

Sirona Care & Health C.I.C.

Connections

Inspection report

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Date of inspection visit:
14 April 2016

Date of publication:
27 May 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 14 April 2016 and was announced. We gave the service 48 hours' notice of the inspection. This was to ensure that people were available to meet with us and that staff were available. This was the first inspection of the service since it was registered under a new provider.

Connections is the location for North East Somerset Supported Living Service which provides personal care to 22 people. The service focuses on supporting people with a learning disability to live independently. They also provide support to people with complex needs associated with a disability and in these circumstances can provide up to 24-hour care. This inspection did not look at the day centre element of Connections.

There was a registered manager for the service. 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 treated with care and courtesy by the staff that supported them. Staff were able to give people plenty of time when they were supporting them. There were many positive interactions between people and staff. People approached staff in a relaxed way when they wanted to talk with them.

People's needs were identified and their care was planned with their involvement. Care was delivered in a way that properly met their needs in the way they preferred.

People were supported to eat and drink enough to stay healthy and they were supported with preparing meals and drinks.

People were assisted with their needs by staff who were monitored and supported in their work. People also benefited because they were supported by staff who were properly trained and competent to meet their needs.

People spoke positively about the care and support they received from the staff. Examples of comments we were told included, "They're all nice to me" and "I like living on my own now."

Care records were informative and clearly showed what to do to effectively assist people with their personal care needs.

People were well supported to make complaints and express their views about the service that they received.

The staff showed that they understood the needs of the people they supported. People were well supported to make choices about the support they wanted and how they chose to spend their day.

The provider's visions and values were understood by the staff who put them into practice when they supported people. These included providing personalised care so that people were treated as unique individuals.

There was an effective system in place to check and monitor the quality of service that people received. The views of people and their family, as well as staff were sought as part of this process. When improvements were needed, prompt action was taken and these were acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

There was a safe system in place so that people were supported to manage their medicines safely.

There was a system to recruit staff safely and ensure they were trained to meet the needs of people who lived in their homes. There was enough staff to provide people with a safe level of care and support.

Staff knew about the types of abuse that occur and they were aware of how to report it.

Is the service effective?

Good ●

The service was effective

Staff understood the needs of people they supported and knew how to provide effective care.

Staff were supervised and felt well supported in their work. Staff were also trained so that they were able to provide people with effective care.

Is the service caring?

Good ●

The service was caring.

People thought staff were very caring kind and supportive.

Staff supported people with their range of needs in a respectful and caring manner.

The staff team who visited people had worked with them for many years and knew them well.

Is the service responsive?

Good ●

The service was responsive

People's needs were identified and support was being provided

as agreed in their care plans. People received support and assistance in the way they preferred.

People were encouraged to be independent and to make choices in their daily life.

There was an effective system in place to investigate and address complaints and concerns.

Is the service well-led?

Good ●

The service was well led

The quality of care and service was regularly checked and monitored to make sure it was safe and suitable for people. People were asked for their views as part of this process and the feedback they gave was positive.

The team understood the provider's visions and values. The staff team followed these in their work. They included providing personalised care so that people were treated as unique individuals.

Connections

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.

The provider was given 48 hours' notice because people who use the service who are often out during the day. The inspection took place on 14 April 2016 and was announced.

Before our inspection, we reviewed the information we held about the service this included statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

We read the Provider Information Record (PIR) and previous inspection reports before our visit. The PIR was information given to us by the provider. This enabled us to ensure we looked closely at any potential areas of concern. The PIR gave us information about how the service ensured it was safe, effective, caring, responsive and well-led.

The inspection team consisted of one inspector. During the inspection we spoke with six people who used the service. We also spoke with five members of staff, the deputy manager, and a senior manager.

We looked at three people's care records. We observed how staff engaged with people and looked at records that related to how the service was managed.

Is the service safe?

Our findings

One person told us "If I am unhappy I talk to staff they are nice." Another person told us "Staff are nice to me." People confirmed that they knew who to speak to if they were unhappy or upset about any aspect of their care.

To help people to feel safe about staff they were given a copy of the staff rota. This was so that they knew which staff would be supporting them on a particular day. People told us they felt safe with the staff who supported them. The staff and the people we spoke with told us they were supported by regular staff that they got to know them well.

Staff understood how to try to recognise the signs of abuse. Staff were also able to explain to us what action they would take to try to keep people safe. All of the staff said they would report any concerns immediately. Risks to people's safety and wellbeing were identified and actions needed to support people were set out in their care records. For example, it was identified that there were certain risks when one person went out into the community on their own. Sometimes they felt extreme anxiety due to a fear of dogs. When this happened, the actions that were needed to help the person feel safe were clearly explained in their care record. People's care plans were clear; they explained how staff should support people if they acted in this way. The staff we spoke with said this was rare. They only provided guidance or verbal support in these situations. They did not use additional medication or restraint to support people with their behaviours.

