Care Quality Commission

Christ The King Residential Care Homes Limited

Sylvanhurst House

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 4 March 2016, the visit was unannounced. Sylvanhurst House is a residential care home that offers housing and personal support for up to six adults who have a range of needs including mental health and learning disabilities.

The service was last inspected in April 2014, it met all the regulations we inspected it against.

The service had a registered manager in post; they were not available at the time of the inspection.

'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 service had suitably numbers of skilled staff on duty to protect people from harm and to meet their care and support needs, staffing levels were flexibly arranged according to need. Staff employed were appropriately supervised and supported. They had the skills and experience needed to care for and support the people living there. There was an on-going training and development programme available so that staff continued with their professional development.

Policies and procedures were in place to make sure that unsafe practice was identified and people were protected from the risk of harm. Staff understood the procedures and the need to follow these to make sure that people were safe and protected from avoidable harm. Appropriate recruitment checks were undertaken before staff started work.

Staff promoted the healthcare needs of people and worked well with healthcare professionals, they took on board recommendations to help make sure individual health needs were met. Specialist dietary needs such as those associated with diabetes were provided for. Staff understood the importance of sharing with people important information about their prescribed medicines including any side effects. Medicines were managed safely and regular audits were completed to make sure people were having their medicines as prescribed.

Staff identified individual needs and together with the person developed an appropriate care and support plan. People consented to the care and support they received. Staff supported people in line with the principles of the Mental Capacity Act (MCA) 2005, holding best interest meetings when required. People's preferences and choices were known and respected; they received care and support as planned. Staff knew the people they cared for well and could respond to their individual care needs and preferences. Staff were kind and patient, they were mindful to take into account people's privacy and dignity consider their individuality.

People were offered structure to their day which promoted their well-being, and were able to participate in a range of activities both in the home and local community. The variety of structured activities ranged from going for daily walks and swimming sessions to listening to music and following hobbies such as knitting. Staff responded to what people wanted to do on a daily basis.

People attended weekly resident's meetings which gave them an opportunity to discuss issues about the service, plan meals and events, and influence the development of the service. The home had a complaints system which addressed any complaints within the agreed timescale. Systems were in place to make sure managers and staff learnt from events such as accidents, incidents and complaints. This reduced the risk to people and helped the service continually improve.
The service had developed a quality assurance system; this was driven by the views of people, and combined with quality audits to make 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. People had confidence they received the support they required to keep them safe.
Staff worked together with health professionals to identify risks to people's safety and welfare. Plans were developed to manage these risks appropriately.
There were enough staff on duty to meet people's needs and keep them safe. Recruitment processes were robust with appropriate pre-employment checks completed for staff employed

Is the service effective?

Good

The service was effective. People received care from staff with the required knowledge and skills, and who were effectively supported.

Staff worked closely with health professionals using their recommendations to ensure people's healthcare needs were met.

Staff asked people for their consent before delivering any care. People consented to the care and support they received. Staff supported people in line with the principles of the Mental Capacity Act (MCA) 2005.

Is the service caring?

Good

The service was caring. People who used the service were well supported by a small staff team; staff had built positive caring relationships with them.

Staff displayed warmth and empathy to people, their privacy and dignity was respected by staff.

People were involved in making decisions about their care and were consulted on advanced care planning decisions.

Is the service responsive?

Good

The service was responsive. People were consulted on their

choices and preferences, and involved in identifying their needs and developing their support plans. Staff reviewed people's needs regularly and updated their support plans and tailored the care arrangements accordingly.

People identified goals they wished to achieve and staff supported them to achieve these.

People held weekly meetings with their peers and were asked for their feedback about the service. People had no complaints but felt confident that if they had any concerns or complaints these would be addressed by management satisfactorily.

Is the service well-led?

Good

The service was well led. Although the registered manager was on leave temporary management arrangements were appropriate.

People and staff felt the management team was supportive and approachable. They felt they could ask for additional advice and guidance when needed.

