







Lyndale (Hereford) Limited Sunnydale

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Requires improvement	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

This inspection took place on 12 August 2015 and was unannounced. At our previous inspection no improvements were identified as needed.

Sunnydale is registered to provide accommodation and personal care to a maximum of 10 people with mental health problems. There were eight people living at the home on the day of our inspection.

A registered manager was in post and was present during our 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 provider had not correctly assessed some people's ability to understand their safety in certain situations and had made decisions on their behalf.

Summary of findings

Staff helped to protect people from harm and abuse and understood when they needed to and how to report concerns they may have. Risks to people had been assessed and there were plans in place for staff to follow to help reduce these risks.

People understood what their medicine was for and were supported to take their medicines when they needed them. Staff kept medicines stored securely when they were not needed and were aware of the policies they needed to follow to make sure they were managed safely at all times.

Staffing levels were reviewed regularly and extra staff worked depending on what people were doing on a particular day. Staff who worked at the home had checks completed to ensure they were suitable to work there.

People were supported by staff in the way they wanted and staff respected their preferences and views on how this was to be done. Staff supported people to identify how they would like to spend their time but respected their privacy when they wanted their own space.

Staff worked with other professionals to ensure all of people's needs were met and they attended routine health screening.

People enjoyed living at the home and had good relationships with staff. They were encouraged and supported to be as independent as they could be within the home.

People were involved in and encouraged to express their views in the planning of their own care. They had opportunities to give staff and the registered manager their feedback and opinions on living at the home.

The home had a friendly and supportive culture which was focused on supporting the people that lived there in a positive way. Staff made sure people had a sense of wellbeing and involved them in what happened at the home.

The provider had systems in place to monitor the quality of care people received from staff. Action was taken and improvements made as necessary.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe living at the home and they felt safe with the staff that supported them. Staff understood how to keep people safe and how to protect them from harm and abuse. People told us they understood why they needed their medicine and were happy with the support staff gave them.

Good



Is the service effective?

The service was mostly effective.

The provider had not always followed correct procedures to identify why they had made some decisions on people's behalf. People told us they could choose what they had to eat and staff helped them keep to a healthy diet. We saw that people were supported to access healthcare and support from other professionals when needed.

Requires improvement



Is the service caring?

The service was caring.

People thought staff were kind and considerate and they respected their privacy and dignity. People felt involved in their own care and told us that staff respected their wishes and views.

Good



Is the service responsive?

The service was responsive.

People told us that staff knew how to support them and knew what their preferences were. Staff supported people to decide how they wanted to spend their time and asked for their feedback and opinions on the support they received.

Good



Is the service well-led?

The service was well-led.

We found the home had a culture where they put people first and wanted them to be involved in what happened there. Systems were in place that monitored the quality of the service provided and took action where improvements were identified.

Good



Sunnydale

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 12 August 2015 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). 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.

We also reviewed information held about the service. We looked at our records to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We spoke with the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

As part of our inspection we spoke with three people who lived at the home, one visiting professional and five staff which included the registered manager. We viewed three people's records which related to consent, people's medicines, assessment of risk and people's needs. We also viewed two records which related to staff training and recruitment and other records which related to the management of the home.

We also spent time observing how people spent their time and how staff interacted with people.

Is the service safe?

Our findings

People told us they felt safe living at the home and that their personal possessions were safe in their rooms. One person told us that their bedroom door was not locked when they were not there but they were happy with this. They could ask staff to lock their door or they could have their own key. They told us they preferred not to and they had no concerns with the safety of their possessions.

Staff we spoke with were able to tell us how they kept people safe and protected them from harm and abuse. They had been trained to understand how to recognise abuse and to use appropriate policies and procedures for reporting concerns they may have. All staff were able to tell us where local safeguarding procedures were located and told us they were confident in following these procedures. Our records showed that where allegations of abuse had been reported the provider took appropriate actions, followed local authority safeguarding procedures and notified CQC as required.

Some people became anxious at times and staff told us this could be a risk to the safety of the person and others at the home. Staff had received training and support about how to manage these situations when they occurred. They told us that the training together with the information contained in people's support plans meant they felt confident to support people safely at all times.

Staff understood how to report accidents, incidents and near misses and knew the importance of following these policies to help minimise further risks to people. The registered manager told us that all accident and incident forms came to them and together with the provider these were monitored to identify any trends. Incidents were discussed with staff to identify if anything could have been differently and to learn lessons when needed. One visiting professional we spoke with told us that information was passed to them to ensure they were kept aware of any incidents.

People had personal evacuation plans in place and told us they had been involved in creating these. The plans detailed the support they would need from staff in the event of an emergency. We saw that measures were in place to reduce risks around the home. Dangerous and harmful items were kept locked away and equipment was checked regularly by professionals to ensure it was safe to

use. A plan was in place for in the event of the home having to be evacuated. We saw a 'grab box' kept by the front door which contained key contact numbers and the procedure for staff to follow if the home needed to be evacuated. Staff we spoke with were aware of these procedures.

