

Royal Mencap Society

Sunnydene

Inspection report

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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 21 and 25 April 2016 and was announced. This was because Sunnydene is a small service where people go out most days as part of their care and we wanted to make sure people would be available to talk to us. The service was last inspected in November 2013. We had no concerns at that time.

Sunnydene is part of the Royal Mencap Society and provides care and accommodation for up to eight people who have a learning disability. At the time of the inspection seven people lived at the home.

The service had a registered manager in post. 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 did not visit the service on a daily basis but there was a manager in place, who was responsible for the day to day running of the service.

The atmosphere at Sunnydene was relaxed and calm. Interactions between people and staff were friendly and supportive. Staff were knowledgeable about how people wanted to be supported and what was important to them.

Staff had a good understanding of how to recognise and report any signs of abuse, and the staff took action to protect people if required.

Recruitment practices helped ensure people working in the home were fit and appropriate to work in the care sector. New staff were required to attend a thorough induction, which incorporated the care certificate, when they started their employment. This included attending external training sessions and shadowing more experienced members of staff. All staff were supported by ongoing regular supervision sessions and an annual appraisal.

People had their medicines stored and disposed of safely. People received their medicines as prescribed and on time.

People were supported to maintain good health through regular access to a range of health and social care professionals, such as GPs, chiropodists, social workers and speech and language therapists. People were supported to eat a healthy, balanced diet and any associated risks were carefully documented and managed.

People's care plans were informative, personalised and updated regularly to reflect their changing needs. People were involved in developing and reviewing their care plans.

People took part in a range of personalised activities. This helped people remain physically and cognitively stimulated. People were supported to take everyday risks and to lead full and active lives.

People were supported by staff who were caring and who respected their confidentiality and privacy.

There was a system in place to receive, investigate and manage complaints and people and relatives said they felt confident to raise concerns if necessary.

People spoke highly of the registered manager and said they were approachable and took an active role in running the service. Communication was encouraged. People and staff were involved in a meaningful way and enabled to make suggestions about what mattered to them through team meetings and residents meetings

There was an effective quality assurance system in place to monitor the service and to drive improvements.

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.

Staff had a good understanding of how to recognise and report any signs of abuse, and the staff took action to protect people if required.

People were protected by safe recruitment practices.

People had their medicines managed safely and given to them as prescribed.

Is the service effective?

Good ●

The service was effective

People were supported by staff who had received training to enable them to carry out their role. New employees completed an induction which included attending training and shadowing more experienced staff.

People had access to healthcare professionals as necessary.

People were supported to eat and drink as required and any associated risks were effectively managed.

Is the service caring?

Good ●

The service was caring.

People were supported by caring staff who interacted with them in a positive way.

People were supported to maintain their independence.

People's privacy and confidentiality were respected.

Is the service responsive?

Good ●

The service was responsive.

Care plans were informative, personalised and updated regularly to reflect people's changing needs.

There was a system in place for recording and investigating complaints.

People took part in a range of meaningful activities and led full and active lives.

Is the service well-led?

Good ●

The service was well led.

Staff were motivated and inspired to develop and provide quality care.

Communication was encouraged. People and staff were involved in a meaningful way and enabled to make suggestions about what mattered to them.

There was a thorough system of quality assurance checks in place to monitor the service and drive improvement.

Sunnydene

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 21 and 25 April 2016 and was announced. The provider was given 24 hours' notice because the service was a small care home for adults who are often out during the day; we needed to be sure that people would be available to talk to us. The inspection was carried out by one inspector.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send to us by law.

During the inspection we spoke with three people who used the service, two relatives, the area manager, the registered manager, the manager and three members of staff. After the inspection we contacted three health care professionals who had knowledge of people living at Sunnydene.

We looked at four records related to people's individual care needs and three records relating to the administration of medicines. We reviewed three staff recruitment files, training records for all staff, policies and procedures and records associated with the management of the service

Is the service safe?

Our findings

People and their relative's told us people felt safe at Sunnysdene. Comments included; "It's a safe place" and "I feel sure [...] is safe living there".

People were protected by staff who understood how to understand and recognise the potential signs of abuse. Staff were up to date with their safeguarding training and knew which external agencies to alert if required. One member of staff confirmed; "I would tell my manager initially or go above them or to the police and social services".

