Sunderland City Council

Sunderland Community Support Service

Inspection report

Leechmere Centre
Leechmere Industrial Estate, Carrmere Road
Sunderland
Tyne and Wear
SR2 9TQ

Date of inspection visit:
08 June 2016
09 June 2016
29 June 2016

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01 September 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

This inspection took place on 8 and 9 June 2016 and was announced. We also spoke with relatives between 22 and 29 June 2016. This is the first time the service has been inspected since it was registered on 4 April 2014.

Sunderland Community Support Service is registered to provide personal care to people living in their own homes who have been in hospital or require support due to a decline in their health. The service lasts up to approximately six weeks and focuses on assisting people to regain daily living skills, mobility and confidence living at home. At the time of the inspection 150 people were receiving support from the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said they were happy with their care and support they received. One person said, "They're (staff) pleasant and polite. They really look after you." Another person said, "Oh yes, they're all nice girls. Before they go they always ask if there's anything else they can do for me." People told us staff were respectful of their wishes when providing support. People were supported to be as independent as possible in line with their goal plans.

People had risk assessments in place and associated care plans were clearly linked and updated in line with risk assessment reviews.

Medicines were managed effectively with people receiving their medicines appropriately. All records were complete and up to date with regular medicine audits being carried out.

Staff had a good understanding of safeguarding and were confident in their role of safeguarding people. Any safeguarding concerns were investigated with the outcomes fed back and practices changed if necessary in order to prevent reoccurrences. Staff were aware of the registered provider's whistle blowing procedure and told us they felt comfortable raising issues with management.

Accidents and incidents were recorded with details of any action taken to deal with the issue.

Staffing requirements were assessed in line with people's support needs. Staffing rotas were consistent and staffing cover was provided by existing staff. Staff were recruited in a safe and consistent manner with all necessary checks carried out.

Staff had up to date training and regular direct observations of staff practices were carried out as part of the supervision process. Staff received annual appraisals.

People were supported to access services from a range of health care professionals when required. These included doctors and occupational therapists.

People were supported to meet their nutritional needs, including when they had special dietary needs.

People's care plans were detailed, personalised, up to date and reflected current needs. Staff used them as a guide to deliver support to people in line with their choices and personal preferences.

People told us they knew how to raise concerns and would feel comfortable in doing so. They were complimentary about the service and told us they never had any problems or complaints with the service and were happy with everything.

Staff told us they felt supported by the management team. They told us management were "very, very good". They told us management were very approachable and communication was open, honest and transparent.

The management team carried out a range of regular audits related to the service provided, as well as the quality of support plans and information recorded by staff.

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. People told us they felt safe receiving support from staff.

People's medicines were managed safely.

Staff had a good understanding of safeguarding adults and whistle blowing, including how to report concerns.

There were enough appropriately recruited staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People felt the service met their needs and staff were competent and experienced. Staff received regular supervision, direct observations and annual appraisals to support their development.

People were supported with their nutritional needs.

People were supported to access external health care professionals when needed.

Is the service caring?

Good

The service was caring.

People told us they were happy with the service they received and said staff "really look after you" and were "pleasant and polite".

Staff treated people with respect and dignity. People told us they felt comfortable with staff supporting them with personal care.

The service had information about advocacy and this was available to people who used the service.

Is the service responsive?

Good

The service was responsive.

Care records reflected people's changing needs and tracked their progress to becoming more independent.

Care records contained information about people's preferences, likes and dislikes.

People told us they knew how to complain but had no problems or concerns with the service they received. When complaints were raised they were fully investigated and outcomes were shared with complainants.

Is the service well-led?

Good

The service was not always well-led.

Staff told us they felt management were supportive, approachable and open with communication.

Staff attended regular team meetings and also received memos from management to keep them informed of changes and updates in the service.

Regular quality audits were carried out and improvements were made where identified.

