Sunderland City Council

Sunderland City Council - 3 Fenwick Close

Inspection report

3 Fenwick Close, Litchfield Road
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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 5 July 2016 and was unannounced. We last inspected Sunderland City Council - 3 Fenwick Close on 22 July 2014 and found it was meeting all legal requirements we inspected against.

Sunderland City Council - 3 Fenwick Close provides care and support for up to three people who have a learning disability. The home is one of three homes situated in a small close that is set in its own landscaped grounds. There is one manager responsible for the management of all three homes in Fenwick Close. They have an office base on the close. The close is for the sole use of people living there, their families and staff. The home does not provide nursing care. At the time of the inspection there were three people living at the service.

The manager had been in post since February 2015. At the time of the inspection they were not registered with the Care Quality Commission. The last registered manager cancelled their registration on 18 April 2016.

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.

Relatives told us they thought their family members were safe and well cared for. They were involved in decision making as they wanted to be and told us the communication was good.

Staff understood safeguarding and risk management plans were in place to identify and control any risks to people. Contingency plans provided staff with guidance on how to respond in emergency situations.

Recruitment practices were safe and staff felt there were enough staff to meet people's needs. There were three staff members available during the day to support three people.

Staff were well supported in their role and said they had all the training they needed to provide people with appropriate care and support.

People were supported to make day to day decisions. Staff understood where people may lack capacity and were able to describe how they would make decisions for people in their best interests.

Communication passports and care plans were person centred and detailed the support people needed and the areas where they were independent. This supported people to maintain skills and be involved in aspects of their care.

Relatives and staff said they had no concerns about the service. Relatives knew how to complain but said they had no need to do so.

The manager spent time with people supporting them, and understood their needs and communication methods well. Relatives told us the manager was approachable and supportive.

Quality assurance systems identified action that needed to be taken to ensure high quality support was provided for people.

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.

Relatives told us they thought their family members were safe.

There were enough staff to meet people's needs.

Risks were managed well and contingency plans were in place in the event of emergencies.

Is the service effective?

Good

The service was effective.

Staff had the support and training they needed to support people appropriately.

Mental capacity was understood and one relative said, their family member was supported with making their own decisions.

Health professionals were involved and were working alongside the staff team to ensure people received appropriate care and treatment.

Is the service caring?

Good

The service was caring.

Relatives told us their family members were well cared for.

We found that staff knew people well and understood their preferred method of communication.

Staff engaged with people with respect, care and compassion. Relationships were warm and appropriately affectionate.

Is the service responsive?

Good

The service was responsive.

Personalised care plans and routines were in place which detailed the support people needed and the areas they were

independent.

People were supported to engage in the activities they enjoyed.

Relatives said they knew how to complain but had no concerns.

Is the service well-led?

Requires Improvement

The service was well-led.

The manager was yet to complete their registration with the commission but staff and relatives told us they were a supportive manager who knew people well.

There was a range of quality assurance systems which were effective at identifying any action needed to improve the service.

Various meetings were attended which supported the manager to keep up to date with best practice.

Sunderland City Council - 3 Fenwick 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 5 July 2016 and was unannounced. This meant the provider did not know we would be visiting.

The inspection team was made up of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We also contacted the local authority commissioning team, and the safeguarding adult's team. We did not receive any information of concern.

During the inspection we met and spent time with all three people living at the service and spoke with two relatives. We also spoke with the manager, one senior care staff member and three care staff.

We reviewed two people's care records and three staff files including recruitment, supervision and training information. We also reviewed three people's medicine records, as well as records relating to the management of the service.

Due to the complex needs of some of the people living at Sunderland City Council - 3 Fenwick Close we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

We spoke with relatives about whether they thought the service was safe. One relative said, "Oh yes [family member] is safe, I'm reassured of that." Another relative said, "Definitely safe, the staff are great, they ring me if they are worried and ask me things, like if they don't know what a gesture means and things like that." They added, "I can ask them if I'm worried."

