Sue Ryder

Sue Ryder - Cuerden Hall

Inspection report

Shady Lane
Bamber Bridge
Preston
Lancashire
PR5 6AZ

Tel: 01772627374
Website: www.suerydercare.org

Date of inspection visit:
12 February 2018

Date of publication:
12 March 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Sue Ryder Cuerden Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

With 38 beds and countryside views, the service provides care and support to people aged 18 and over with complex neurological needs, such as multiple sclerosis, acquired brain injury, cerebral palsy, Parkinson's disease, Huntington's disease and motor neurone disease. A number of the people at the home have lived there for a number of years.

This inspection took place on 12 February 2018, and was unannounced.

At the last inspection on 21 July 2016 we found that the service was in breach of Regulation 12: Safe care and treatment, as the provider did not have suitable arrangements in place to make sure that care and treatment was provided in a safe way for service users.

We also found a breach in Regulation 18 Staffing: the provider did not ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of the regulation. The service was given the rating: Requires Improvement.

At this inspection, we found that the service was no longer in breach of the Regulations, and that no further breaches were found. The service has been given the rating: Good.

Staffing levels and the deployment of staff were now assessed, monitored and reviewed on a weekly basis against the assessed needs of the people living at the home. Risk assessments and risk management strategies were now in pace for all people living at the home. These were regularly reviewed, and if changes were needed then these were swiftly implemented in order to ensure people's safety was promoted and protected.

We found that the registered manager had acted on our recommendations made at the previous inspection in 2016. We found that the principles of the Mental Capacity Act (MCA) were now embedded in practice within the home, and all the relevant documentation is now completed in line the MCA. People were supported to have maximum choice and control of their lives; the policies and systems in the service supported this practice.

Changes in people's needs were now recorded in a timely manner and any involvement by external professionals involved in people's care was clearly recorded. Quality assurance processes now ensured that any risks or shortfalls in care were identified and deal with in a timely fashion.

A registered manager was in post at 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.

The registered manager and management team were passionate about ensuring people at the service had a good quality of life and were supported safely. They worked well with outside professionals and took on board advice and guidance to make a positive difference to the care and support people received. They used information from complaints, mistakes and incidents to learn lessons and improve safety.

There was an open culture at the service which meant staff felt able to raise concerns freely and know that something would be done as a result. People at home, their families and visiting professionals told us the registered manager and management team were approachable and visible.

Staff had received training on ensuring people were kept free from harm and abuse. They were confident in management dealing with any issues appropriately. Good risk assessments and emergency planning were in place. Accidents and incidents were monitored and we noted that these had lessened in this service. Staff were trained in infection control and supported people in their own environment.

Staffing levels were suitable to meet the assessed needs of people in the service. Staff recruitment was thorough with all checks completed before new staff worked with vulnerable people. The organisation had robust disciplinary procedures in place.

Medicines were well managed. People had their medicines reviewed by their GP and specialist health care providers.

Staff we spoke with to displayed a caring attitude. They understood how to support people and help them maintain their dignity and privacy.

There were regular internal and external audits of all aspects of the service. Changes were put into place after evaluation of the service. Good recording systems were in place and these covered all the support needs of the people in 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.

There were enough staff to provide the support people required.

Robust systems were in place to check that new staff were suitable to work in people's homes.

The care staff and managers in the service took appropriate action to protect people from the risk of abuse and to keep people safe.

Suitable arrangements were made to safely assist people in taking their prescribed medicines.

Is the service effective?

Good

The service was effective.

Care staff were trained and supported to ensure they had the skills and knowledge to provide the support people needed.

People received the support they needed with the preparation of their meals and drinks.

People were well supported to maintain good health. Staff were aware of people's healthcare needs and where appropriate worked with other professionals to promote and improve people's health and wellbeing.

People's capacity was always assessed in line with the Mental Capacity Act.

Is the service caring?

Good

The service was caring.

People were supported by staff who were very caring, kind and friendly. They were asked for their views and the choices they made were respected.

The staff knew people well.

Staff gave people time to carry out tasks themselves and understood the importance of supporting people's independence.

Is the service responsive?

Good

The service was responsive.

Care plans were sufficiently detailed and person centred and people's abilities and preferences were clearly recorded.

People made choices about their lives and were included in decisions about their support.

The registered provider had an appropriate and responsive procedure for receiving and managing complaints.