When incidents and occurrences happened involving people in their home, changes to their care were implemented when needed. The registered manager and staff recorded significant incidents and occurrences that had taken place that involved people who used the service. The care records had been updated and they reflected any changes to people's care after an incident or occurrence. The registered manager told us they used this information as a topic for discussion at staff meetings. This was to ensure sure that staff were up to date with any changes to people's care after an incident or occurrence.

The provider ensured that the risk of unsuitable staff being recruited was minimised. Staff employment records showed that a variety of checks had been undertaken to determine applicants' suitability for the work. References had been obtained and information received from the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with vulnerable adults. Other checks had been carried out to confirm the applicant's identity and their employment history.

The staff told us that the numbers of staff needed and the time duration of support for each person was adjusted when required. They told us how the support needs of each person were regularly monitored and reviewed. This was done based on people's needs and how many people staff were providing care to.

People were supported to manage their own medicines safely in their own home and were given them when they needed them. Medicine charts were accurate and up to date and confirmed when people were given their medicines or the reasons why not. People kept their medicines securely and regular checks of the

supplies were completed. Staff went on regular training to ensure they knew how to support people safely with their medicines.

Health and safety risk assessments were undertaken to minimise risks and to keep people safe. Checks took place and actions put in place when required to make sure the people's homes were safe and suitable. For example, checks were carried out to ensure sure that electrical equipment, and heating systems were safe to use.

Is the service effective?

Our findings

People were supported by staff who knew how to communicate with them effectively. Staff told us part of their role was to encourage and assist people to make decisions about their care. They told us the majority of people were able to make their views known. Staff said it was important to give people clear information and plenty of time to respond. Staff had to get to know people very well. They also understood how to interpret the needs and wishes of people whose communication was non-verbal. Staff said they read facial expressions and body language to understand people.

Due to their specific needs some people used pictures and makaton (a form of sign language). Support for people with decision-making was covered in their assessments and in care plans. There was information in care records that showed how to support people with how they chose to spend their day, who they wanted to socialise with and what meals and drinks they wanted to prepare. People signed their care records where they were able to confirm they agreed with what had been written in them.

Staff had been trained in the Mental Capacity Act 2005, which helped them to support people to make decisions. Staff knew who to involve if people could not make decisions for themselves. They knew these decisions must be made in the person's best interests.

People were well supported to eat nutritious food and drink that they enjoyed. Some people we spoke with explained how the staff helped them to prepare and cook their own food. There was useful information in care records which set out how to support people with their nutritional needs. The staff team had been on training sessions to help them understand how to support people effectively with their nutritional needs.

People were supported with health care needs by health and social care professionals. Staff supported some people with complex health conditions. The staff had been provided with specialist training from health professionals to enable them to do this. For example, one person had complex mobility and swallowing needs. Staff knew how to support them effectively with these. Staff recorded when people saw the GP and had other medical appointments. The staff told us and the records confirmed that guidance given to staff was acted upon.

The staff told us that senior staff carried out regular unannounced spot checks on them while they were supporting people. The staff said the aim of the spot checks was to ensure people were assisted with their needs in a suitable way. Supervision records confirmed that staff were well supported and developed in their work. The staff said that they met with a senior staff member regularly. They said they talked with them about work matters and reviewed how they were assisting people. They also told us that their training needs and performance were discussed with them at each meeting.

The staff told us there was always support and someone they could contact any time for guidance. They said there was an out of hour's telephone number they could use to speak to someone for advice.

Staff told us they felt positive about the regular training opportunities they had. They said the training they

had done had helped them understand how to support people effectively. The training staff had been on was in a range of relevant subjects. These included a course about personal care and about understanding the needs of people with learning disabilities, the needs of people with autism, general health and safety issues as well as food hygiene, first aid, Infection control and medicines.

New staff were given in depth training and support when they began working for the service. Staff spoke highly of the training they received; they said it helped them to understand people's particular learning disabilities as well as how to provide them with the care they needed. There was an induction-training programme for all new employees. The staff induction programme included areas such as how to support people with complex health needs, safeguarding adults, and care for people with autism and medicines.

Is the service caring?

Our findings

Every person we met spoke highly of the caring attitude of the staff and told us the care from the staff was of a high standard. Examples of comments people told us included, "They are good to me", "I like the staff and "I like my keyworker".

People looked comfortable and relaxed with the staff. We saw that staff treated people with respect. The staff demonstrated that they were knowledgeable about the care people required and the things that were important to them in their lives. For example, they were able to describe how different people liked to dress and we saw that people had their wishes respected. One person told us they went shopping to choose clothes with the support of their key worker.

