SCC Adult Social Care

Coveham

Inspection report

Anyards Road
Cobham
Surrey
KT11 2LJ

Tel: 01932794600
Website: www.surreycc.gov.uk

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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

The inspection took place on 6 and 17 October 2016 and was unannounced.

Coveham provides residential care for up to ten people with learning disabilities. An outreach service supporting people living in supported living accommodation also operates from the same site. At the time of the inspection there were six people living at Coveham and one person within supported living who required support with personal care.

The home had a registered manager. 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.

People were protected from the risk of harm as systems were in place to keep them safe. Risk assessments were completed which identified control measures to mitigate the risks of harm. Accidents and incidents were monitored and action taken to keep people safe where trends were identified. Staff had a clear understanding of how to safeguard people and knew what steps they should take if they suspected abuse.

Equipment was regularly checked and there were plans to keep people safe during significant events such as a fire. Evacuation plans had been written for each person, to help support them safely in the event of an emergency.

Medicines were managed well and records showed that people received their medicines in accordance with prescription guidance. People were supported to maintain good health and had regular access to a range of healthcare professionals. People were supported to have a nutritious diet and were able to make choices regarding what they had to eat and drink.

There were sufficient staff deployed in the service and staff worked flexibly to meet people's needs. Prior to starting work at the service recruitment checks were completed to help ensure only suitable staff were employed. All new staff completed an induction to enable them to learn about the service and people's needs. Training was provided which staff told us gave them confidence in their role. Regular supervision was provided to staff to monitor their performance and staff appraisals were completed annually.

People's legal rights were protected as the service acted in accordance with the Mental Capacity Act 2005. Capacity assessments were completed and where best interest decisions were made relevant people were involved in the decision.

People were supported by staff who showed kindness and compassion. Their dignity and privacy was respected by staff and people were able to choose where they spent their time. Staff had a good understanding of people's communication needs and supported people to make decisions about their care.

People were supported to develop and maintain their independent living skills and were involved in decisions regarding the running of the service.

Each person had an individualised support plan in place which detailed their needs and preferences. Staff were knowledgeable about people's needs and we observed people's likes and dislikes were respected. A range of activities were available both within the service and in the local community. People were supported to maintain relationships with people who were important to them.

Feedback on the quality of the service provided was obtained from people and their relatives. Annual surveys showed a high level of satisfaction and any concerns were addressed promptly. A complaints policy was in place and displayed in an easy read format. People told us they knew how to make a complaint and were confident their concerns would be addressed.

Relatives and staff told us they felt the service was well-led and that the registered manager was approachable. Regular audits of the service were completed to monitor the quality of the service provided. Action was taken to address any concerns identified.

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.

Arrangements were in place to help safeguard people from abuse.

Risks to people's safety were assessed and managed.

Staff had been recruited safely and there were sufficient staff available to meet people's needs.

Safe medicines systems were in place and people received their medicines in line with their prescriptions.

Is the service effective?

Good

The service was effective.

Staff had completed training to give them the skills and knowledge to meet people's needs.

People had a choice of meals and drinks that they enjoyed.

People's rights were protected. All staff were knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had access to a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and consideration.

People's privacy, dignity and independence were protected.

People were supported to maintain relationships.

Is the service responsive?

Good

The service was responsive.

A range activities were provided that took account of people's interests, preferences and needs.

Care records were person centred and contained detailed information to guide staff on the care and support people required.

Procedures were in place for receiving, investigating and managing complaints about the service.

Is the service well-led?

Good

The service was well-led.

People and relatives had been asked for their opinion on the quality of the
service they had received.

The provider had systems in place to monitor the quality of the service.

There was a clear management structure in place. Staff told us they felt supported by the registered manager and deputy manager.

Coveham

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 6 and 17 October 2016 and was unannounced. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We asked the service to complete a Provider Information Return (PIR) prior to the inspection. A PIR 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.

We spoke to everyone living at Coveham about their experience and observed the care and support provided to them. We spoke to the registered manager, three staff members, and a senior manager during the inspection and two relatives following the inspection.

We reviewed a range of documents about people's care and how the home was managed. We looked at three care plans, medication administration records, risk assessments, accident and incident records, complaints records, policies and procedures and internal audits that had been completed.

The service was last inspected on 23 May 2014 and there were no concerns identified.

Good

Is the service safe?

Our findings

There were enough staff on duty to meet people's needs. Staff had time to sit and talk with the people and to support people to access community activities. The registered manager told us the staff team worked flexibly and where additional staffing was required for people to access the community or appointments this was provided. One staff member told us, "It's lovely to have time with people. We don't need to rush people." People's needs within the supported living flats were individually assessed and a dedicated outreach team provided their support in line with their needs. One person was currently experiencing health concerns which had affected the support they required. Their support times had been adjusted which minimised the impact of their health concerns and enabled them to maintain their daily activities.