Is the service well-led?

Good

The service was well-led.

The management team were familiar with people's individual care and support needs and knew people who used the service and staff very well.

People using the service, their relatives and staff were positive about the new manager's running of the service.

People were asked for their views about the service and knew how to contact a member of the management team if they needed.

The service set high standards and monitored the quality of the service to ensure these were maintained.

Sue Ryder - Cuerden Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 12 February January 2018, and was completed by one adult social care inspector, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience at this inspection had experience of working with and caring for older people with dementia and neurological impairments.

Prior to the inspection we gathered the available information from Care Quality Commission (CQC) systems to help plan the inspection. This included the detail of any notifications received, any safeguarding alerts made to the Local Authority, any complaints or whistle-blowing information received and the detail of the Provider Information Return (PIR) received from the provider. The PIR is submitted to the CQC by the provider and includes details of the provider's perspective on meeting the requirements of the regulations.

We spoke with nine people who used the service, three visiting relatives, and two visiting professionals, 11 members of staff, the registered manager, head of care services and head of nursing care. During the inspection we reviewed four people's care plans, four staff files, quality audits, team meeting notes, medication records and other documents and records associated with the running the of service.

Good

Is the service safe?

Our findings

People living at the home said that they felt safe. One person said, "There's now enough staff on duty at all times, and it's good that they are not all agency staff, but staff who work here all the time." Another person said, "I get my medication at the right time, and if I need help, there always enough staff around to help me and respond to the call bell."

Our observations, record checks and discussions showed that the service was no long in breach of the Regulations, and that no further breaches were found. The deployment of staff was now assessed, monitored and reviewed on a weekly using a dependency tool where staffing levels were determined in line with the assessed needs of the people living at the home. Rotas showed that there were always enough competent staff on duty who had the right mix of skills to make sure that practice was safe and so that they could respond to unforeseen events or changes in the assessed needs of the people living at the home.

Risk assessments and risk management strategies were now in pace for all people living at the home. These were regularly reviewed, and if changes were needed then these were swiftly implemented in order to ensure people's safety was promoted and protected. The staff and management team clearly explained how they identified risks to the service users, and how they managed them. Staff understood how to minimise risks and there was a good track record on safety and risk management. There were policies and procedures in place for managing risk and staff understood and consistently followed them to protect people.

There were strategies in place to make sure that risks were anticipated, identified and managed. Where the service was responsible it kept equipment serviced and well maintained. The staff and management team took action to reduce the risk of injury caused by the environment people lived in and looked for ways to improve safety.

We found that staff received training in safeguarding vulnerable adults, and our discussions with staff showed that the service had well established relationships with the local safeguarding team operated by the Local Authority. Staff were aware of how to report safeguarding issues and concerns, and had a good understanding of potential abuse which helped to make sure that they could recognise signs and symptoms of abuse.

The registered manager was found to investigate (when asked) and review incidents in an open and transparent way. Whistleblowing procedures were in place, and staff knew how to use them. Evidence held within the service records showed that incidents, accidents and safeguarding concerns were reported promptly, and, where required, thoroughly investigated.

Restrictions were minimised so that people felt safe but also had the most freedom possible – regardless of disability or other needs. Staff explained that they gave people information about risks and actively supported them in their choices so they had as much control and independence as possible. Risk assessments were found to be proportionate and centred round the needs of the person. The service regularly reviewed people's needs and took note of any changes, incorporating these into care pans and risk

assessments in order to enable people to live as independently as possible.

We found documentary evidence to show recruitment systems were robust and made sure that the right staff were recruited to keep people safe. All the proper pre-employment checks were seen to be carried out in a timely manner, and new staff were shadowed whilst on induction.

Our observations, the records and audits showed that staff stored medicines correctly, disposed of them safely and kept accurate records. People were assured that they received their medicines as prescribed. Where appropriate, the staff involved people in the regular review and risk assessment of their medicines and supported them to be as independent as possible.

Correct procedures such as ensuring regular discussions with GPs and Social Workers took place, and that decisions relating to medicines were appropriately recorded. To reduce the risk of errors, staff talked with each other, their managers and other agencies and carers, who shared the responsibility for giving medicines.

Staff spoke knowledgeably regarding medicines management. They confirmed that they were trained appropriately, had the necessary assistance from management and were competency checked regularly. The service assessed the risks when people wished to manage their own medicines.