People were supported by staff who understood and managed risk effectively. People moved around the home freely and were enabled to take every day risks. One staff member said "It's their life and they have to be independent, if possible. Our role is to support and help in the background". Risk assessments were detailed, recorded risks and noted the action required to mitigate the risk, whilst promoting independence. For example, some people had risk assessments about going out independently. Their risk assessments balanced the risks associated with going out and crossing the road independently against the benefits gained from it, such as increased freedom and self-esteem. Records showed that where possible people were involved in identifying and reviewing their own risks.

Staff were knowledgeable about people who had behaviour that may challenge others. Care plans and risk assessments indicated what support staff should provide if people became anxious. For example, one person's care plan directed care staff when to intervene if a person was becoming agitated to help them avoid engaging in self-injurious behaviour. The care plan gave clear direction to staff about how to de-escalate the situation. Any accidents or incidents were logged so that patterns and themes could be identified to improve the service where possible.

People were supported by staff who were recruited safely. Robust employment checks were completed before new employees began working. For example, Disclosure and Barring (DBS) checks and references were obtained. This helped ensure the right staff were employed to keep people safe.

The manager confirmed staffing levels were calculated according to people's level of need in order to keep them safe. We observed staff interacting with people in an unhurried way and saw there were enough staff to respond to people without delay. Where additional staff were required to cover unforeseen events, they used Mencap relief staff. Agency staff were used infrequently, but if they were required, they used staff who were familiar with the service to provide continuity of care.

People were kept safe by an environment that had a system of checks in place such as fire safety checks and maintenance checks. The environment was visibly clean and free from offensive odours. Hand washing facilities, gloves, aprons and antibacterial gel were available throughout the premises so that staff could follow thorough infection control practices. Staff were responsible for the cleaning of the service as part of their daily tasks and the specific duties were allocated to them via a rota. This meant that the service was thoroughly cleaned on a regular basis.

People's medicines were stored, disposed of and given to them as prescribed. Staff had undergone training around medicines management which was regularly updated. Medicines were locked away securely and where refrigeration was required, temperatures fell within the guidelines that ensured the quality of the medicine was maintained.

People's finances were safely managed. Staff had received training in managing people's money and there were regular audits to ensure the system was working effectively to protect people from financial abuse.

Is the service effective?

Our findings

Staff told us they had received enough training to carry out their roles effectively. The registered manager had a system in place to ensure staff were trained in all areas identified by the provider as being mandatory and to remind them when training was due to be renewed or refreshed. Staff had requested additional training in specific areas relating to their roles such as dementia and dysphagia, a condition which causes difficulties with swallowing. Staff confirmed that the training had increased their awareness of these conditions and helped them to provide care to those who were affected by them.

New staff underwent a thorough induction process which incorporated The Care Certificate. The Care Certificate has been introduced to train all staff new to care to a nationally agreed level. One member of staff said; "The induction was full on, but brilliant, it covered everything we needed". New staff also shadowed more experienced staff and did not lone work until they had completed their induction. There was ongoing regular supervision for all staff as well as an annual appraisal in order to identify training needs and ensure staff were meeting the values of the service.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 make particular decisions, any made on their behalf must be in their best interests and the least restrictive possible. When people at the service had been assessed as lacking capacity their care was discussed with a range of professionals and family to ensure the decisions were made in the person's best interest. Staff attended best interest meetings and the decisions were clearly recorded. People had mental capacity assessments in place but these had been completed by external professionals rather than by staff supporting them at Sunnydene. The registered manager confirmed they had arranged training on the MCA and would ensure mental capacity assessments were completed by staff at Sunnydene when required.

People can only be deprived of their liberty in order to receive care and treatment which is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Although the registered manager had made applications to authorise restrictions in people's care plans under DoLS in the past, at the time of the inspection, despite some people being assessed as lacking mental capacity in some areas and having their liberty restricted in order to keep them safe, there were no DoLS authorisations or applications in place. Due to changes in case law it was likely that some people may have required authorisations. The registered manager told us they would make contact with the local supervisory body to seek further advice.

People's consent had been obtained in relation to different elements of their care and they had signed to confirm this. Pictures had been used if necessary to aid understanding.

