed. All of the questionnaires received from care workers said that they were provided with the training they needed to meet people's needs.

Records and discussions with care workers showed that they continued to receive supervision and appraisal meetings. These provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

The service continued to support people to maintain a healthy diet and/or with the preparation of meals and drinks. People chose what and when they wanted to eat and drink. One person said, "We plan the menu together [people using the service] but if I change my mind I have what I want." People's records identified the support that they required and warning signs that care workers should be aware of relating to their dietary needs. This included risks associated with choking. Records demonstrated that care workers had sought support and guidance from other professionals including the speech and language team, where required. The outcomes and guidance were used in people's care planning to reduce the risks to people.

People continued to be supported to maintain good health and access health professionals where required. One person told us how they were attending an appointment with the optician on the day of our inspection. People's records included information about treatment received from health professionals and any recommendations made to improve people's health were incorporated into care plans. A health professional told us that, "The manager will contact me if [registered manager] or the client has any issues relating to [health condition]," and, "When visiting [the service] there is always a carer present, they always ask the client if they can contribute to my assessment process." This demonstrated that care workers contacted other professionals where concerns arose with people's health and sought people's consent.

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.

One person told us, "I make all my own decisions, it is my life. They [care workers] always listen." People's care records continued to identify their capacity to make decisions. The records included a 'good time' and 'bad time' for discussing people's choices. For example, one person had said in their records that they did not want to discuss their care in the mornings. Where people required assistance with some decisions, such as managing their finances, the records clearly identified the other people involved in these decisions in people's best interests. People had signed their care records to show that they consented to the care they were being provided with. Care workers had been trained in the MCA and continued to demonstrate they understood this and how it applied to the people they supported. All of the questionnaires from care workers said that they had training and understood their responsibilities under the MCA.

Good

Is the service caring?

Our findings

At the last inspection of 28 October 2015 the service was rated Good. At this inspection, we found the service remained Good.

People we spoke with told us care workers treated them with respect and kindness. One person said that the care workers treated them with compassion and kindness, "They [care workers] are like family, I trust them." Another person also referred to the care workers as, "Like family," they also said, "They are caring and kind, all you need really to be listened to and kind staff." All of the questionnaires from people said that the care workers were caring and kind. All of the questionnaires from care workers said that people were always treated with respect and dignity.

Care workers continued to speak about and to people in a compassionate manner. They understood why it was important to respect people's dignity, independence, privacy and choices. People's records included information about how people's independence was promoted and respected. One person said, "They [care workers] never take over and do what I can do for myself."

People told us that they continued to make decisions about their care and that care workers listened to what they said. People's records included information about their preferences and how their choices were respected. The registered manager asked for people's permission for us to enter their home and if they wanted to speak with us.

Regular care reviews were held with people and their representatives, where required. Where people had identified any changes they wanted in their care provision their care records were reviewed and updated to reflect their decisions.

The minutes from meetings attended by the people who used the service identified that they made choices about the service provided, including with their diet and chosen activities and in their home. These records demonstrated that people were consulted about the service they were provided with and their decisions were valued and listened to. For example, people had made decisions about the use of call bells and where care workers had made suggestions about eating meals with people and contributing financially to the food, this was discussed and agreed with people before it was implemented.

Records included information about people's friends and family who were important to them and the arrangements for support to maintain these relationships to reduce the risks of isolation.

Good

Is the service responsive?

Our findings

At our last inspection of 28 October 2015 the service was rated Good. At this inspection, we found the service remained Good.

The service continued to provide a responsive service which met people's individual and diverse needs. People told us that they were happy with the support they received. One person said, "I am happy here." Another person commented, "I love it [using the service]." One person's relative told us that the service was, "Perfect," for their relative's needs. One health professional told us, "The client always seems relaxed and happy in [their] environment. [Person] looks very well cared for and is always immaculately presented… I have only praise for the staff and the care they deliver." Questionnaires from people said that they were happy with the service they were provided with.