Sunderland Community Support Service

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 8 and 9 June 2016 and was announced. We also spoke with relatives between 22 and 29 June 2016. We gave the registered provider 48 hours' notice as it was a community based service and we wanted to make sure people would be in. One adult social care inspector carried out the inspection.

Before the inspection we asked the provider to complete 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. This was completed and returned within the required deadline.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted the local authority commissioners of the service, the local authority safeguarding team and Healthwatch. Healthwatch England is the national consumer champion in health and care.

We spoke with seven people who used the service. We also spoke with the registered manager, the operational manager, two service managers and one care worker. We looked at the care records for five people who used the service, medicines records for five people and recruitment records for four staff. We also looked at records about the management of the service, including training records and quality audits.

Good

Is the service safe?

Our findings

People we spoke with felt the care they received was safe. One person told us, "I feel safe with staff. They lock my door for me when they leave." Another person commented, "I fell and broke my hip. I still felt comfortable with them (staff) helping me to the toilet." A third person, whose support had recently ended, told us, "I felt safe with them (staff). I use to have a joke with them. They helped with anything you wanted like getting in and out of bed."

People had risk assessments in place where required. Risk assessments were stored within care files covered moving and handling, medicines and personal care. They were regularly reviewed as part of 'goal plan reviews'. All identified risks had appropriate support plans in place which detailed how people should be supported to manage those risks. For example, people who were supported to take their medicines had notes in support plans for staff to ensure they had appropriate fluids to take their scheduled medicines.

Records confirmed medicines were managed safely. We viewed the medicine administration records (MARs) for five people. All records were completed accurately, with staff signatures to confirm medicines had been administered at the prescribed dosage and frequency. Where staff were unable to administer medicines to people, the appropriate codes were used and reasons were recorded on the back of the MAR. One person said, "They help with my medicine. I don't touch them (until staff are there), they give me them in my hand." Another person told us, "They come on the morning and give me my tablets." Staff competencies were regularly assessed by the management team to ensure those administering medicines were skilled to do so safely. Regular medicines audits were carried out by a member of the management team to identify any medicines errors.

People had medicine risk assessments and agreement forms in place. Information included how medicines were ordered, for example, 'a friend orders and collects them'. Other information included levels of medicines in storage without being excessive, ability of people to self-administer their medicines and where appropriate reviews of people's capacity. The level of support people required with their medicines was detailed in the care records and reviewed when necessary. For example, if a person's medicines had changed and they required additional support to support them back into a routine.

We saw the service had a range of policies and procedures to help keep people safe, such as safeguarding, health and safety and whistleblowing procedures. Staff told us these were accessible at their base office to read and refer back to. Staff had completed up to date safeguarding training in both adults and children and had an understanding of safeguarding. One staff member told us, "Initially we complete safeguarding training in the induction. We've just done safeguarding children because we might come into contact with a family with young children and need to be aware of potential safeguarding issues." Staff were able to describe the reporting procedure and told us they felt confident in their role of safeguarding people from abuse. One staff member said, "I've had to raise issues with management about a couple of people where I couldn't resolve the issues myself." They went on to tell us about a specific example and told us, "I highlighted my concerns with management and they got the social worker involved, and told family."

The operational manager had a safeguarding log and records of all safeguarding concerns including alerts raised with the local authorities, investigations and subsequent action taken. For example, interviewing members of staff, liaising with social work and health care professionals.

The registered provider had a whistle blowing procedure that staff told us they were aware of. Staff said they would use the whistle blowing procedure if necessary. One staff member said, "I would go straight to my manager with any concerns." When asked what they would do if their concerns were regarding their manager they told us, "I would go to their manager". They also told us, "I would explain to the person that I needed to disclose the information to someone as there is a potential safeguarding issue."

