

Care and Support Sunderland Limited

Serlby Close

Inspection report

11 Serlby Close
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Tyne and Wear
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Tel: 01914194162

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 26 January 2016. The inspection was announced to ensure people who used the service would be present.

Serlby Close is an eight bedroomed, purpose built detached property located in Washington. The service provides accommodation and care for up to eight people who have learning disabilities or autistic spectrum disorders. At the time of the visit eight people were using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 people who lived at Serlby Close had complex needs which meant they were unable to tell us about their experience of the service. We spoke to relatives of people who lived at the home to gain their views. Relatives we spoke with expressed positive comments about the service their relatives received and praised the work of the manager and staff.

Relatives and staff we spoke with told us that there were enough staff on duty. During our inspection we observed sufficient staff on duty to meet people's needs.

Where risks were identified they were assessed and managed to minimise the risk to people who used the service and others.

Staff were able to describe the signs of potential abuse. Staff we spoke to had a clear understanding of what actions to take if they had concerns about a person's safety or treatment.

The provider had a robust recruitment procedure in place which included ensuring appropriate checks were undertaken before staff started work.

Medicines records we viewed were up to date and accurate. This included records for the receipt, return, administration and disposal of medicines.

The provider carried out regular health and safety checks included checks of gas safety, electrical safety, electrical appliances, fire safety and water safety.

Staff understood and applied the principles of the Mental Capacity Act (MCA), and were aware of people's rights when they could not consent themselves. We saw staff support people to make choices and decisions.

People were supported to maintain a balanced diet. We saw that each individual's preference was catered for and people were supported to manage their weight.

Staff had completed mandatory training required to perform their role. We noted all training was up to date as were supervisions and appraisals.

The provider had a personal emergency evacuation procedure in place which detailed action to be taken in the event of an emergency.

The service worked with external professionals to support and maintain people's health. We saw evidence in care plans of cooperation between care staff and healthcare professionals including, occupational therapists, podiatrists and GPs.

People were treated with dignity and respect. Staff had a sound knowledge of the people they supported. We saw staff were caring and compassionate when supporting people. Staff were aware of a person's preferred method of communication.

People were involved in a wide range of activities including bowling, ice-skating, going to the pub and shopping. Staff supported people to maintain family relationships and links with the local community.

Where people had no family or personal representative we saw the service assisted people to obtain support from an advocacy service.

Care plans were detailed and reflected people's individual needs. Reviews were regularly completed and included input from the person and their family.

We observed staff were supportive of each other. Staff told us they enjoyed working at the home and they felt supported by the manager and registered manager.

The manager had a comprehensive system to audit various aspects of the running of the service. These included checks of the medication systems, audits of care plans and people's funds.

Feedback was sought from people, relatives and staff in order to monitor and improve standards. We saw team meetings were held monthly to discuss issues within 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.

The provider operated a safe and effective recruitment system. All appropriate checks were conducted by head office prior to a person starting work.

Risk assessments were completed individually for people using the service based upon their needs.

Support workers demonstrated a good awareness of safeguarding and the process of reporting concerns.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Training and development was up to date. Staff told us they regularly attended supervisions and appraisals.

Staff understood and applied the principles of the Mental Capacity Act and consent.

People were promoted and supported in maintaining a healthy diet.

Is the service caring?

Good ●

The service was caring.

We observed staff were kind, caring and compassionate towards the people they supported. Relatives we spoke with told us staff were always respectful.

Staff were knowledgeable about the people they supported. They were aware of their preferences, interests and family structure.

Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised and contained personalised information about the person and their preferences.

The provider ensured activities were constantly available and were planned around people's preferences.

Relatives we spoke with told us they had no complaints about the care provided at the home and if they had any concerns would approach the manager.

Is the service well-led?

The service was well led.

A strong leadership was evident throughout the home. Staff worked well as a team and supported each other when required.

The provider had an effective quality assurance processes to monitor the quality and safety of the service provided.

Feedback was sought from people, relatives and staff in order to monitor and improve standards.

The provider ensured statutory notifications had been completed and sent to the CQC in accordance with legal requirements.

Good ●

Serlby Close

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 26 January 2016 and was announced to ensure that the people who used the service would be present. The inspection was carried out by an adult social care inspector. We were assisted by the manager of the service as the registered manager had to attend a meeting at head office.

The eight people who lived at Serlby Close had complex needs and were not always able to verbally communicate what they thought about the home and staff. This meant that they could not tell us about their experience of living at the home. We spoke to four relatives of people using the service to gain their views of the service.