Staff we spoke with said that people were well cared for they knew people well and understood their needs. The staff explained that people have a care plan in their own homes. They also told us plans were kept up to date. Staff felt the care they provided was of a good standard. They also said they always had enough time to care for people properly and in a personalised way.

Every person we spoke told us that staff who visited were always respectful to them and assisted them in the way they wanted to be supported with their care needs. Care records showed people had helped to plan what sort of care and support they received. For example, what time their visit took place and what gender of staff they wanted to have support them. People told us about their care plans and said they were involved in writing them. Staff knew the people that they visited very well and spoke positively about how much they enjoyed their work. New staff were taught about the idea of person-centred care when they completed their induction programme. Person centred care means that people should always be respected as a unique individual. Staff told us the importance of providing person centred care was raised at team meetings.

The provider told us in their PIR what they do to ensure that the service is caring. They explained that care plans were tailored to the unique needs of each person. They also explained that staff were trained to understand what person centred care was and how to provide this for people. For example, by ensuring that staff supported people to make choices in their daily life.

Is the service responsive?

Our findings

Care plans were person centred and contained information for staff on people's personal preferences. People were cared for in a way that was intended to maintain their safety and welfare. The information we read in the care plans was detailed and informative. The care records contained guidance showing what to do to support each person with their particular personal care needs. The staff told us how they assisted people in the ways explained in their care records. For example, some people needed prompting and supervision with their personal care. Other people needed more support with their care and with their mobility.

We saw the provider's complaints and compliments folder. The registered manager told us there had been one formal complaint this year. Everybody we spoke with said they had never needed to complain. People were familiar with the provider's complaints procedure, but all said they would speak to the registered manager directly.

Everyone we spoke with said that they felt confident they could make a complaint to the registered manager or any of the staff. There had been one complaint made about the service since the last inspection. The complaints procedure had been followed. A letter was sent to the person and this told them what course of action was taken to investigate their complaint.

People told us they had been given a folder that contained information about the service. This was to help them decide if they felt it was suitable for their needs. The information people were given was clear and it explained in detail the services offered. This information meant people were able to make an informed choice about whether the agency was suitable for their needs.

We saw that surveys were sent to people at least once a year. People were asked in the survey if they had any complaints about the service. Where people had raised concerns in the survey form we saw detailed actions were taken by the registered manager to address them. The latest responses from people were overwhelmingly positive.

The provider explained in the PIR they sent us what they do to ensure people received a responsive service. They said that the views of people who used the service and of their families were actively sought. They explained that this was to improve overall standards for people who used the service. Recent feedback had been very positive from people and their families.

Is the service well-led?

Our findings

People told us that the registered manager came to see them on a regular basis. They said they were asked to give their views of the service the staff provided and what they felt about the way their needs were met. They told us the registered manager and other staff based in the office listened to them and took their views seriously.

We saw that people approached the deputy manager and other senior staff throughout our visit. Every time someone wanted to speak with them, they made plenty of time to be available for them and were very warm, accommodating and friendly.

The managers told us they kept up to date with current matters that related to care for people with a learning disability by going to meetings with other professionals who also worked in social care. They told us they shared information and learning from these meetings with the staff team. They also told us they read online articles and journals about health and social care matters.

Health and safety audits and quality checks on the care people received were undertaken regularly in their homes. Actions were implemented where risks and improvements were needed. For example, an assessment of bathroom and kitchens were carried out to ensure they were safe.

The staff had an understanding of the provider's visions and values. They were able to tell us they included being person centred in their approach with people, supporting independence and respecting diversity. The staff told us they made sure they followed these values when they supported people they visited.

All staff were asked to complete a staff survey which asked for their views about the organisation and about working at the service. They were also asked if they had suggestions for improving the service. Staff told us they felt listened to by the organisation they worked for and by the registered manager.

An annual quality review was carried out to find out people's views of the service. People said; they were satisfied with the care and support they received. They also commented that they felt well cared for and knew how to raise concerns should they have any. The registered manager had completed regular audit checks on different aspects of the service and how it was run. They checked care plans, adverse incident, risk assessments, complaints and health and safety matters. The records showed that all of these audits were completed regularly and were kept up to date.

A senior manager visited the service regularly and carried out a quality check on the service. The reports from their visits showed that people who used the service were asked for their views as part of this process. This audit also reviewed records such as complaints, staff training and staff meeting minutes. If any areas for improvement were identified an action plan was put in place and reviewed at the next visit.

The PIR included information about how what systems were in place to ensure that the service was well led. For example it was explained that staff were aware of Sirona's Visions and Values and were witnessed

interacting with service users in a dignified manner in the 'mock' inspections and quality checks that were recently carried out.