New employees were appropriately checked through robust recruitment processes to ensure their suitability for the role. We looked at records for four staff which evidenced that staff had been recruited safely. Application forms and interview records were completed and references were obtained from previous employers. Disclosure and Barring Service (DBS) checks were completed for all staff. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with people who use this type of service.

People were protected against the risks of potential abuse. Staff had been provided with training on how to recognise abuse and were able to demonstrate their learning of the different categories of abuse, signs to look for and reporting procedures. One staff member told us, "If I have any concerns about people's welfare I would report it to the senior on duty and I would write the incident up. I would also make sure the person is alright as well. I know that it is reported to CQC, head office and the safeguarding team. We have a flowchart that we can refer to." Policies and procedures were in place and guidance to people and staff was clearly displayed in communal areas. Records showed that concerns were appropriately reported to the local safeguarding authority and the CQC. Where required, investigations were completed and appropriate action taken.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Records contained individual risk assessments which took into account people's needs and provided staff with guidance on how to support the person to stay safe. These included moving and handling, finances, behaviour and road safety awareness. One person had a set routine each evening which involved taking electrical equipment apart but they were unable to understand the risks involved. Staff supported the person to access their tool box at their chosen time and had a radio and plug which had been made safe for them to take apart. The person enjoyed this routine and no longer attempted to take live electrical equipment apart. Additional equipment had been fitted in the person's room to ensure they would remain safe if they did try to access live electrical equipment.

Safe medicines management systems were in place and people received their medicines in line with their prescriptions. Each person had a Medicines administration record (MAR) which contained a recent photograph, known allergies and details of how they preferred to take their medicines. Medicines were stored in locked cabinets within each person's bedroom or flat and additional secure storage was available

when required. MAR charts were signed following the administration of medicines and no gaps in recording were seen. Where people were prescribed PRN (as required) medicines guidelines were available to ensure these were administered appropriately. Guidance was available to staff on how and when to apply topical creams (medicines in cream format) and records were maintained.

Accidents and incidents were recorded on a central log and were reviewed by the registered manager and senior manager to ensure action was taken to mitigate the risk of reoccurrence. One person had experienced a number of falls due to changes in their mobility. Staff had been provided with training specific to the person as to how support them when mobilising. A sensor mat had been fitted to alert staff should the person get up in the night so they were able to provide support quickly. Checks of the sensor mat were completed regularly to ensure it remained in working order. Since the introduction of these control measures the person had not experienced any further falls.

People lived in a home that was clean, comfortable and safe. Regular health and safety checks and schedules were in place for infection control, water temperatures, emergency lighting, checking of first aid kits and electrical equipment. Staff involved people in completing checks and records were maintained. All staff had completed fire training and personal emergency evacuation plans were in place to guide staff and emergency services on the support people would require to exit the building in the event of an emergency. People were able to tell us how they would leave the building and where they would wait should the fire alarm sound. A detailed contingency plan was available to ensure that people would continue to receive care should the building not be useable.

Good

Is the service effective?

Our findings

Relatives told us they believed that staff had the skills to support people well. One relative told us, "The staff are all very good, very experienced." Another relative said, "There have been no problems, the staff know how to communicate with people."

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. New staff received an induction when starting work which involved shadowing more experienced staff. One staff member told us this had been useful in ensuring they were aware of people's needs and building relationships. They told us, "It's the little things that you learn that are important like (name) only likes to wear odd socks or how (name) tells you how they want things done." Training records were maintained which evidenced that staff had completed mandatory training including safeguarding, health and safety, infection control and moving and handling. Regular refresher training was provided to staff and senior staff had access to management training in line with their role. Where training specific to people's individual needs was required this was made available to staff. For example, staff had undertaken positive behaviour support training to develop their skills in supporting people whose behaviour challenged others.

Staff told us they felt supported by the management team and had regular supervision to support them in their role. One staff member told us, "I have it on a regular basis which is a good opportunity to discuss my support and management development. I am listened to." Records of supervisions were monitored by the registered manager and evidenced that staff received supervision in line with the provider's policy. Annual appraisals were held to monitor staff performance and set goals for the coming year.

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 to 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).

People's rights were protected as staff were acting in line with the principles of the MCA. Capacity assessments had been completed with regards to specific decisions including managing medicines, care planning, finances and health screening. Best interest decisions had been completed where required and families were involved when appropriate. DoLS applications had been submitted to the local authority where people were subject to restrictions. This included the front door being on a key coded lock and some people requiring constant supervision. Where people had the capacity to leave the building without support they were supported to learn how to use the key coded door to enable them to leave independently if they wished.