Records in staff files demonstrated staff were recruited with the right skills and experience. Recruitment checks had been completed before new staff started working with vulnerable people. These included checks of their identity, occupational health, reference checks and a disclosure and barring service check (DBS). DBS checks are used as a means to assess someone's suitability to work with vulnerable people, by confirming whether prospective new care workers had a criminal record or were barred from working with vulnerable people.

We viewed a selection of rotas to check that enough staff were available and deployed to calls throughout the day. Each rota contained a list of care assistants with times of calls, people's details and the type of support to be provided. For example, administering people's medicines. We saw that people had a consistent group of care assistants. The service manager told us that they tried to ensure the same care team provided support to people where possible. People told us there was enough staff to provide support. One person said, "I used to have them round four times a day (the same staff)." They went on to tell us they were getting better and their calls had been reduced to twice a day. Another person told us they received a call first thing on a morning and told us, "They (staff) are spot on with their time keeping." A third person told us, "All of them are very good with their times."

Records of accidents and incidents were recorded in appropriate detail. Records included details of those involved, what had happened and details of action taken following an incident or accident. Incident and accident records corresponded with the incident and accident log.

Good

Is the service effective?

Our findings

The provider had defined ten topics as essential training for staff, this included moving and handling, health and safety, safeguarding, equality and diversity, fluids and nutrition, basic life support and infection prevention. Staff completed the training during their induction into the service and completed refresher courses as and when required. As part of ongoing training following their induction, staff were assigned a mentor and worked through the care certificate workbook on site. This meant staff received essential training and support to induct and prepare them to carry out their roles.

Staff told us they felt supported in their roles by management. One staff member said, "It is a very, very supportive management. We get supervision every three months and an annual appraisal. In between those times if we have any concerns or queries we can always contact management." We viewed supervision records that showed staff received regular supervisions. Discussions covered a range of areas including workload concerns, people, safeguarding issues, feedback from observations, any training or development opportunities, attendance and dress code. Agreed actions were recorded and were followed up in the next supervision sessions. For example, a staff member to nominate themselves for moving and handling training.

As part of the supervision process direct observations were carried out on staff members to assess their performance and their skills, competence and interaction with people. One staff member told us, "A manager comes out with us and does observations on up to four or five people. They record anything we haven't done or they praise us for things we've done well. It works on both sides." This meant that the training programme was thorough as it checked not only peoples knowledge but their practice.

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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff had received training in MCA and DoLS. Staff understood the principles of MCA, best interest decisions and gaining consent before care and support was provided. At the time of our inspection there weren't any people receiving a service who lacked capacity. The operational manager and staff told us they work with people to tailor their support to meet their needs and wishes included specific goal plans for levels of progress they hope to make. The operational manager told us they would work with relevant professionals to make best interest decisions around peoples support needs if they lacked capacity to make the decisions themselves.

People had access to external health professionals and were supported by staff to make appointments as and when required. Records confirmed people had regular input into their care from a range of health

professionals including GPs, nurses, physiotherapists and pharmacists.

People were supported to meet their nutritional needs. One person said, "They make my meals; Breakfast, dinner, tea and supper." Another person told us, "They [staff] often say if you want a bit of toast I can put you some in." Staff supported people to prepare meals as and when required, in line with individual support plans. When staff supported people with their meals, they recorded what they had eaten and drank so this could be monitored in line with their goal plans. One person told us, "They write everything down in the book on my shelf."

Good

Is the service caring?

Our findings

People we spoke with told us they were very happy with the care they received from the service. One person said, "The lasses were a great help. They were friendly." Another person said, "Oh the carers are lovely, mostly excellent. One girl used to come in on a morning and feed my cat which I thought was nice." Another person commented, "They're pleasant and polite. They really look after you." A fourth person said, "Oh yes, they're all nice girls. Before they go they always ask if there's anything else they can do for me."