A procedure was in place for reporting, recording and investigating any concerns. Staff had access to guidance and there was a log for recording the date of the allegation, the nature of the alert, the immediate action taken, any follow up action and the outcome. There had been no safeguarding concerns raised since the last inspection.

One staff member said, "It's about looking after people. I would go to the senior or the manager and report it as a concern. It's about how people are treated, it doesn't need to be physical it could be about attention not being given to people or a lack of respect."

Risks to people were managed appropriately and contingency plans were in place for emergencies. Mealtime risk reduction plans were in place which instructed staff on the support people needed in order to reduce the risk of choking and aspiration pneumonia. Aspiration pneumonia occurs when food or fluid is taken into the lungs instead of the stomach. The reduction plans included information on special requirements for serving meals and drinks, any specialist equipment that was needed and the position people needed to be for eating a meal. There was information on the signs to look for should someone be struggling with their meal. Staff were able to provide information sheets which detailed what to do if someone should start to choke. The manager said, "All the staff are first aid trained and the training includes choking."

Risk management plans were personalised and identified the risk; the loss to the person such as harm or distress; the plan to reduce the risk and a contingency in the event of an emergency. The areas covered, included, personal care, challenging behaviour, alone time and the use of transport. Risk assessments were in place for moving and assisting and medicine management.

The action to take in emergencies was recorded in a business continuity plan which included loss of accommodation, heating and utilities. Emergency information sheets and missing person's sheets were included in care records so staff had information to follow in the event of emergencies.

Health and safety checks were completed regularly and appropriately. Gas safety certificates and electrical installation condition reports were in date and satisfactory. Fire procedures were evident and staff were able to explain how they would support people to ensure they evacuated the building safely if needed.

Accident and incident reporting was in place. Records included an account of the incident, any injuries, and the immediate and longer term action taken to prevent further occurrences. The manager explained that reports were sent to the health and safety team who then reported back to the service. We saw a spread

sheet which was used to analyse the number and types of incidents. The manager said, "It shows a reduction in the number of incidents." They added, "The group meets every other month and we look for lessons learnt and any triggers for incidents."

We asked the manager about staffing levels. There were three staff on duty at all times, and one staff member on sleep in overnight. Additional staff were brought in one day a week due to each person having set activities that day. All the staff and relatives we spoke with said they thought this was enough staff to meet people's needs. We saw people were supported on a one to one basis.

Recruitment procedures included an application form and interview, followed by the receipt of two satisfactory references and a clear Disclosure and Barring Service check (DBS). DBS checks are used to support providers to ensure only appropriate people work with vulnerable adults. The manager explained they currently renewed DBS checks every five years and were introducing an annual disclaimer where staff were required to declare any convictions.

The manager explained, "Customers [people] have been trained in recruitment. At panel interviews we invite people to be involved. We use videos and customers [people] talking about what they want from staff – such as knowledge and empathy." They explained, "We have recruitment evenings and events to stress the importance of the job and the role staff play in people's lives. Customers [people] attend these events."

Medicines were checked on a daily basis and we saw there were no missing signatures on medicine administration records (MARs). Specific procedures were in place for the ordering of people's medicines which provided a guide for staff to follow. Medicines profiles included a photograph of the person, the medicines they were prescribed, the reason why, and any side effects.

Specific routines which detailed how people liked to take their medicines were included in their care records. This included information on 'as and when required' medicines such as paracetamol for pain relief. There was information in communication passports on how to identify if people were in pain through understanding their expressions and behaviours.

Good

Is the service effective?

Our findings

We spoke with staff about the training and support they received. The induction process was detailed and was linked to the Care Certificate. The Care Certificate is a set of minimum standards that social care workers adhere to in their working life. It provides the new minimum standard that should be covered as part of the induction of new care staff. One staff member said, "I had a standard work place induction and spent the first week shadowing support, getting to know people." They added, "The manager is really supportive." Another staff member said, "I did a two week induction and training in using the hoist, health and safety, break away training. I'm completing my care certificate file at the minute."