Staff told us that there was a culture of learning from mistakes and an open approach. There were specific examples of learning from incidents such as falls and medication errors when processes had been modified to prevent further re-occurrences of issues.

The staff explained how they managed the control and prevention of infection. Staff followed policies and procedures that meet current and relevant guidance. Staff understood their role and responsibilities for maintaining high standards of cleanliness and hygiene. People who used the service said that they had no concerns relating to food hygiene or general hygiene issues.

Good

Is the service effective?

Our findings

People living at the home were very happy with the way staff supported them. One person said, "The staff team always come across as being very professional, and understand me and my needs. I have every confidence in the way they work with me." One person said, "The staff know what they are doing, they always comes across as being well training. When I was unwell they noticed the signs, and got the doctor, and I was transferred to hospital because of possible infections. Everything was done quickly, but I was fully involved."

People's needs were assessed before they moved into the home. Where assessments were not able to be fully completed due to a lack of information, additional measures were put in place to ensure prompt support was available to help with any concerns that may arise. The registered manager explained that he made sure that the needs of people were met consistently by staff who had the right competencies, knowledge, qualifications, skills, experience and attitudes.

We saw records that showed that staff had a thorough induction that gave them the skills and confidence to carry out their role and responsibilities effectively. The service had a proactive approach to staff members' learning and development. Staff told us that supervision and appraisals were used to develop and motivate them, and review their practice or behaviours. The registered manager explained staff were asked questions around equality and diversity during their supervision and appraisals, and this was documented in the staff files.

People were involved in choosing food from a rotating weekly menu. Lunch time was observed both in the dining room and in people's own rooms; this was found to be a relaxed and pleasant experience for people using the service. People told us they enjoyed the food and they were able to eat at a time that suited them. Where people required assistance from staff, this was provided discretely and in an unhurried manner. Where people did not want an item on the menu, alternatives were offered. Staff were aware of people's likes and dislikes, and the catering staff were aware of people who required a specialised diet, and ensured this was provided through nutritional assessment and planning.

The service had good links with external agencies such as Speech and Language Therapy, Tissue Viability Nurses, Safeguarding teams, local GP's, Occupational Therapy and Physiotherapy. The feedback we received from visiting professionals was that the service worked well with them to deliver good care and treatment that was safe and focussed on the person.

People living at the home used assistive technology and equipment to enhance their lives and the care and support they received. People were able to control their TV, use the call bell system, telephone and radio. Others used IPADS for verbal communication and seating pads and pressure pads were used to alert staff to falls. Two people were supported to use paper communication boards and one person who used a pictorial aid to support their communication needs. Fundraising was in place people to access Eye Gaze technology. (The Eye Gaze is an eye-operated communication and control system that empowers people with impairments to communicate and interact. By looking at control keys or cells displayed on a screen, a user

can generate speech either by typing a message or selecting pre-programmed phrases.)

People were supported to maintain their health and emotional wellbeing through access to preventative healthcare, for example weekly GP visits, dental checks, opticians and chiropodists and had annual health checks and medicines reviews. Staff knew people's routine and specialised health needs and preferences, and the records showed that these were consistently kept them under review.

Appropriate referrals were made to other health and social care services as and when required. The records showed that people's needs were regularly monitored and reviewed and relevant professionals and people using the service were actively involved in this.

The home was accessible to people with physical impairments, and pleasantly decorated, and had some adaptations to meet people's current needs. There were grab rails, ramps and mobility aids. There was a well-equipped physiotherapy department with dedicated space in which to support and work with people. The registered manager explained that despite efforts to make the building accessible, it was believed that due to its age and design, the building was not fully fit for purpose, and so plans were in place to relocate the service to a new purpose built building. He explained the organisation would ensure that all relevant guidance relating to new developments would be considered as the plans developed. People living at the home said they were aware of the plans, and had been consulted regarding the proposed relocation.

The service had clear systems and processes in place for referring people to external services. When people used or moved between different services the registered manager explained how this was properly planned. We saw evidence in daily records to show that people were involved in these decisions and their preferences and choices were respected.

Consent was always sought before care was provided, and when decisions were made on behalf of or about individuals, then this was appropriately documented. We saw that people, and their relatives (where appropriate) had been involved, consulted with and had agreed with the level of care and treatment provided. We saw that consent to care and treatment within care records had been signed by people with the appropriate legal authority. This meant that people's rights were being protected.