Sunderland Community Support Service regularly received thank you cards and letters from people, complimenting the service they received in the six week timeframe. The operational manager stored these in a file in the office for staff to view as well as recording them electronically. Compliments received included, 'They are, without exception, the kindest, most cheerful and helpful people I have ever encountered. The practical assistance they have given me was done with tenderness, gentleness and positivity, their support sensitive and encouraging and at all times cheerful and smiling. Each visit encouraged me to make every effort to be optimistic about my situation. I am certain that their manner during visits contributed to my wellbeing.' Another compliment received stated, 'The service was a great help I am very grateful to all the team'.

Staff told us they felt the service was very caring and they really enjoyed their jobs. Staff spoke about their role as care workers in a compassionate way. One staff member told us, "I absolutely adore my job. It's most rewarding seeing people become more independent. That's a biggie. Our main goal is to prevent a person from deteriorating and support them to improve."

People told us staff treated them with respect and maintained their dignity while supporting them with personal care. One person told us, when care workers supported them with personal care, "I feel comfortable enough." Another person told us, "The girls were very, very nice. I never had any problems."

Staff members had access to information in people's care records about their preferences, including their likes and dislikes. For example, one person's personal hygiene stated they could wash their back with a long handles shower brush but they sometimes preferred staff to do it for them. People told us staff asked them specific questions relating to their care and support. For example, what they wanted to eat and drink.

At the time of the inspection none of the people we spoke with required an advocate. The service had information relating to advocacy available. The operational manager understood the importance of advocacy services and why people may wish to access them. They told us staff would provide information or contact the appropriate services on behalf of people if necessary for those who wished to access advocacy services.

Staff supported people in a way to promote their independence. Staff told us and records daily records showed that people's support needs could fluctuate from day to day, depending on how they were feeling and how their recovering from recent illnesses or hospital visits were progressing. People told us they preferred to do things themselves but staff always asked them if they needed support or if there was

anything else they could do before the end of their call.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs, wishes and preferences. One person we spoke with said, "They (staff) are lovely, I can't fault them." Another person told us, "I have two calls a day. They do all my medication, make my bed and make my coffee. Everything is wonderful." A third person said, "They help me to shower and to dress."

People had their needs assessed prior to receiving care and support. The assessment was used to gather personal information about people to help staff better understand their needs. It covered areas including cognition, personal care, mobility, nutrition and medicines. People's dependency levels were scored under each section and an overall score was then calculated. The service used a recognised tool for this process. At the end of the planned period of support each person was reassessed. This allowed the operational manager to measure any improvements and successes in service delivery and improving people's independence.

One staff member told us, "We get a phone call to let us know that a new person is needing a service. Then we get a full referral from the GP, hospital or social worker." They went on to tell us they used the information they had of people's needs to discuss and agree goal plans with them. For example, some people may need full support with medicines. Staff monitored people's development and identified with them any changes in their needs. Support plans were updated in line with people's changing needs. People had a range of support plans in place to meet their needs including personal care, nutrition and hydration, medicines and skin integrity.

Support and goal plans were reviewed on a very regular basis to identify changes in people's needs and dependency levels. For example, one person had an exercise plan put in place by a physiotherapist. Staff supported the person to complete their exercises and maintained daily records. Discussions between staff and the person were documented as well as agreed successes and reductions in the level of support they needed.

When the service came to an end, staff recorded successes and outcomes for each person. For example, people being fully rehabilitated and those who could remain at home with on-going support. Although the service was usually provided for a maximum of six weeks, the registered provider demonstrated flexibility and provided additional support, such as a person awaiting allocation of a care agency to continue day to day support. This meant there was a smooth transition for people when transferring from one service to another.

People knew how to raise concerns if they were unhappy about the service they received. One person we spoke with told us about a complaint they had raised and explained it was investigated and they were happy with the outcome. Another person we spoke with said, "No, not a thing to complain about." A third person said, "I've not got one bad thing to say. No complaints whatsoever."