People told us there were enough staff around to help them when they needed it. They told us that staff had time to sit and talk with them and did not rush around. Throughout our visit we saw that staff were visible around the communal areas of the home and took time to sit and talk with people. Staff we spoke with felt there were enough staff working at the home. One staff member said that on occasion staff could be "stretched" but that staff were flexible and would come in when needed. The registered manager told us that staffing levels were dependent on what people were doing on any particular day. If they knew several people had appointments or wanted to go out then extra staff would work that day. We saw that appropriate checks were completed on new staff prior to them starting work at the home. This was confirmed by one staff member who had recently started working at the home. These checks included obtaining references from previous employers and completing checks to ensure staff were suitable to work with people living at the home.

People told us they received their medicine when they needed it. They confirmed that they were happy for staff to look after their medicine for them. They understood why they needed to take their medicine and what the risks were if they took too much or not enough. We saw one person ask staff for their medicine. They were asked why they thought they needed it and then a staff member explained that they could not have any yet as it was too soon after their last dose. The staff member made sure the person understood why they could not have their medicine, that they were happy with this and that they understood when they could have their next dose. We saw that medicines were stored securely and only staff who were trained to handle medicines had access to the keys. Staff had received training in the administration of medicines and their competence to support people with their medicines was confirmed through assessment every three months. We saw people had medicine protocols in place which gave staff instruction on why people needed their medicine.

Is the service safe?

Medical administration records we looked at showed that people received their medicine as prescribed. We saw that policies and procedures were in place for the safe management of medicines at the home.

Is the service effective?

Our findings

We found that the provider had not fully prepared staff in understanding the requirements of the Mental Capacity Act 2005 (MCA) in general, and the specific requirements of the Deprivation of Liberty Safeguards (DoLS). Although staff told us they had received training they did not fully understand how to apply the principles of the MCA and DoLS. The registered manager told us that two DoLS applications had been submitted to the local authority and these were waiting for authorisation. However, the provider had not determined why these two people could not make their own decisions relating to this deprivation as no capacity assessment had been completed. We also found that no records were in place as to why this decision was in the person's best interest. The registered manager admitted that these were probably not deprivations but they had wanted to ensure that the actions they took to keep these people safe were transparent. They also acknowledged that further learning was needed in this area. We saw that risk assessments were in place which gave this detail and ensured people were kept safe.

People told us that staff always asked their permission before they did anything. They told us that staff always discussed things with them and allowed them to make their own decisions. Some people were supported with managing their money and they told us this had been discussed with them, they understood why they needed support and they were in agreement. People's care records contained records of consent and people confirmed that staff had discussed their care with them to ensure they understood and agreed to it.

All the people we spoke with thought that staff knew how to support them and that they had the right skills to support them. We saw that staff received training that would enable them to understand and support people's needs such as mental health awareness and equality and diversity courses. One staff member said, "Training helps me to support people and to be able to deliver safe

practice". Another staff member explained that training gave them confidence and said, "If we [staff] know what we are doing it reflects positively on the home. People and families will trust in us".

We spoke with staff who had recently started working at the home and also staff who had recently taken on new roles within the home. All agreed that their training felt structured and they understood what they needed to achieve during their probationary periods. Most staff told us they received regular one to one supervisions with the registered manager where they discussed their own wellbeing, training needs, any concerns they had and got feedback on their performance.

People we spoke with told us that they had a choice of what they could eat and that they could help themselves to snacks and drinks throughout the day. One person enjoyed cooking and told us that they would cook meals and bake with the support of staff. Menu choices were discussed daily with people and a menu plan was agreed at 'house meetings'. People and staff told us that the menu was flexible and alternatives were always offered if the menu choice was not wanted. One staff member said, "We'll cook ten different meals if that's what they [people] want". Risks associated with eating and drinking were assessed and monitored. Staff were aware of which people required a diabetic diet and we saw their diets were catered for. Staff told us that they discussed healthy food options with them and encouraged them to be aware of their sugar intake.

People received healthcare when they needed it. One person told us about problems they had with eating. They told us that staff had noticed this and had discussed it with them. With the support of staff they had seen their doctor and had an appointment to be seen by a specialist. Some people needed their bloods monitored on a regular basis. One person told us that staff helped them to make the appointments and reminded them when the appointments were so they did not miss them. People were supported to attend hospital appointments, visit their dentists and to receive routine health screening. The registered manager told us they had developed close links with the local mental health team, occupational therapist and consultant psychiatrist to be able to fully meet the needs of people.

Is the service caring?

Our findings

People told us that staff were kind and considerate to them. One person said, “They are all nice staff here”. Another person said, “I love it here, the staff are lovely and they help me when I need it”. We saw that staff and people chatted and were at ease with each other throughout the day. Communication from staff was polite, respectful and they listened to what people said. When staff spoke to us about the people they supported they did so in a way that was knowledgeable about their needs, respectful and caring.