Peoples views were used to make changes, these and findings from management checks on the quality of the service and the support provided to people were used to drive improvements.

Care Quality Commission

Sylvanhurst House

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.'

The inspection took place on 4 March 2016 and unannounced. One adult social care inspector undertook the inspection.

Prior to the inspection we reviewed information received about the service which included the service history and statutory notifications. The provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During the inspection we spoke with the deputy manager and three members of staff. We looked at care records for three people. We reviewed recruitment and training records for three staff, meeting minutes, complaints and service audits. We spoke with all six people using the service. We received monitoring reports and information from the local authority monitoring officer. We also spoke with three health professionals involved with people in the home.

Good

Is the service safe?

Our findings

The service was safe. People told us they felt safe living at the home because it was a calm relaxed environment. The majority of people said they enjoyed living in a well maintained house that was clean and safe. One person said, "I feel very secure here, I am not alone and there is always someone to call on." Another person said, "Staff are rather helpful, and assist with things I find difficult to do."

People told us there were enough staff on duty to look after all those who lived in the home. There were three staff on duty during the day when we visited as well as a deputy manager. This was sufficient to enable people have support to attend their appointments both in the service and in the community. The deputy manager told us they assigned three staff every day in addition to the senior or deputy manager, this was appropriate to meet people's needs. We saw that staffing levels responded flexibly and enabled people attend their chosen hobbies and activities in the community. The daily diary was used to plan staff rotas in advance. At night there was one waking night staff on duty, with an on call manager available locally to respond to any requests.

Staff told us they had received training in safeguarding adults from abuse, records also confirmed this. Staff were knowledgeable on following safeguarding procedures to protect people using the service from any type of abuse. They understood the vulnerability of people due to their mental health conditions placed them more at risk of exploitation in the community. Staff were confident managers would take appropriate action to keep the people at Sylvanhurst House safe. One staff member said, "I have confidence that senior staff would listen to any concerns, I would always make sure I told someone or go directly to local authorities." A staff information folder included a safeguarding process flow chart for staff to follow and local authority contact information that could be used to report concerns. Staff were also aware of the whistleblowing policy and staff confirmed they had read and understood it.

Staff supported people to maintain their mental health and general well-being and worked together with the community mental health team (CHMT). They assessed risks to people's health and safety and used expert advice and guidance to manage the identified risks appropriately. For example, a person's records stated they were at risk of harm from sharp objects. Staff knew how to support the person to be safe, cutlery and sharp objects were kept locked in drawers.

Care records included assessments of risks associated with people's support such as retaining a front door key. Some people exhibited challenging behaviour, triggers and de-escalation techniques were documented and incidents were logged on ABC charts. All Incidents and accidents were reported, we saw evidence that action was taken to make sure people were kept safe. For example, contacting the allocated community psychiatric nurse (CPN) or care coordinator and arranging for them to meet with the person to discuss and review the changes in their behaviour. Staff maintained records of changes in the person's support needs. Risk assessments and support plans were reviewed following any changes in behaviour and also following incidents or accidents.

Medicines were managed safely, and in accordance with the home's medicine procedures. One person was

taking their own medicine safely; this was monitored and supported by staff. All the others living in the home required staff to administer their prescribed medicines to help them keep well. One person told us, "I need medicines and staff make sure I take them." Prescribed medicines were stored securely; medicine records were up to date and showed that people were receiving their medicines as prescribed. Staff received training and assessed as competent in administering medicines safely. Each person was asked for their written consent to taking prescribed medicines. People were provided with a folder of useful information they retained in their own room. The folder contained important information explaining what the medicine was for, known side effects to be alert to. The manager or deputy undertook daily and weekly audits of medicine process.

