

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:  
17 September 2020  
18 September 2020

Date of publication:  
01 October 2020

### Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Sunderland Community Support Service provides a reablement and short-term support service to people in their own homes. Due to the COVID-19 pandemic, only the short-term support service was being provided at the time of our inspection. 75 people were using the service, all of them were receiving personal care.

### People's experience of using this service and what we found

Comprehensive assessments of people's needs were carried out before they started using the service. Staff were fully supported in their role. People and family members told us staff were appropriately trained and skilled. The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA). Staff supported people with their healthcare needs and worked closely with healthcare professionals.

The registered manager monitored the quality of the service to make sure they delivered a high standard of care. People and family members spoke positively about the quality of the service. Staff said they were comfortable raising any concerns and the management team were approachable. The registered manager had identified and implemented improvements to the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 23 April 2019). At this inspection, we found improvements had been made.

### Why we inspected

This was a planned inspection based on the previous rating. The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sunderland Community Support Service on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Sunderland Community Support Service

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector and an expert by experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This service provides short term personal care and support to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection so they could provide us with documentation and contact details for people who used the service prior to the office visit.

Inspection activity started on 17 September 2020 and ended on 18 September 2020. We visited the office location on 17 September 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and eleven family members about their experience of the care provided. We spoke with the registered manager, three care staff and one healthcare professional.

We reviewed a range of records relating to people's care and support. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- At our last inspection, we found mental capacity assessments and best interest decisions were not always conducted at one of the provider's supported living services. The provider no longer provides a supported living service under this registration.
- The registered manager and staff had a good understanding of the MCA. Staff had been trained in the MCA. They were aware of the need for decisions to be made in a person's best interests if they were unable to make those decisions for themselves.

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

- Staff carried out comprehensive assessments of people's needs before they started using the service. People told us they were involved in these assessments and could make decisions about their care and support.
- Regular assessments and reviews took place to ensure people's needs continued to be met.

Staff support: induction, training, skills and experience

- People and family members told us staff were appropriately trained and skilled. Comments included, "I've got peace of mind. They [staff] are skilled, all been brilliant" and "They [staff] do a good job, really nice girls."
- The provider had a workforce strategy and ensured staff were fully supported in their role. Staff received regular supervisions and an annual appraisal.
- A staff career progression pathway was in place. Staff training was up to date and staff told us they had received relevant training for their role. One staff member told us, "The training is more than sufficient. If any additional training is identified, they arrange it." Another staff member told us, "It's always been a very good

company for training, excellent in fact."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people with their healthcare needs and worked closely with healthcare professionals. These included nurses, occupational therapists, GPs and wheelchair services.
- None of the people being supported at the time of the inspection had specific dietary needs however staff provided support to some people at mealtimes. People and family members told us, "They made me food, porridge, whatever I wanted" and "They bring [person] tea in bed."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection, we found there was a well-established quality assurance system in place however it had failed to identify issues with mental capacity assessments. At this inspection, we found a comprehensive quality assurance system was in place to make sure the provider delivered a high standard of care.
- Regular audits were carried out by team leaders. The registered manager quality checked a sample of these audits to ensure any issues had been identified and actioned. Supervisions were held with staff to discuss and share lessons learned.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager acted in an open and transparent way. They submitted notifications in a timely manner for significant events that had occurred, such as accidents and incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and family members spoke positively about the quality of the service. Comments included, "The care that was given was amazing" and "They [staff] are marvellous, nothing to change."
- Some people told us they did not know the name of the registered manager or who to report concerns to. The registered manager showed us the checklist that was completed with each person when they started receiving support. This included details of who to contact and how to make a complaint.
- Feedback was obtained from people via regular reviews and telephone calls. An annual service user questionnaire was carried out. Every person who responded to the last questionnaire said they would be happy to use the service again.
- Staff told us they were comfortable raising any concerns and the management team were approachable. Comments included, "From when I started, they have been very good at supporting staff. I've never had any reason to think I'm out there on my own. [Registered manager] is always available and tells us so."

Continuous learning and improving care; Working in partnership with others

- The registered manager had identified and implemented improvements to the service. These included new processes to reduce medicines errors and improvements to health and safety practices. A staff member told



us, "A positive is we never stay still, we are constantly moving forward for the needs of the customer."

- The registered manager and staff worked closely with other health and social care professionals to develop and improve the service. A healthcare professional told us, "I'd like to thank [staff member] for working with us and social care closely to develop multi agency care plans" and "We would like to thank [staff members] for the commitment they have shown [name] in her own home and the keenness of staff members to try and learn more about her mental health difficulties in order to help manage challenging behaviours."