The registered manager had acted on our recommendations made at the previous inspection in 2016. The principles of the Mental Capacity Act (MCA) were now embedded in practice within the home, and all the relevant documentation is now completed in line the MCA. Staff understood and had a good working knowledge of the key requirements of the MCA. They put these into practice effectively, and ensured people's rights were respected.

. Staff always considered people's capacity to take particular decisions and knew what they need to do to make sure decisions were taken in people's best interests and involved the right professionals. Where people did not have the capacity to make decisions they were given the information they needed in an accessible format, and where appropriate, their friends and family were involved.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the deprivation of liberty safeguards (DoLS). Appropriate applications had been submitted to the local authority for authorisation where required.

Good

Is the service caring?

Our findings

People received care and support from staff who knew and understand their history, likes, preferences and needs. The relationships between staff and people receiving support were described by service users as "positive", "respectful" and "dignified." One person said, "The staff always have smile on their faces, they know who I am and what I like. I have been here for over 20 years and I am part of the family. They know all about you as a person and they take a real interest in me and my family."

The atmosphere in the home was calm and relaxed. Staff had a very good knowledge of the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them. Relatives and friends were welcome to visit at any time and people were supported by staff to maintain relationships with friends and family outside of the home.

People said that staff knew, understood and responded to their person's needs and met them in a "caring and compassionate way." Staff confirmed that they knew people's individual communication skills, abilities and preferences. Staff told us that they were given enough time to get to know a person who was new to the service, and time to read through their care plan and risk assessments.

People said that they were proactively supported and encouraged to express their views and staff said that they gave people information and explanations they needed about their care so that they could make informed decisions. Staff were seen to enable people to take control of their daily routines, make decisions and maintain their independence as much as possible. This was evident throughout the inspection when staff consistently asked people for their thoughts and wishes.

Staff communicated effectively with every person using the service, no matter how complex their needs. We saw people were involved in 'residents forums' each month. Minutes of these meetings showed us people who used the service were provided with information and were asked their opinion about the menus and activities provided.

There were notice boards in the entrance with information about the staff team and training, the policy on smoking in the service, the food safety certificate and how to complain. We saw menus were provided in written and pictorial format.

We saw there were leaflets about advocacy services on display. Advocates are independent people who provide support for those who may require some assistance to express their views. Signposting people towards advocacy services helped to ensure people's rights to make decisions about their care and support were promoted.

We observed that staff treated people with dignity and respect and encouraged people to treat each other in the same way. We heard that when people had disagreements, staff would act as mediators to help them resolve their differences in a way that helped them to maintain respect for each other's views and opinions and hopefully reach a resolution. This was confirmed by a health professional who told us how staff had

assisted a person they supported to resolve an issue with another person who lived at the home.

People told us that they trusted the staff that worked with them, and the staff we spoke with understood and respected people's confidentiality. Staff recognised the importance of not sharing information with people inappropriately, and the service had processes in place to deal with breaches in confidentiality.

Good

Is the service responsive?

Our findings

People told us they knew how to complain. One person told us they would, "Tell the managers" if they had reason to complain. When we asked if they thought the managers would sort it out they responded, "Yes." A visiting relative said, "I have no complaints, and I know who to talk to if a problem arose."

People were seen to receive consistent, personalised care, treatment and support. They were involved in identifying their own needs, choices and preferences and how these were to be met. We saw that people who received services, and those that mattered to them, were actively involved in developing their care plans.

Call bell response times were now closely monitored, and the records found that staff were responding to people within acceptable timescales. Care, treatment and support plans were seen as important to providing good person centred-care. They were detailed and reflected people's needs, choices and preferences.

Changes in people's needs were now thoroughly recorded in a timely manner and any involvement by external professionals involved in people's care was clearly recorded. There were appropriate systems in place to make sure that changes to care plans were communicated to those that needed to know. Staff were proactive, and made sure that people were able to keep relationships that mattered to them, such as family, community and other social links.

People's support plans included information about all areas of their life and guidance for staff in how to provide the support they required. For example, their communication, eating and drinking, work, social and leisure needs, their health and emotional wellbeing and their goals and aspirations. They included information about people's end of life wishes where appropriate. Support plans included information on how to promote people's independence and choice.