The premises were clean and well maintained, staff were trained in and followed infection control procedures. Staff wore protective clothing as required when delivering personal care. All windows in the home had window restrictors to prevent the windows from opening too wide and being a risk to people. We saw regular checks of the environment took place to help keep people safe, for example, of hot water temperatures and fire equipment. Essential equipment used was serviced as required. For example, there was a landlord's certificate and gas boilers were checked annually. The service had a fire risk assessment, and fire drills were completed, each person had a personal emergency evacuation plan (PEEP). People were supported to manage their money, and the home had procedures such as receipts and signatures for all financial transactions. These were checked regularly by senior management. Access to the property was monitored by staff to ensure people's safety and people were able to have their own bedroom keys following a risk assessment. People told us they were confident with this arrangement and understood the need to monitor who was on the premises for safety reasons.

We looked at the personnel records for three members of staff. Personnel records showed that only suitably vetted people were employed, and that appropriate recruitment checks were undertaken before staff started work.

Good

Is the service effective?

Our findings

People using the service were positive about the support provided by the staff. One person said, "I like it out here, it is a quiet area and we can relax, it is suitable for going out for walks, going to local cafes." Another person said "Staff are good and know what they are doing; when I was unwell they helped me attend the emergency department, and visited me in hospital when I was an inpatient."

Staff had the skills and knowledge required to care for and support people effectively. Staff told of receiving an initial induction, following that they had the training they needed to care for people to address their assessed needs. One staff member told us, "I have attended so much training and learned more from working alongside experienced staff." Another staff member said, "There is a good training programme for staff, and managers monitor that we attend training."

Records were maintained of training attended; these showed that staff had undertaken training across a number of areas including safeguarding adults, medicines, first aid and the Mental Capacity Act. Within the local authority there were opportunities for staff to participate in specialist training and staff engaged in training specifically linked to the needs of people using the service, for example, around mental and physical health issues, diabetes, and management of wound care. The training was sourced from an external training provider to support staff with their learning. A number of staff had completed a National Vocational Qualification (NVQ) award in care, which helped with their learning and good practice.

Staff were supported effectively in their job role. Staff said, and records confirmed, that they received regular one to one supervision sessions with the registered manager where they could discuss their work and identify any training needs. These were held up to six times a year. We also saw that staff received their annual appraisals. Regular team meetings were held where topics such as safeguarding, mental capacity and good practice were discussed. One staff member said, "I do feel supported here" and this view was confirmed by staff we talked to.

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. We saw consent was obtained as required from each person around the support provided by staff and specific issues such as holding medicines on their behalf. Records showed where people lacked mental capacity and were unable to make decisions, 'best interests' meetings were held. Staff had completed Mental Capacity Act training, this training supported them to understand issues around capacity and recognise changes in people's capacity. People told us staff asked for consent before providing care and support.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected. People can

only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The service was working within the principles of the MCA. People received the support they needed and said they were able to come and go as they pleased. All of the people in the home were able to go out when they wanted, but some needed support to do this safely and requested assistance and agreed to staff supporting them. The deputy manager and staff demonstrated a good understanding of the principles of MCA and DoLS.

Menu planning was arranged in a person centred way whereby each person had their choices and preferences discussed and taken into account at weekly menu meetings. People said their views were taken into account, they were pleased with the quality of meals, they said they were provided with a cooked meal at lunchtime and there was also hot and cold snacks available evening. We observed people were engaged in preparation of meals in the kitchen. One person told us they "enjoyed very much" helping prepare meals with support from staff.

The physical and mental health needs of people were promoted. Staff supported people to access the healthcare services they needed. During the inspection visit two people attended their health appointments; each person was supported by a member of staff. One person said, "I have regular blood tests so I need someone to escort me to the appointment, staff always make sure I attend at the correct time." All medical appointments were recorded in the daily diary and discussed at handovers. Plans were made in advance to have the required numbers of staff on duty to facilitate staff support with attendance at these appointments. Records showed that staff supported people to attend appointments with their GP and other health services. One person had a condition known as diabetes; the district nurse came daily to check their blood and administer their insulin. Staff liaised with the nurse and ensured the person was provided with suitable meals that considered their dietary need. Health professionals reported positively on the progress of people in the home. One health professional said, "Staff are very capable and skilled, they always do the best for people."