The manager said, "Staff do need breakaway training but there's no control and restraint used." One staff member said, "I've done breakaway training, policy and procedure, safeguarding and mental capacity, medicines. I'm just waiting to be observed and assessed as competent." Another staff member said, "Training comes up all the time, it's discussed in supervision every month, it's really supportive. We have an annual appraisal done, I was really proud of it." A training matrix was in place which showed staff had completed a variety of training including breakaway, safeguarding, mental capacity, first aid and food hygiene.

The manager said, "We are doing teeth training through a dentist in Washington. They gave us a policy document and we need 80% of staff trained to achieve an excellence certificate."

Staff told us they felt well supported by the manager and senior care staff. One staff member said, "We have regular supervision, it's monthly and an annual appraisal. I think they are possibly going to change it to six monthly, I'm not sure." Records confirmed staff attended regular supervision meetings. Supervision contracts were in place which detailed the responsibilities of staff. Appraisals were held on an annual basis and included discussions around skills and competences, personal development and feedback.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had submitted applications for all the people living at the service, all of which had been authorised.

We asked staff about mental capacity and DoLS. One staff member said, "It's because the front door is

locked as people have no sense of danger." Another staff member said, "It's about capacity to make your own decisions or if we need to discuss it to make the right decision for the person. We need to leave our personal opinion to one side and make the decision for the person, in their best interest." They added, "If they have capacity then it's their choice." One relative said, "[Family member] has their own choice and are supported with it."

Staff explained that people had specific dietary requirements. They explained how they followed the guidance of the Speech and Language Therapy (SALT) team in preparing meals and drinks for people. Staff explained how each person needed to have their meals and drinks prepared and also explained how they recorded and monitored people's food and fluid intake. One relative said, "The food! There's lots of options available, Indian food, curry, things I would never make."

People had hospital passports which detailed the things hospital staff must know about the person, things that were really important to the person, their likes and dislikes and things they would like to happen. These documents support hospital staff to understand people's care and communication needs.

One relative explained how their family member had some health needs at present. They said, "The staff will make sure [family member] is checked but I'll see the staff and speak to [the manager]." The manager told us they were in the process of supporting one person with a medicine review due to some concerns about the person's health. We observed staff were unhappy about the outcome of one consultation and were going to challenge the decision.

The community treatment team were supporting the team due to staff noting changes in people's presentation. There was also involvement from district nurses, chiropody, neurology, occupational therapy and other relevant professionals.

Good

Is the service caring?

Our findings

We spoke with relatives about their family members care and support. One relative said, "The staff are very supportive, I think they worry more than me. They are very good." They added, "It's a lovely place, I'm happy. All the staff are nice. They do seem to care, really care for people." Another relative said, "I'm happy with the care, I'm part of the decision making process but not involved in care planning as I don't want to be." They added, "I go to reviews and I'm involved with staff in getting to know [family member]." They went on to say, "They [staff] are part of our family now. [Family member] has far more experiences here than I could give." They added, "There's lots of new experiences and opportunities, [family member] is happy here. I don't like it when staff move as they are part of our family."

The manager acknowledged that changes in staffing could be difficult for people and their relatives. They said, "We have social events to introduce [new staff member] to family members as I think it can be easier at a social."

One staff member said, "I love it here, wish I'd done it years ago. The [people] are fabulous; it's such a nice job. The interaction, the difference you can make, I get a lot of pleasure from it, getting to know people and their personalities." Another said, "I love it, enjoy my job, I enjoy the people I work with, getting to know people, they are lovely with good personalities." They added, "It makes you see a different side to things, challenges your perceptions, people have got really good lives, we are all learning all the time."

We observed warm and caring relationships between people and staff. Staff were able to talk to us about people's likes, preferences, support needs and communication. They spoke about people with affection and warmth. One staff member said, "[Person] has a good personality. They can be independent with things but will try their luck with new staff so they get it done for them."