People told us they liked the food and were able to make choices about what they had to eat and drink. One

person told us, "They (staff) cook nice things, it's alright. We all get to choose." People were involved in designing the menu each week using pictorial prompts and alternatives were offered at mealtimes. People were encouraged to serve themselves so they were able to choose what they would like and the portion size. During the first day of inspection the menu board showed sandwiches for lunch although people were asked what they would prefer and chose omelettes. We observed one person was supported to prepare this. We spoke to one person who was supported to live in their own flat. They told us that staff supported them to cook meals of their choice. They told us, "We write the menu and then the shopping list. We go shopping every week and staff help me cook."

People's nutritional needs were monitored and individual care plans were in place regarding eating and drinking. Care plans identified people's likes and dislikes and how they preferred to be supported with their meals. One person preferred to sit in a certain seat in the dining room and became anxious if this was not respected by others. They were supported to place a photograph of themselves on the table to indicate to other people they would like to sit there. People's weight was monitored on a monthly basis and staff told us that any significant changes to people's weight would be discussed with the GP. One relative told us, "They are very conscious about people's weights and look at low sugar options."

People were supported with their healthcare needs and had access to a range of healthcare professionals. Each person had a health action plan in place which detailed the support they required to ensure their health care needs were met. Contact details were available for professionals involved in people's care including GP's, dentist, opticians, and relevant specialists. Appointments were monitored and records were updated following appointments to ensure guidance from professionals was followed. People were involved in decisions regarding their health care. One person explained that they required dental work in the near future. They described to us why the work was needed, the benefits and consequences and what would happen on the day of the procedure. Staff offered reassurance to the person during the discussion and clarified any details the person was unsure about. Relatives told us they were informed of any health concerns and the action taken. One relative told us, "They respond promptly to anything and let me know. If they can't get me on the phone they will email."

Good

Is the service caring?

Our findings

People and relatives told us they felt the staff were caring and people appeared comfortable in the company of staff. One relative told us, "The staff couldn't be nicer and very understanding of what he can and can't do. He's made it his home." Another relative said, "I do think the staff are caring and that's the most important thing." One person told us, "The best thing is they make me smile in the morning."

Staff interacted with people in a kind, caring and compassionate manner. Staff spoke to people using a gentle tone and always knelt or sat beside people when talking to them. We observed one staff member empathise with one person who wasn't feeling well. They ensured they were comfortable and checked if they would like their slippers on. Another person had returned from a weekend away and staff took time to chat about what they had done and if they had enjoyed it. There was a calm and relaxed atmosphere with people and staff sharing jokes and talking about their days.

Staff were familiar with people's communication methods. We observed staff spent time talking to people. People were given time to respond and staff members were experienced in understanding people's individual verbal communication. It was important to one person to have a set evening routine. Staff had supported them to develop a pictorial guide to aid their communication with staff and other people regarding what they wanted to happen next. Another person's care plan stated they liked to do things independently and would ask for help from staff by saying, 'We'll do it together." Staff we spoke to were able to describe this and give examples of how they would support the person. Photographs were used to communicate information such as a board which indicated which staff were on duty and pictorial menus.

People were supported to maintain relationships with their families and other people who were important to them. One relative told us, "The staff are very good at keeping in touch. When he wants to come home they give me a ring and always drop him off and pick him up." We observed one person discussing arrangements for visiting friends for a meal. They told us this was something they did on a regular basis. Another person indicated they were going to a fancy dress party later in the week. Staff confirmed with them that an ex-staff member was coming to help with their costume. People's care files contained contact details for relatives and others who were important to people, along with significant dates so staff were able to support people in sending birthday cards. Where appropriate people were supported to access advocacy services. An advocate is an independent person who can support people to express their views. We observed one person go shopping with their advocate and records showed this was a regular occurrence.

People were encouraged to take an active role in the day to day running of the service and in developing independent living skills. We observed people being supported to cook and prepare simple snacks. The menu board displayed photographs of who was scheduled to help with other tasks such as washing up and clearing the table. We saw that people received gentle prompts and support to complete these tasks. One person told us, "I enjoy doing the kitchen." People were also involved in cleaning their own rooms and in some elements of their laundry. Staff members told us that they always encouraged people to do as much for themselves as possible. One staff member said, "We have the time for people to do things for themselves. If someone wants to take two hours getting ready in the morning then that's fine. We can spend two hours

with them, they get a lot from it."

Staff respected people's choice to spend time in their rooms or in communal areas. We observed people's rooms were personalised with items of their choice such as photographs, pictures and ornaments. We observed that staff knocked on people's bedroom doors and waited for a response before entering. Staff told us they understood the importance of respecting people's privacy and dignity. One staff member told us, "It would be important to me and you have to treat people how you'd like to be treated. I always knock on people's doors before I go in and make sure personal care is done privately."

Good

Is the service responsive?