People had their nutritional and hydration needs met. People had access to hot and cold drinks throughout

the day and had snacks available as they wished. People's likes and dislikes were sought and were written on a chart displayed in the kitchen. Each of the seven people living at the service took a turn to choose the evening meal once per week. People told us the food was good and of sufficient quantity. There was a good range of hot food on offer each day as well as alternatives for those who wanted something different. Staff told us that mealtimes were sociable events and that people mainly chose to sit together in the dining room. People had traditional foods to celebrate events such as Easter and there was often a barbeque on bank holidays. People were able to eat elsewhere or at a different time if they wished. Several people who used the service were assessed as being at risk of choking. They had detailed risk assessments as well as letters in pictorial form from speech and language therapists which guided staff on which food types they should avoid or have specially prepared in order to keep them safe. Staff confirmed that they followed this guidance.

People had their healthcare needs met. Records indicated they saw a range of health and social care professionals including GPs, chiropodists, speech and language therapists and dentists, as required. They were also supported to attend clinics such as the Wellwoman Clinic to have their health monitored. Records evidenced that there were regular multidisciplinary meetings to discuss people's care needs and the outcomes were detailed in their records in order to share a range of professional opinions and aid best practice. For example, where one person had been identified as being at risk of choking, this was documented in their care plan and risk assessment. One of the ways this was managed was to discourage them from eating alone in their room and ensuring they had a one to one support when having their meals. Discussions with the person about this element of the care plan were then clearly documented in their care records.

People's bedrooms were personalised and they were able to choose how they were decorated. People had also made signs for their bedroom doors which were a collage of pictures of things which were important to them. Comments from relatives included; "The accommodation is lovely [...] is having some new furniture which he has chosen" and "[...] is always happy to return to Sunnysdene when they've been to visit us at the weekend, [...] views Sunnysdene as home now".

Is the service caring?

Our findings

People and their relatives felt the service was caring. Comments included; "Staff are very kind to [...], they include him in everything" and "They look after people ever so well". All staff spoke about people they cared for with respect, passion and kindness. People were supported by staff who treated them in a kind, sensitive way and interacted positively with them. As people returned from their day centres staff greeted them at the door with warmth and affection and showed genuine interest in how their day had gone. Staff and people used appropriate humour amongst each other. We observed laughter and a positive rapport. The atmosphere at Sunnysdene was relaxed and calm.

People were actively involved in planning their care. One person was consulted about what activity they would like to do later on in the week. The staff member told them "This is your time, you choose how we spend it". The person said they wanted to go bowling and the staff member was making arrangements to do this with them. We observed another member of staff updating care plans and inviting the person whose care plan it was to sit with them and take part.

People were supported to maintain their independence. A staff member told us that one person would make their breakfast as part of their daily routine but some days would lack the motivation to complete the task. The staff member described how they would provide as much encouragement as possible in order for them to retain this skill.

People's birthdays and special occasions were celebrated with cards, presents and a cake. They were able to choose an evening meal, have a birthday party and decide how they wanted to spend the day. There was a display in the dining room of photographs of important events so people could remember and talk about them. Staff knew people well and one staff member happily talked to us about the photos, telling us who was in them and what the occasion was.

People were supported by staff who considered their well-being at all times. For example, if people were unwell and needed to go into hospital, staff visited them and took them cards and gifts. They also arranged for other people from the service to visit them to help them maintain important relationships. One person was unwell and spending time in hospital during the inspection and staff told us they had visited them earlier that day and how much the person had appreciated seeing them.

People's privacy was respected. Staff would knock on people's doors and wait to be invited in before entering. Staff would offer to take people to their rooms to have their medicines administered and offers of care in public areas were discreet. Staff told us that if people wanted to talk, they would offer to go to a private space where they would not be overheard. If people required any assistance with their correspondence, staff also offered to do this in private. People's information was stored securely to protect their confidentiality.

Is the service responsive?

Our findings

Prior to living at Sunnysdene people's needs were assessed to ensure the service was able to meet their needs. Staff would obtain relevant information from health and social care professionals, families and advocates and assess the suitability of the service for the person. They were invited to visit the service to see if it was the right place for them and to have a gradual admission before building up to staying there on a permanent or long-term basis.