We reviewed other information we held about the home, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

Before the inspection, we also contacted the commissioners of the relevant local authorities, the local authority safeguarding team and Healthwatch to gain their views of the service provided. Healthwatch England is the national consumer champion in health and care.

During the inspection we observed staff interacting with people and looked round the home. We reviewed two care plans and four medicine administration records (MARs) for people who used the service. We examined records including supervision and training records and various records about how the service was managed. We also consulted with the provider's head office to verify staff recruitment records. We spoke to the registered manager, the manager and four support workers.

Is the service safe?

Our findings

Relatives told us they felt their relatives were safe. One relative told us, "It's a fabulous place, I know [relative] is safe there." Another relative said, "[Relative] tells us he is happy." One support worker told us, "We make sure people are safe and well looked after."

The provider operated a safe and effective recruitment system. The manager advised that all pre recruitment checks were carried out by the provider's head office and they did not hold any documentation. We contacted the head office who provided written confirmation that all staff files held an application form, a formal interview record, references and a Disclosure and Barring Service check (DBS), which checks if people have been convicted of an offence or barred from working with vulnerable adults. These checks were carried out before staff started work at the home.

Staff told us they had completed safeguarding training and records confirmed this. Staff we spoke to could describe the different types of abuse and the signs to look out for and the action to take. One support worker told us, "I have never witnessed anything to concern me if I did I would report it to the manager." The provider had a system for the recording and the monitoring of safeguarding concerns. The manager told us they didn't have any safeguarding records as none had occurred. We discussed the type of incidents that required referring as a safeguarding and the manager was clear of the expectations placed on her as manager.

We asked about procedures for assisting people with their money. The manager advised all transactions were recorded and receipts kept, with amounts collated daily, with weekly and monthly reviews. We saw people's cash were held individually and securely in a safe within a locked room.

Risk assessments were completed individually for people using the service based upon their needs. People had risk assessments for medication and moving and handling, these described the hazard identified, how the person was at risk and control measures. We saw reviews were conducted every six weeks, this meant staff had current and accurate information on how to keep people safe. The provider also had general risks assessments for taking people in the community, driving and the carriage of cash.

We reviewed accident and incident records. The manager told us records were held within people's care plans and showed us a recent record of an incident. We saw the information was detailed and included what happened, the injury and action taken following the incident. We asked the manager if any analysis was carried out to identify any trends or contributory factors which may require investigation. They advised no analysis was currently being carried out as this was the only incident. Following our discussion the manager moved the document into the accident and incident file.

Medicines were managed safely and recorded properly. We examined medicines administration records (MAR) for four people using the service. We saw the MARs folder contained a copy of staff signatures for identification. Each person's medicine's record held a photograph of the person and a clear 'as and when required' (PRN) protocol record. The MARs we viewed showed no gaps or discrepancies.

Medicines were stored in a locked medicine cabinet attached to a wall within a locked room. The room and drug fridge temperatures were checked and found to be regularly monitored and within the required range. Medicines records were up to date and accurate. This included records for the receipt, return, administration and disposal of medicines.

We saw staff had received the appropriate training for administering medicine. We observed a support worker administering medicines, they ensured they had the correct person's medicines, dose and were sensitive when supporting the person to take their medication. Regular audit checks of medication administration records and checks of stock were carried out. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Staff and relatives of people using the service told us there was enough staff to meet people's needs. One relative told us, "There are plenty of staff." One support worker told us, "I think everyone would like more staff but I think there is enough." Another said, "People don't have to wait for staff and get out on activities that's what it's about." Staff were visible throughout the day and people received support immediately when it was required.

We examined staffing rotas. We saw a manager and four to five staff were on duty during the day and one sleep-in support worker and waking support work on duty at night. The registered manager worked during the week as an additional supernumerary staff member. The manager told us staffing levels were set by the needs of the people using the service.

We noted checks were in place to ensure the safety and security of the home. We found all records were completed and up to date, including regular assessments for fire alarms, fire equipment, electrical safety, electrical appliances, water temperatures and gas safety.

The provider had suitable plans to keep people safe in an emergency. We saw each person had a personal emergency evacuation plan (PEEPS) this detailed action to be taken in the event of an emergency and was accessible to staff. We noted this was regularly reviewed.

A new business continuity plan had recently been developed to ensure people would continue to receive care following an emergency. Plans had also been designed for action to be taken in the event of a heatwave and specific hazards in the winter.

Is the service effective?

Our findings

Relatives we spoke to told us staff had the appropriate skills and training to care and support the people living at Serlby Close. One relative said, "I think the staff are well trained they know how to help [relative]."