Our findings

People were supported to maintain their hobbies and interests and had access to a range of activities. People had individual programmes at a number of different day services during the week which they told us they enjoyed. Activities in the evenings and weekends were varied and included attending different social clubs, discos, visiting friends, shopping and eating out. Notes showed that impromptu activities occurred regularly. We observed a staff member chatting with people on their return from day service about what they wanted to do that evening and arranging to go to the pub. House meetings were held monthly and used as an opportunity to consider different activities. Minutes showed that holidays were regularly discussed and people's preferences regarding who they would like to go away with, for how long and where to were recorded. One person had said they did not wish to go on holiday. Staff had offered a range of options including short breaks and day trips. The person confirmed to us they preferred to stay at home.

We observed people engaging in a range of activities they enjoyed when at home. One person was supported to use the computer to make collages of their favourite TV characters. A staff member sat with the person and was knowledgeable about the person's likes. Another person was keen to show us their craft work, they gave the staff member supporting them clear instruction regarding how they wanted them to help and we observed that staff respected this.

People were supported by staff who knew them well and responded to their needs. One person's needs had increased recently due to health concerns. Staff were observed to be attentive to the person, regularly checking that they were comfortable and if they needed anything. Another person had enjoyed a voluntary job in the community but had struggled to maintain this. The service was negotiating to enable the person to return to their job with staff support. They were also supporting the person to complete parts of their previous job and to engage in social aspects to ensure that links were maintained.

People's care plans were person centred, detailed and regularly reviewed to ensure staff had access to the most up to date information relating to people's needs. Plans clearly recorded people's likes, dislikes and preferences and we observed that these were followed. One person's plan stated they did not like cold drinks and we observed they were only offered hot drinks with their evening meal. Plans covered all aspects of people's lives including, communication, eating and drinking, mobility, leisure and spiritual needs. Monthly reviews were completed with the person and picture symbols were included within people's plans to support them with this. In addition an annual review was held to monitor people's needs and achievements and plan for the coming year. Relatives told us they were invited to their family member's reviews and where appropriate were involved in developing care plans. One family member told us, "We're involved in all the reviews and the care plan, we're always invited. They involve us with things and there's always someone to talk to if I have any concerns."

There was a complaints policy in place. We asked two people what they would do if they were unhappy or worried about anything. Both indicated they would let the registered manager know. One person told us, "She would sort it out, that's her job." The complaints policy was displayed within the communal hall in an easy to read format. A complaints log was kept electronically and was monitored by both the registered

manager and senior managers within the organisation. The service had not received any direct complaints during the past year. However, one relative had made comments on a satisfaction survey regarding the phone system at the service. This had been recorded as a complaint and action taken to rectify the concerns. We spoke to the relative who confirmed they had received a written response and were happy with the action taken. This showed that the service identified and addressed concerns promptly and effectively to ensure they did not escalate.

Good

Is the service well-led?

Our findings

Relatives told us they felt the service was well-managed. One relative said, "The management is good, things are settled and they always involve us in things." Another relative told us, "Good manager and good staff. (Name) couldn't be anywhere better." We saw that the registered manager spent time with people and from their conversations it was clear they knew what was happening in people's lives. People appeared relaxed when spending time with the registered manager and referred to them by name.

Staff told us they felt supported by the management structure within the service and were able to ask for guidance when required. One staff member told us, "The manager and deputy are both great, very approachable and hands on. The deputy works regular weekends so they know what's going on all the time." Another staff member told us, "There is always someone to ask for advice and we have an on-call system if they're not here. We work as a team. It's a very positive experience working here."

The management structure in the home provided clear lines of responsibility and accountability. Management tasks were delegated to the deputy manager, senior staff and administrators which enabled the manager to track and monitor the quality of the service provided. Staff told us they were able to make suggestions regarding the running of the service and felt their suggestions were listened to. One staff member told us they had made suggestions regarding how medicines were checked and their suggestion had been implemented. They told us, "I feel confident the manager would always listen."

People and their relatives had opportunities to give feedback on the service provided. During monthly reviews people were asked about their experience of living at the service and this was recorded and monitored. Annual satisfaction surveys were completed by people and their relatives. Comments from the last survey completed were positive and included, "I like the food", "Staff respond to my queries promptly and behave in a professional manner" and, "(Name) is happy and this is my priority, the bottom line is the care is brilliant."

Monthly audits were completed to monitor and improve the quality of the service provided. Audits were completed by the provider's quality team and covered all elements of required regulations. Where areas were highlighted as requiring improvement an action plan was developed with set timescales for completion. Action plans were monitored and reviewed on each visit. Actions from a recent audit highlighted that there were no records of the complaints policy being shared with people and relatives and there was no copy of the infection control audit available to staff. Resident meeting minutes showed that the complaints procedure had been discussed at the last two meetings and copies had been sent to families. A copy of the latest version of the providers infection control policy was available to staff.

Records were stored securely and in an organised manner which provided staff with quick access to information. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The provider notified CQC of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.