People liked where the home was located, and how it was laid out. One person said, "It is a lovely area to be in, we can go out locally to cafes and shops and feel safe." Another person said, "I love the space here, the lounge and garden are great." A care coordinator told us the home made a contribution to people rehabilitating successfully, they said, "The environment at Sylvanhurst is pleasant, and this makes people feel more relaxed and calm in this pleasant surroundings."

Good

Is the service caring?

Our findings

People using the service were positive about the staff that worked with them and told us that they were helpful and approachable. One person said that their allocated key worker was "Very nice, you can always go to them and they take time to listen."

The staff team was a small one, this allowed staff get to know the people in their care and develop effective working relationships with them. We observed positive caring relationship had developed between people using the service and staff. One person described staff as "warm, approachable, wonderful and professional". Another person described the staff as "pleasant and helpful."
A mental health professional involved with people in the home said, "The warmth shown by staff helps people settle well and develop relationships, one person we placed was reluctant to move as prior to that they lived in a long stay hospital."

If people wished to have additional support to make a decision they were able to access an independent mental health advocate through their community mental health team, details were available on noticeboards.

People told us they were involved in making decisions about their care and developing their care plans. The support plans had been signed by the person using the service indicating they were in agreement with it. People told us they were able to set their own goals about what they wanted to achieve and staff supported them to achieve them. They told us the staff enabled them to make steps towards their goals at their own pace.

People received regular one to one meetings with their key workers (a member of staff who leads on supporting them). This provides people with the opportunity to review their progress, discuss the next steps towards achieving their goals. People felt they were able to make their own decisions about how they spent their day. One person told us how staff encouraged them to get up in the morning and come downstairs for breakfasts which helped motivate them. Another person told us they liked to sit in the main lounge area to watch TV in the evenings and "Relax with their friends."

Staff spoke positively about the service, one staff member told us, "The best thing here is the variety, every day is different…there is never a dull moment and most people like to go out." Another staff member said, "People deal with things differently and we must acknowledge they are individuals who deal with things at their own pace."

Staff practice showed examples of how they ensured the privacy and dignity of people using the service, for example knocking on doors and making sure the person received any personal care assistance in private. One staff member said, "We will always knock on the door, it is part of the core values instilled in staff during induction. We will not open a door except in emergency to make sure someone is safe." We observed staff spoke respectfully of people they cared for; they did not discuss people in earshot of others but went to the office to speak to colleagues about confidential issues.

Care records showed that End of Life Planning had been discussed with people, and their wishes and views were recorded. One person had a befriender who comes to visit her and supported her to events in the community. There was information displayed on the noticeboard about advocacy services available to people and contact details.

People told us that they were supported to maintain relationships with family and friends outside of the service and people told us of their visits home or meeting friends in the community. A family member we spoke with told us they were always made welcome when they visited. Another person told us staff were "good at keeping us up to date if there were any health issues or concerns." Due to the vulnerability of some people some visits from friends and relatives were restricted.

Good

Is the service responsive?

Our findings

People told us the support and care they received met their needs. One person told us, "I have health issues, staff keep an eye on them, and I occasionally need to go into hospital. Staff look after me and recognise when things are going downhill and I need to go to the emergency department for treatment." A health professional commented positively on the responsiveness of staff, they said, "Staff are familiar with the needs of people in this home and promptly seek assistance and guidance from us if there are any issues, these are the things that give us confidence."

People told us they received support which met their individual needs. One person told us, "Staff assist me with a shower". Staff encouraged people to be as independent as possible. Two people went for walks in the local community unaccompanied; staff were seen to encourage them. Records showed people carried out tasks they could do, for example, staff encouraged people to do their laundry and clean their rooms. People had received the care and support when it was required. For example, one person had experienced mobility problems due to their health condition; staff had encouraged them to rest their legs while healing took place.