People's care records contained detailed information about their health and social care needs. They were clearly written and contained information about how each person wished to receive their care and support. The care records were well organised and gave staff clear guidance on how best to support people. As people's needs changed, the care records were reviewed and updated and were signed by the person. Information was also available in easy read and pictorial forms and written from the person's perspective.

People's care plans contained positive information about people and recognised their individual, positive characteristics. There was also information about people's cultural backgrounds and any associated traditions. Information about people's background and history was also recorded and staff were in the process of making life story books for all of the people living at Sunnysdene. One staff member told us that creating the life story books was their favourite part of their work.

People were supported to maintain relationships with people who mattered to them. The manager told us; "Families are important and included". There were no restrictions on visiting times and relatives told us they felt welcome at Sunnysdene. One relative said; "We are always made to feel welcome there, the staff really are first class". One person had relatives who lived a long distance away and staff would drive the person halfway to meet their family and collect them following their visit.

Staff promoted the independence of those living at the service. One relative told us "[...] goes out on their own to the local town. Staff support [...] to be as independent as possible". People were encouraged to assist with household tasks such as laundry, tidying their bedroom and helping to prepare meals and this was detailed in their care plans. People attended day centres and volunteer work placements and were encouraged to lead active lives where they regularly accessed the community.

The service had its own vehicle which was used to transport people to activities, day centres and appointments. There were a range of activities on offer to help people remain socially and cognitively stimulated such as swimming, bowling, having barbeques and attending evening clubs. People also visited their families and enjoyed a range of activities with them. People were able to choose what they wanted to do during their one to one time and this was respected by staff.

As people living in the service were ageing and developing age related conditions, the environment was being adapted to meet their changing needs. One relative said "They seem to be responding to [...] needs as they change". For example, some people's eyesight was no longer as good so brightly coloured toilet raisers and labelling had been fitted to assist them. Staff also had multi-disciplinary meetings to discuss people

who had developed memory problems. Any adaptations recommended were implemented to meet people's needs.

Each person was allocated a key worker. Staff told us this was useful in forming positive relationships with people and helped build trust. Keyworkers were matched with people who could benefit from their individual skills and experience.

The service had a system in place for dealing with complaints, supported by a policy and procedure. Concerns and complaints were inputted onto the computer system and logged centrally before being allocated to a manager to manage. There was also an easy read version of the policy for people using the service, which was displayed in prominent places throughout Sunnydene. People felt confident that any complaints would be dealt with appropriately. One relative said "I haven't had any cause to complain, but I would feel confident to do it if I needed to".

Is the service well-led?

Our findings

People, staff and relatives spoke highly of the manager. They felt confident in approaching the manager and felt any issues would be acted on. Staff comments included; "She is genuinely concerned and cares how we feel. We are well looked after" and "The manager is very approachable, gets involved and is up to date on everything that is going on".

The manager took an active role in the running of the home. They knew people well and were able to talk about them in detail, including their background and history. They also knew people's routines, likes and dislikes.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. They also kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency. Although there were no specific examples, the registered manager told us they would be transparent if anything should go wrong and admit mistakes. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

There were regular staff meetings which provided a forum for open communication. They followed an agenda which staff were able to add to. The meetings were well attended and minutes were recorded and reviewed. Staff were able to make suggestions and told us they would be listened to. Staff comments included; "I always attend the team meetings, you can share ideas. You get involved and add things to the agenda" and "The team meetings are a good way of airing your concerns and getting everything out on the table". There were also resident's meetings which took place each month giving people an opportunity to contribute towards the running of the service and to make suggestions for improvements.

Staff were happy in their work, understood what was expected of them and were motivated to provide a high standard of care. Comments included; "The best thing is spending time with the people", "The thing I like most is the team and the people we support" and "I love it here, we work together and it's brilliant".

The service had an up to date whistle-blowers policy which supported staff to question practice. Staff confirmed they felt confident to raise any concerns with the manager or to go further up the management hierarchy and that they would be dealt with appropriately.

There was an effective quality assurance system in place to drive continuous improvement within the service. There were regular checks to ensure the building and equipment were safely maintained. The utilities were also checked regularly to ensure they were safe. There were a range of audits including infection control, medicines and the management of people's finances to ensure any gaps in practice were highlighted and acted upon. Senior management also took an active role in auditing and would undertake spot checks at regular intervals.