We saw that there were activities that people could take part in. People were making cakes on the day of our inspection and others took part in a quiz. There is a dedicated activity room and people told us they enjoyed spending time in there. People used the communal rooms to watch TV or listen to music and others were in the gardens making the most of the nice weather.

Assessment processes were in place to determine people's individual communication needs and requirements. The registered manager explained that if people needed information to be displayed in an accessible format then this would be done. Accessible information was displayed in different parts of the home e.g. staff photographs and names and information leaflets.

There were different ways in which people could feed back their experience of the care they received and raise any issues or concerns they may have. The registered manager explained that concerns and complaints were always taken seriously. People told us they would feel able to speak to the staff if they had any concerns and said they would be listened to. We observed people freely discussing issues with staff.

We saw written evidence to show that all complaints were explored thoroughly and responded to in good time. The service was able to show how a difference to the way they delivered care, and proactively used complaints and concerns as an opportunity for learning. We saw that a slight change to the way care was provided to one person following a minor complaint regarding the food they received, and another regarding the way personal care was provided.

The service had appropriate systems and procedures in place to support people at the end of their life, ensuring that they could have a comfortable, dignified and pain-free death. Staff received awareness training in end of life care, and were able to talk in depth about the need to ensure that people were supported to keep comfortable through appropriate oral health care, pain relief, adequate nutrition and hydration, and skin care. The nursing staff were trained in the use of appropriate end of life pain relieving medicines, and appropriate systems were in place to ensure interventions were managed in accordance with people's advanced wishes.

Good

Is the service well-led?

Our findings

One person living at the home told us, "There have been a few changes here over the last year. Changes in management and changes in staff. Things have calmed down now, and the whole place feels very stable. There is now a consistent staff team, and they are well led by the managers and team leaders, and it makes me feel very comfortable and happy, because I know that the people working here know me as a person, and know how I need to be cared for". Staff told us: "I love it here the staff team are all very friendly".

The registered manager at the home was registered with CQC. Staff were very complimentary about him, and his approach. He was described as "visible and approachable". Staff explained that there was an open and transparent culture within the home which helped them share ideas and raise any concerns. Staff felt supported by the management team, and they said that there was a good team approach to work in the home.

The leadership and governance systems were found to promote good quality care based on the assessed needs of people living at the home. Quality assurance processes now ensured that any risks or shortfalls in care were identified and dealt with in a timely fashion. Governance and performance management were reliable and effective. Systems were regularly reviewed, and risks were identified and managed. Staff completed on-going checks as part of their daily tasks to ensure people received the care they needed.

The registered manager undertook a range of audits to ensure staff were providing safe and good quality care. Any actions were identified and completed. Feedback to staff was described as consistent and this meant that any instructions were clear about what was needed to bring about improvements. Policies and procedures were in place for staff to follow, and these were periodically reviewed to ensure staff had up to date guidance which was in line with national guidance and good practice.

We found a positive approach to sharing information with and obtaining the views of staff, people who use services, external partners and other stakeholders. People told us they felt involved in how the home was run. Residents and staff meetings took place regularly and people were encouraged to share their views and ideas for improving the service. Minutes of the last meeting showed that people discussed the things that were important to them, such as activities, décor and menus.

People and their relatives had opportunities to provide feedback about their views of the care provided. The registered manager had a system where they sent out surveys to a range of stakeholders (i.e. people at the home, relatives, and professionals).

Staff told us that communication in the team was effective. They had a handover meeting so that staff coming on shift had up to date information about people and any incidents or changes to their care needs. There was a written copy of the handover so staff could refer to it, and a shift plan with allocated duties to be completed throughout the shift which ensured staff understood their responsibilities and the home ran smoothly.

Through discussion with the registered manager and staff we found that quality assurance arrangements were applied consistently. Action to introduce improvements were not just reactive or focused on the short term changes, but were planned in consultation with people at the home. For example, changes to the environment had been identified following discussions with the staff and people at the home.

The service had a collaborative and cooperative approach to working with external stakeholders and other services. Visiting healthcare professionals confirmed that the registered manager and staff always shared information effectively and appropriately. Data relating to people living at the home was shared as required with eternal agencies and this helped to showed there were good systems in place that promoted partnership working.

There were systems in place to ensure that the service displayed its CQC rating e.g. website, noticed board within the home. The registered manager notified CQC of incidents such as safeguarding alerts, as required.