One person had gone for a walk around the site with the manager. They returned to the office and the manager was holding the person's hands supporting them, as detailed in their care plan. The person led the manager to the kettle and then the fridge, indicating they would like a cup of tea. The manager explained they would need to go to their house to have a cup of tea due to needing their drinks thickened. The person kept returning to the kettle so the manager said, "Come on, let's take the kettle next door and we'll make a cup of tea." The person responded positively to this and went with the manager to make a drink.

The manager and staff confirmed people got up when they wanted to and spent time alone in their rooms if they chose to do so. Staff supported people to make decisions and were able to describe how they knew people's choice.

Each person had family members who advocated on their behalf so no one had an independent advocate at the time of the inspection. Information was available on advocacy services if needed.

We asked relatives if they felt involved in their family members care. One relative said, "Oh yes, I'm involved in everything, care plans, everything." They added, "[The manager] is nice, we've spoken a few times." They

went on to say, "People are non-verbal but they definitely make their needs known, we know them well." The staff member explained how people communicated and made decisions through gesture, touch and leading staff to certain things. They were able to explain how different vocalisations meant different things, which emphasised the importance of staff getting to know people well.

One staff member said, "Family are really involved with people, they attend reviews and visit regularly."

One staff member said, "Family members are involved in care planning but it can be difficult to involve [people]." They went on to say, "People can make it known if they don't want to be supported a certain way and we change things for them. For example, it was clear [person] didn't enjoy one activity so we tried something else."

People communicated they were happy for us to see their rooms by leading us and showing us their personal spaces. All rooms were decorated to people's unique tastes which reflected their interests and hobbies. One person had sensory lights and equipment which they enjoyed, and another person was keen to show us their wardrobes and all their clothes.

Whilst with one person they chose to change to their clothes. The manager was quick to preserve their dignity saying, "Let's just close the curtains and wait for [inspector] to leave the room" which we did.

One relative said, "The staff are very patient, there can be lots of repetition, singing songs, and asking questions. [Family member] loves music, likes time alone, likes their own space." They added, [Family member] has been to places I could never go, they have a full life now, they are their own person. The staff are great."

Good

Is the service responsive?

Our findings

We spoke with staff about people's needs. One staff member said, "The seniors take the lead with care planning but we can add to them or say if we don't think something is working." There were staff handovers at every shift change. Staff discussed how each person had been, if they had attended any appointments and if they had anything planned for the day. Handovers were recorded and included a list of items discussed and any tasks or actions for the day.

Specific routines were in place which detailed the support people needed. These included support with morning routines; bathing and dressing and evening routines. Information was specific to the person and included their preferences and areas of independence.

Person centred tools were used to ensure people's likes and preferences were shared with the staff team. These included things like 'My perfect day,' 'Special people and special things' and things I like to talk about.

Detailed communication passports were in place and detailed information about how the person communicated, including some specific gestures which meant specific things. People's behaviour was described in a respectful and sensitive way with an explanation of the meaning and how staff should respond. A further section details the things staff could do to help the person communicate, such as offering choice, and respect. There was also information on the things staff shouldn't do when communicating with people.

Personal plans included the support people needed with social interests, personal relationships, health and personal care, and involvement in the home. Information included the support currently provided; hopes and aspirations for the future and any actions that needed to be taken to support the person. Regular reviews took place.

On an annual basis a person centred review was held which involved a full review of the person's achievements, hopes for the future, and support needs. Family members were invited to reviews as were involved professionals.

One person had a season ticket for their football team and regularly attended with a friend who also held a season ticket. There was active involvement with football parties where people from other houses were invited and joined in.

One relative said, "I think [family member] should go out more, but the new staff need to get to know them first so it means they can't go out." They added, "They do go out when the staff are there, it's just with the newer ones." Another relative said, "[Family member] goes out all the time, [family member] is a people watcher, loves lunch out, a walk, the sea front, likes to watch people."