We saw training and development was up to date. The manager told us the training was monitored and when staff needed refresher training they would advise staff. One staff member said, "The manager keeps an eye on the training and lets us know when we need to do it." Another said, "The training is good we seem to do loads but it's important to keep up dated, things change."

We saw records of supervisions and appraisals. Staff confirmed that appraisals were conducted annually and supervisions monthly. One staff member said, "Supervisions give me a chance to discuss things with [manager] but I would never leave it to then if something needs dealing with urgently." This meant that staff had received the appropriate training to ensure people were well cared for.

We saw evidence in care records of cooperation between care staff and healthcare professionals including community psychiatric nurses, occupational therapists, physiotherapy, and GPs to ensure people received effective care. We noted staff supported people to attend meetings with their healthcare professionals and ensured any directions were followed up. For example, one person had been referred to the Speech and Language Therapy Team (SALT) to assist in developing a new method of communication. One relative told us, "When [relative] is poorly they will get the doctor out or take him to the walk in, I have no worries."

We found staff knew what people preferred to eat and ensured each person had meals they enjoyed. The provider had a four weekly menu. Staff told us other meals are available if people don't like what is on offer. We saw meals were discussed in the service users meetings and changes implemented. One relative told us, "I have even seen [staff member] go to McDonalds if that's what [relative] wants." Another told us, "Staff ensure [relative] gets a balance diet." We found where concerns had been raised in regard to a person's diet this had been monitored as was their weight and if concerns remained healthcare professionals were involved.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA). They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and understood about supporting people to make choices and decisions. The manager advised seven people living in the service were subject to DoLS and a further one application was awaiting the documentation from the local authority. Care plans we viewed contained evidence of MCA assessments and 'best interests' decisions being carried out for people who lacked capacity to make decisions for themselves.

We noted both kitchens were locked. The manager told us this had been discussed with the local authority

and had been advised as this was the only restriction it was not considered to amount to a deprivation of liberty'. We saw a risk assessment had been carried out rather than a best interest consideration. The manager advised they would complete the relevant document immediately. We saw the manager had completed the appropriate documentation a day after our visit.

Is the service caring?

Our findings

Relatives told us they felt their relatives were happy living at Serlby Close. Relatives gave positive comments about the service. One relative said, "They are absolutely brilliant." And, "The staff really care." Another told us, "They bring a smile to [relative]'s face."

Relatives told us the importance of consistency. The manager described how people using the service are involved in selecting their own key workers. One relative said, "Routine is so important for [relative] if there are changes we can see behaviours change too." Another stated, "[Manager] will try to get the same staff for [relative] it's what he likes." Staff also recognised the significance of having the same staff supporting the same person. One support worker said, "The lack of structure and routine can distress a number of people."

We observed interactions between staff and the people who used the service. It was clear by the interactions staff knew people well. We saw a happy atmosphere. Staff chatted to people in a friendly way and were quick to respond to their needs. Staff recognised small changes in people's behaviours and immediately supported the person to another activity.

Staff were knowledgeable about the people they supported. All staff we spoke to described people in a fond and caring way and were able to discuss in detail how to support people including their likes and dislikes.

We saw staff were able to understand all the communication methods people used. We noted in people's care plans it outlined a person's preferred method of communication. For example, one person it reported would point at items to indicate their choices. Staff were able to tell us how people expressed their views. One support worker told us, "[Person] let us know what he likes through hand gestures."

Staff supported people to maintain family relationships. We saw staff supported people in sending birthday cards and presents to family members. One relative told us, "We are always made welcome at Serlby Close, I was invited to the Christmas party." Another said, "[relative] is always lovely and smart when I come to visit." Relatives told us they received a monthly report of how their relative was doing.

Relatives we spoke to told us staff treated their relative with dignity and respect. One relative told us, "The staff are lovely with [relative] they are respectful to him. Support workers described how they maintained people's dignity. One support worker told us, "I ask the person if I can help and support them in the manner they like." Another told us, "It's about maintaining their modesty."

Staff supported people to be as independent as possible. We observed staff encouraging people to take part in daily routines. For example, one person was supported to make their own breakfast. A relative told us, "Staff encourage [relative] to do things for himself this is the most I have seen him settled." Staff ensured people maintained links to the local community with visits to the local pub and parks.

We spoke with relatives who told us they were involved in the care and support their relative received. We saw documentation in people's care records confirming their involvement. One relative told us, "I have meetings all the time and if anything changes they ring me straight away."

Is the service responsive?

Our findings

Care plans contained comprehensive information about people and how they wished to be cared for. We looked at two people's care plans and saw these contained personalised information about the person, personal details and a profile including 'about me in the past', 'about me now' and 'about me in the future'. Each care plan contained a pictorial confidentiality statement detailing how the information is to be looked after.