People received appropriate care and support; staff assessed their needs and delivered care in line with their individual support plan. Staff undertook assessments on people together with healthcare professionals involved with their care prior to their admission. Staff continued to work with the community mental health team (CHT). People received the support and care they needed, care records showed that people were progressing well and achieving their goals, and staff supported them appropriately to help them deal with setbacks or relapses. Staff reviewed people's health regularly with CHT and updated their care plans to reflect their changed needs.
People were offered structure to their day and nobody complained of being bored; people undertook their own laundry either independently or with support from staff, some were involved in food preparation. Staff knew and respected people's preferences to engage in each activity or not. One person liked to spend their time knitting, but choose to do this in their room, staff respected this. The home offered a range of stimulating activities, these were tailored to the individual's need, there were classes such as art, cooking, swimming, and walking. People told us they were encouraged to pursue their interests and engage in social activities in the home and local community that promoted their wellbeing. One person returned from events in the community, they told us, "I enjoyed my swimming today, my keyworker helped me as it is one of my favourites and we had lunch out too". Another person said, "I enjoy doing advanced art classes, one of my friends facilitates this class."

Sylvanhurst House valued people's feedback about the service and welcomed their views. Weekly resident's meetings were held; staff encouraged people and their relatives to give feedback about the service. People told us they were confident in the management and felt able to raise any issues with them. The home had a complaint's procedure, information on making a complaint and advocacy services were displayed and available in easy read format making it accessible to all in the home. There were no complaints received since the last inspection

Good

Is the service well-led?

Our findings

The registered manager was absent for some months and this was planned for, temporary management arrangements promoted continuity and were satisfactory. The provider and temporary manager was aware of the requirements of the role and CQC received statutory notifications as required.

There was clear leadership and management at the service. Staff were clear on their roles and responsibilities, and escalated concerns to the manager as necessary. People told us they knew and had confidence in the manager of the service. They felt able to speak with her and felt comfortable approaching them if they wanted to discuss any concerns of worries they had. Managers received relevant training and development. They kept up to date on CQC regulation changes and attended seminars for this, they also attended local authorities' presentations to ensure they kept up to speed with legislation and good working practices. We observed people had a relaxed relationship and chatted with ease to the provider who visited while we were present. People told us the provider visited every week and talked with them.

The management style promoted open communication. Staff demonstrated they were aware of the whistle blowing policy. Staff told us that staff at all levels were encouraged and supported to openly communicate their opinions on the service. Team meetings were used as a learning opportunity to discuss issues such as safeguarding, mental capacity. Open communication was promoted through staff meetings where staff were encouraged to put forward points for the meeting.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. This included results and evaluation from a survey sent to people who used the service, there was an evaluation from 2015 and responses were positive. The provider told us they had also consulted with stakeholders for the evaluation. Two of the stakeholders we spoke with work in different community mental health teams. They both reported positively on the service, they found the service offered a pleasant spacious environment that contributed towards people's successful rehabilitation, they also commented on effective communication with staff at the home.

The provider had systems for monitoring the service and ensuring it met the needs of the people who live there. Senior staff were responsible for ensuring financial procedures were robust and staff adhered to these. Finances handled on behalf of the people using the service were fully audited. Accidents and incidents were recorded, and notifications were made to relevant bodies in accordance with legislation. The manager reviewed internal checks to ensure staff provided a quality service. This included ensuring that people's support plans and risk assessments were up to date and reflected people's needs, and that staff were supporting people to progress towards their stated goals.

Care records were maintained and to a high standard, they contained good details of the person's wellbeing. Staff worked with individuals and knew the importance of sharing information with people and educating them, for example the role of prescribed medicines, and an awareness of risk management. The checks undertaken monitored that staff were following internal processes, attending training and development sessions. However, we noted staff recruitment was not part of the quality assurance process.

There were some inconsistencies in staff records relating to supporting documentation; we shared this with the person in charge, staff recruitment files should be included in the quality audits.