We asked relatives if they had any concerns about the service. Relatives we spoke with said they were very happy and had no concerns. They explained they would speak to the manager if they needed to and were

confident things would be addressed.

A pictorial complaints policy and service user guide was kept in the house. A procedure was in place for the acknowledgement and investigation of complaints, this included access to advocacy services. One complaint had been received since the last inspection. The complaint was acknowledged and investigated and the complainant was updated on the outcome. It was recorded, investigated and resolved in a timely manner.

A 'Tell us what you think' policy was available which included an invitation for people, staff and relatives to raise complaints, compliments and comments. Many compliments had been received which included things like, 'Thank you so much for all your love and support not only to [family member] but me and our family too, very much appreciated.'

A family forum was held by the operational manager and relatives from all services were invited. The manager said, "This gives the opportunity for carers to meet up. We also invite carers to some of the activities and events so they can meet everyone and get support from each other. The last family forum had been held in January 2016.

Requires Improvement

Is the service well-led?

Our findings

The manager had been in post since February 2015 however they were not yet registered with the Care Quality Commission. The last registered manager cancelled their registration on 18 April 2016. This meant the registered manager condition was not being met. We discussed this with the manager who explained they had submitted an application to be registered. We checked this and found an application had been submitted however it had not been accepted and we were awaiting a new application.

The manager was accountable and responsible for the management of the three services within Fenwick Close. There were senior support workers in each of the three houses who supported the manager with the day to day responsibilities within the homes. The manager was visible in the services and was known to people, their relatives and the staff teams.

The manager said communication from the Provider was good. They went on to explain there were team briefs from the senior management team and the plan was to use these as a tool to ensure all staff had a formal mechanism to provide feedback to the senior management. The manager said, "The idea is to integrate and involve staff more."

The team had been nominated for, and presented with a team of the month award for the support they offered one person and their family whilst they were in hospital. The team had been presented with high flyer badges by the director. This acknowledged the team going above and beyond what was expected of them in supporting people. One staff member said, "The director visited last week for team of the month, we got a high flyer badge and will be in the newsletter. We had a good chat. They could remember me from induction and asked how I was getting on."

One staff member said, "We have a good team, there are some new staff but they are getting to know people and we are all working well together."

One staff member said, "The company is fine to work for. The manager is really approachable, pleasant, has lots of empathy for people. I know I can go to them with any concerns." They added, "There's a nice atmosphere. It's the most difficult place, hardest work but it's the best, everyone pulls together."

One relative said, "I've known [manager] a long time, they've known [family member] for a long time. It's about trust." One staff member said, "[Manager] spends time in the house and knows people. All in all it's a fab team, a brill team, everyone works well together." They went on to say, "You can tell everyone genuinely cares about people."

A range of quality assurance audits were in place to identify areas for improvement. Checklists were completed by senior care staff on a monthly basis and action plans developed to ensure improvements were made. Monthly manager monitoring visits were recorded and included an assessment of health and safety, medicines and documentation. We saw actions were recorded as complete or there was a record of action taken so far.

Health and safety and business meetings were held regularly and included discussions around lessons learnt in relation to accidents and incidents and safeguardings. Additional meetings also included a learning and development group, which the manager was part of and a company standards meeting. Meetings were also held with all the managers in the 'hub' area to share best practice and lessons learnt, as well as discussing care records, policies, peer reviews and training.

Team meetings were held regularly and one staff member said, "We can add to them, raise anything we want to discuss. The support is very good." Agenda items included food hygiene, holidays, medicines and activities for people.

We asked staff if there were any improvements they would like to see. One staff member said, "No, no complaints at all. I love coming to work." They added, [Person] claps when I come in, I just love it, it's a nice group of people, we all come together. We all bring certain things, I'm obsessed with cleaning, someone else likes to cook. The new staff are like a breath of fresh air." Another staff member said, "Not at the minute, we are a good staff team, we all pull together and it makes for a happy household. There's good support from all the seniors and [manager]."