All care plans were thorough and well-written and included support plans for bathing, mobility, communication, medication and eating and drinking. We saw the support plans were written in a person centred way and outlined the support desired. For example, communication, '[person] will point things out for staff.' and within personal hygiene, 'Staff to encourage [person] to do, so not to press [person] in any way.' We noted when people's needs changed their care plans were updated and if required risk assessments were introduced.

We saw care plans contained hospital passports. Hospital passports are created to support people with a learning disability and provide hospital staff with information they need to know about them and their health when they are admitted to hospital.

Each person had their own 'dictionary' which described a person's actions and what it meant. For example, 'I will put out my hands for you to rub' this indicated, 'I want you to interact with me.' This enabled staff to support people who were non-verbal communicators. Staff were very knowledgeable about the support that people received. They were able to outline what support plans were in place and the goals of each plan.

The manager advised reviews were conducted every six weeks and involved people and their families and external professionals if required. They told us, "When changes happen we get the appropriate people together and carry out a review." The care plans we reviewed were up to date.

This meant staff had access to up to date information about how people should be supported and cared for.

Serlby Close's mission statement states, 'Will provide the necessary support to enable the service user to access facilities available to them in the community in which they live.' One support worker told us, "Activities are key to enabling people to maintain their independence."

We saw from people's daily records people were supported to have an active lifestyle. Activities included, bowling, trampolining, day trips, bike riding and going to the shops and the pub. The manager told us the provider had created a sensory room for people with lights and bean bags.

Staff told us people look forward to going. One support worker told us, "I enjoy going out you can see [person] light up." Another said, "[person] enjoys painting so he has enrolled on an art course." We saw a piece of art work produced at the art class. Staff told us, "[person] is so proud of his work. One relative said, "[person] has a better social life than me."

The provider had a complaints and compliments policy and procedure which was included in the service user's guide given to people and families when they arrive at Serlby Close. It gave details on who to make a complaint to and information about the role of the CQC. We saw the provider had a system for recording and investigating a complaint. Relatives told us, "I would have no problem in contacting the manager if I had any concerns." Another said, "I have no complaints."

Is the service well-led?

Our findings

The provider had a clear mission statement, 'Serlby Close will endeavour at all times to provide an environment which will enhance the lives of the service users who choose to live here.' This statement was exhibited through the support worker's actions and their comments.

A strong leadership was evident throughout the home. We observed staff worked well as a team supporting each other when required. Staff expressed the best thing about the service was the people they supported.

We asked people and relatives for their thoughts about the service they receive. One person told us, "Happy." One relative told us, "I have a really good relationship with the staff and the manager," and, "I have to take my hat off to the staff they are brilliant." Another told us, "[person] received awful care a few years back these guys are lovely to him."

Relatives and staff told us the manager and registered manager were approachable and managed the service well. One staff member told us, "I feel supported by the manager." Another said, "We all work as a team looking after each other." Staff we spoke to told us they were happy working at Serlby Close. One support worker said, "I love my job." Another support worker said, "There is a good team spirit here we all work together and that includes [manager] and [the registered manager]."

The manager demonstrated a sound knowledge of the people using the service, their relatives and the workings of the service. We saw from records the manager was thorough and disciplined in completing documentation in relation to the service with supervisions and appraisals, service audits and care plan reviews up to date

Staff had structured opportunities to share information and give their views about the service people were receiving. We saw regular team meetings were held. One support worker said, "We can raise things at the monthly meeting but if it can't wait we will go to the manager." Another said, "The manager welcomes any suggestions we make."

We saw the provider produced a colleague's monthly newsletter which covered topics such as Mental Capacity Act, complaints policy, safe staffing levels, and employee of the month and a roundup of news across all services.

We asked the manager what they did to seek people's views about the quality of the service. We saw the service held monthly service user meetings which covered topics such as activities, bedrooms and staff. The manager told us, "We tried to send out questionnaires but we didn't get a good response. I'm in contact with relatives constantly." One relative told us, "I have received a questionnaire but didn't have time to complete it. I have monthly meetings so can bring up any issues then or I'll give them a ring."

We examined all the policies and procedures relating to the running of the home. We found all were reviewed and maintained to ensure that staff had access to up to date information and guidance.

The manager had a system to audit various aspects of the running of the service. These included checks of the medicines, care plans, health and safety checks and people's funds. Records we viewed confirmed these were regularly completed by the manager. This meant that the provider had effective quality assurance processes to monitor the quality and safety of the service.

We noted people's care plans and personal information were kept secure in a locked room, this room also held a safe which contained people's funds.