People told us they felt involved in their own care and treatment. All agreed that staff listened to what they wanted and discussed their care with them. We saw that staff made sure people understood them when they spoke with them and they encouraged people to reach their own decisions. Staff supported people to identify what support they needed and to make decisions about their own care. One person said, “[Staff name] talks to me about my care and what’s going on. They talk me through my [support] plan and I tell them if I don’t like something”. People told us

they had regular meetings with staff and that they would also sit with staff and their social worker to discuss their future and current needs. Each person had a keyworker who took responsibility for discussing people’s support plan with them and supported them with decisions they needed to make. People knew who their keyworker was and told us they got on well with them.

People told us that staff respected their privacy and dignity and encouraged them to do things for themselves. They said that staff respected when they wanted their own space. One person said, “They [staff] treat me very well, they respect my privacy”. We saw staff knocked on people’s room doors before asking if they go in. Staff told us they were aware of people’s dignity when supporting them with personal care and would ensure they were kept covered with a towel, the curtains were closed and they gave them space to get washed and dressed. People were encouraged to keep their own rooms and communal areas clean and tidy and we saw there was a kitchenette where people could make their own drinks. Staff encouraged people to help with cooking meals and with their own laundry.

Is the service responsive?

Our findings

People told us that staff supported them the way they wanted it. They felt that staff knew their needs and preferences and that these were respected. One person said, “They [staff] support me very well, they know me. They understand me and they know how to help me when I am not well”. All people told us that staff spent time sitting and talking with them. They told us that this helped them and they appreciated the opportunities to just sit and chat about future plans. Information obtained through discussions with staff was used to update people’s support plans and any other changes were incorporated into these plans. People told us that their support plans were kept up to date. One person told us that they had been referred to a healthcare professional following a change in their health. We saw their support plan fully reflected the required changes in their needs and how staff were to support them.

Throughout our visit we saw staff involved people in making choices about what they would like to do and how to spend their time. One person told us that staff helped them to complete a weekly planner where they identified what they wanted to do. They told us they liked to have this structure in their week and they enjoyed cooking, they cleaned their room and they liked to go shopping. Another

person told us they enjoyed going out by themselves and with staff and they were looking forward to an upcoming holiday on the coast with staff. One person enjoyed sports and staff told us that they would be paired up with a staff member who had similar interests so they could go and play football together and enjoy other sporting activities.

People completed a survey every three months with their keyworker. The survey encouraged them to give their opinions on the support they received and if they felt improvements were needed in the service they received. Surveys were also sent to people’s family and visitors to the home, which included other professionals. People told us they saw the registered manager every day and had the opportunity to speak with them. They told us if they had any concerns or complaints they would speak with the registered manager or staff about it. Meetings were also held at the home where people and staff discussed what trips and activities people wanted to do, the menu and to get feedback on how everyone felt about living at the home. Staff told us they would support any person who wanted to make a complaint and that if it could not be dealt with at the home it would be escalated to the provider. There was a complaints process in place that people had access to.

Is the service well-led?

Our findings

People told us that they saw the registered manager often throughout the day and they had good relationships with them and staff. One person said, “It’s great here, everyone is nice to me”. People and staff were kept involved in what happened at the home and were encouraged to give their feedback, opinions and ideas for improvements through regular meetings. The registered manager told us that they made time to go out with people individually. This gave people one to one time with them and gave an opportunity for them to get to know each other. They said, “We support people to have a good a life as possible. This is their home and they have to have a feeling of belonging”.

During our visit we saw that the registered manager was actively involved with what happened around the home. We also saw them support other members of staff in their work which helped them to be aware of the day to day culture of the home. The culture of the home was seen as one of positive support towards people which the registered manager and staff agreed on. One staff member said, “It’s all about the people who live here. I treat them how I and my family would want to be treated. They [people] are valued here, we’re all positive”. Staff told us they felt supported by the registered manager and they were able to speak with them openly about any concerns or issues they had. They understood how to whistleblow and who they could take concerns to outside of the home, such as the local authority, police and CQC. Whistleblowing is when a staff member reports suspected wrongdoing at work.

The registered manager had been in post for five years and told us they felt supported by the provider in their role. They were supported by the provider through regular telephone contact and also monthly visits. Resources were available to them to make improvements and they had regular contact with the head office. A deputy manager, who was new in post, also supported the registered manager. Staff we spoke with were aware of the management and leadership structure and told us they found the registered manager approachable and that they always took time to answer their questions.

Systems were in place for the registered manager and provider to monitor the quality of care provided and address any areas for improvement. Regular checks were completed on medicines, care plans and health and safety and the results of these were used to create an action plan of improvements that were needed. The registered manager had recently introduced a new quality assurance audit which followed our new methodology and key lines of enquiry. The registered manager told us that audits had identified people’s support plans needed to be more personal to them. We saw they were in the process of updating these and include areas where people and staff could comment on their plans. The provider was kept up to date on what happened at the home by a weekly information sheet which the registered manager sent to them. This contained an overview of each person who lived at the home, any accidents or incidents, complaints and outcomes of meetings.