The service continued to ensure that people's care records were personalised to include information about them designed to provide care workers with the information that they needed to meet people's needs and preferences. The records included information about people's diverse needs and how they were met. For example, when people became anxious and the support they required and the individual care and support they required to meet their specific conditions. The records identified how people's independence was promoted and respected and any equipment they required to support them with their independence. People's records also included information about the person, their history, likes and dislikes and what made an ordinary day into a good day. This gave care workers knowledge about the people they supported and their preferences.

There were no people using the service receiving end of life care. However, where people chose to discuss this, their records identified their choices should they require this support.

The service continued to provide people with the opportunity and support to maintain links with the community and undertaken meaningful activities that they enjoyed. We saw that people chose what they wanted to do. During our inspection, two people were planning to go out to a local town. They told us what they were going to do in town and that they were being supported by care workers. This meant that people undertook meaningful daily activities as part of their care and support plan.

Where required, people were supported to maintain contacts with friends and family to ensure the risks of people being isolated were minimised. This included e-mails contact with relatives who lived a distance away from the service which affected their ability to visit regularly. One person showed us their photographs of their family and said that the care workers helped them to maintain e-mail contact, which they were happy about.

There was a complaints procedure in place and the service continued to address any concerns and complaints received in a timely manner and use these to improve the service. There had been no complaints received in the last 12 months. However, we saw the records of a recent concern which had been received by the service and saw that this was addressed promptly. This included providing feedback to the

person and speaking with a care worker to reduce future occurrences. All of the questionnaires received from people said that the service responded well to any complaints or concerns they raised.

Good

Is the service well-led?

Our findings

At our last inspection of 28 October 2015 the service was rated Good. At this inspection, we found the service remained Good.

The registered manager continued to promote an open culture where people, relatives and care workers were asked for their views of the service provided. Where comments from people were received the service continued to address them. People's views were gained from meetings, care reviews and satisfaction questionnaires. The registered manager told us that the annual satisfaction questionnaires had recently been sent out to people and the outcomes had not yet been sent to the service. They said that if any concerns were received action would be taken to address them to ensure that people's experiences of the service improved. All of the questionnaires from people said that they were asked about what they thought about the service provided.

Care workers told us that they felt supported by the registered manager and they could go to them if they were concerned about anything. Care workers spoken with said that they felt confident that they could raise issues with the registered manager, who was open and willing to listen to and implement ideas about improving the service for people.

Care workers understood their roles and responsibilities in providing good quality care. Those we spoke with told us that they understood whistleblowing and would not hesitate to report any incidents of bad practice. They were confident that the registered manager would listen to their concerns. All of the questionnaires from care workers said that their managers were accessible and approachable and dealt with effectively any concerns they raised. They also said that they felt confident about reporting any concerns or poor practice to their managers.

Care workers told us that they were a good team who worked together to meet people's needs. There were systems in place for communication between care workers and the management team. This included meetings and communication books. The communication books included written messages to all staff where they had noted actions were required, for example a timer had been purchased to assist care workers with the required specific times that a person needed with their medicines administration. Minutes of care workers meetings identified that they were asked for their views and suggestions about improving the service. This included suggestions about how call bells were managed. This in turn was discussed with people in their meetings and people had the final say about agreeing with the new systems.

The registered manager continued to carry out a regular programme of audits to assess the quality of the service and identify issues. These included audits on medicines, records, and incidents and accidents. We saw that these audits and checks supported the registered manager in identifying shortfalls which needed to be addressed. The registered manager told us that the provider had a quality team who could assist them in improvements if needed. For example, if the quality team noted an increase in incidents such as falls, they contacted the registered manager to offer guidance and support to reduce future incidents and analysis.

The registered manager told us about the management structure of the service and the systems in place to support them in providing a good quality care to people. This included support provided by their line manager, the provider's quality team and human resource team.

The service worked with other organisations to ensure people received a consistent service. This included those who commissioned the service, safeguarding and other professionals involved in people's care.