The registered provider maintained a complaints log which contained all complaints received and

subsequent action taken. We noted two complaints had been received in the last 12 months. Complaints related to staff not encouraging one person to engage in preparing their meals, missed medicines and a missed call. Records showed the operational manager had investigated the complaints, recorded all action taken and provided feedback to the complainants. Any lessons learned were recorded and communicated to staff through individual staff discussions and staff meetings. Actions included a restructure of support plan documentation, staff refresher training and circulation of specific policies for staff to read.

Good

Is the service well-led?

Our findings

People told us the service was well led. They felt that the provider was approachable and felt confident in the organisation of the support they received. One person told us, "I think it's (the service) excellent." Another person said, "The service is great."

We received similar feedback from staff who gave positive comments about the service. They spoke highly of the management and told us they felt comfortable about raising any concerns or going to them for support. One staff member said, "It's a very good company, very efficient and very well-led." They went on to say, "[Service managers] are on the ball and well organised. They keep things up to date."

The home had an established registered manager who had been in post since April 2014. During the preparation of our inspection we found that notifications were submitted in line with regulatory requirements. During the inspection we reviewed a range of records maintained by the provider and identified that three safeguarding incidents had not been notified to us appropriately.

We spoke with the operational manager about this and they informed us that they had sent the notifications. They provided documentary evidence, by way of email confirmations, that the notifications had been submitted and received by our National Customer Contact Centre. We reviewed the notifications sent to us and identified that issues had arisen as a result of the Provider using incorrect notification forms to notify us of the events, this had led to essential service identifiable information being omitted. The Provider was reminded of the importance of ensuring that all statutory notifications are sent on the standard notification form as prescribed by the Commission.

The operational manager told us they operated an open door policy at the service to enable and encourage staff to approach either themselves or the service managers with any requests for support or to raise any issues or concerns. Staff confirmed that management were approachable. One staff member said, "Our assistant manager is excellent too. If we need to speak to them they're always there."

Staff told us the service was open and transparent and management communicated information and changes well. One staff member told us, "The communication is overall really good. There is a duty line we can ring for advice or information and there is also an urgent care team we can contact for professional health and medical advice." For example, one person had informed staff they had taken two doses of medicine. The staff member contacted the emergency care team and spoke to a pharmacist about the situation. The pharmacist advised them that the person wasn't in danger and to record the issue so the person could be observed further. Staff recorded the incident and the manager discussed it at the next staff meeting to ensure everyone was aware and would use the pharmacists effectively,

We viewed policies and procedures relating to the running of the service to ensure staff had access to up to date information and guidance. Staff were encouraged to read these as part of their induction and on an on-going basis.

Staff meetings were held regularly, which gave staff the opportunity to discuss workloads as well as gaining important information about the service. One staff member told us, "We have monthly staff meetings. We mainly talk about customers, rotas and any improvements we think could be made. I tend to contribute." Staff told us they also received memos in between staff meetings if management had information to share that they felt couldn't wait until the next staff meeting. Staff told us they felt involved in the future planning and development of the service.

The service regularly sought views from people and their relatives in relation to the quality of the service they received in the six week timeframe. At the end of the period of support, people were given a satisfaction questionnaire to complete. One person told us, "I filled it in and sent it in. The service was great." People's views were analysed by the operational manager to identify any areas of development.

We viewed some of the latest quality questionnaires received and found feedback mostly positive and high scoring in all areas. Some quotes included: "I appreciate the care I received and the progress has been excellent. The first two weeks were bad and carers were patient and kind. After this, progress was rapid. Thank you"; "I am most grateful. My visits were confidence boosters"; and, "I would like to give all staff members a gold star."

The registered provider sent out corporate monthly newsletters to all staff sharing information from all services as well as information relating to the registered provider. They also contained details of winners of the employee and team of the month scheme.

The registered provider had systems in place to check on the quality of the care people received. Checks carried out included medication audits, staff competency checks, health and safety checks and whether support plans were detailed and up to date.