

# Hightown Housing Association Limited

## Sunnybrook Close

### 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

About the service:

Sunnybrook Close is a residential care home that was providing personal and nursing care to three people at the time of the inspection. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Sunnybrook Close is a three-bedroom bungalow with a rear back garden. Adaptations have been made to accommodate the needs of the people living there.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways promotion of choice and control, independence, inclusion e.g. People's support focused on them having as many opportunities as possible for them to gain or maintain skills and become or maintain their independence.

People's experience of using this service:

The service was rated good in all domains. This was because we found systems were in place to ensure the safety of people living in the service. Checks had been completed on essential safety apparatus such as fire protection equipment and hoists. Services such as gas and electricity had been maintained.

One person's relatives told us "The staff are wonderful, loving and caring. I have the highest regard for them all."

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were supported to have maximum choice and control of their lives through the support of advocates. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's nutritional and dietary needs were assessed, documented and care was provided in line with their needs. External professionals provided advice when needed.

People were treated equally by the staff. Training was provided to staff the area of equality and diversity. Information about people was being recorded in a respectful and dignified way. Records were not always up to date and clear in their content. This was because people's needs were changing quickly. The registered manager was looking at ways to ensure records kept pace with the change, to ensure information provided appropriate direction for staff in how to care for people. People's health care needs were monitored closely. Staff told us they felt supported by the registered manager. The staff in the service were caring. They told us they worked well as a team. They respected each other and supported each other.

They also received support through regular training, supervision and team meetings. Staff were trained and knew how to protect people from the risk of abuse. Where concerns had been raised these had been dealt with appropriately. A recruitment system was in place that minimised the risk of unsafe candidates being employed. Medicines were stored, administered and disposed of by trained staff. Effective quality assurance tools were in place to drive forward improvements, these had been used and their impact was apparent. People participated in activities to protect them from the risk of social isolation. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensured that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Rating at last inspection:

At the last inspection the service was rated good. (Published on 4 November 2016).

Why we inspected:

This inspection was carried out in line with our inspection schedule.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Sunnybrook Close

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The inspection was carried out by a social care inspector.

#### Service and service type:

Sunnybrook Close is a residential home for up to three people with learning disabilities. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We did not give the service notice of our visit.

#### What we did:

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission (CQC) to inform us of events relating to the service which they must inform us of by law. We looked at previous inspection reports and reviewed the Provider Information Return (PIR). The 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.

During the inspection we spoke with three members of staff including the registered manager and two support workers. We observed staff interacting with people and supporting them.

Some people were unable to tell us about their experiences of living at Sunnybrook Close because of communication difficulties. We therefore 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. We looked at records relating to the management of the service including two people's support plans and associated records. We reviewed the medicine administration records for one person and a staff file including recruitment records. We reviewed minutes of meetings and a selection of quality assurance audits and health and safety records. Following the inspection, we spoke with two relatives on the telephone about

the care their family member received at Sunnybrook Close.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Staff were aware of how to identify and report concerns of abuse. Where concerns had been raised these had been followed up appropriately by the registered manager. Staff told us they understood their responsibility to report and record concerns. They said they would have no hesitation in reporting concerns.

Assessing risk, safety monitoring and management:

- Risk assessments related to the care being provided and the environment were in place.
- Checks were made on the equipment and supplies for example gas and electricity to ensure their safety. Other checks included fire safety and health and safety. Each person had an individual evacuation plan to ensure their needs were recorded and could be met in emergencies.

Staffing and recruitment:

- The provider had a recruitment policy and several routine checks that were carried out prior to the employment of staff. These included Disclosure and Barring Service (DBS) checks, written references, health declarations, and proof of identity and of address.
- At the time of our visit the home had seven staff vacancies and two staff were on long term leave. Efforts to employ staff had not been successful. The registered manager was aware of the danger of staff including themselves working excessive hours. The registered manager told us they were able to use bank and agency staff to cover the necessary shifts. To provide consistency in care, the same staff were requested to work in the service. Checks on agency staff were completed before they were allowed into the service to work. New ideas were being explored around attracting new staff into employment at the service. This was work in progress by the provider.

Using medicines safely:

- People received their medicines by trained staff who had had their competency assessed. We observed lunchtime medicines being administered by the registered manager. This was carried out in accordance with good practice.
- We undertook checks to ensure the storage, administration and records related to medicines were safe. The Medication Administration Record (MAR) charts were up to date, properly maintained and were easy to follow.

Preventing and controlling infection:

- Staff had received training in infection control and how to prevent cross contamination. Safe infection control techniques and systems were in place to reduce the risk of contamination. Hand sanitiser gel, as well as liquid soap, was available in the home.
- We saw that staff used personal protective equipment (PPE) such as disposable aprons and gloves for

example when giving personal care.

Learning lessons when things go wrong:

- When accidents or incident occurred, lessons were learnt and where possible themes identified. Information was shared with the staff, and where appropriate they drew up measures to prevent a reoccurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- Guidance was available to staff on how to minimise the risks associated with caring for people. For example, how to support people when out in the community. Over recent months, difficulties had arisen in the service due to people's rapidly changing needs. This included people's physical and mental health needs. It was evident through our observations and our discussions with staff, appropriate care was being provided.
- The registered manager was aware there were problems with the care plans. This was because people's needs were changing quickly. People were also experiencing behaviour that was challenging. Staff were struggling to keep the information up to date. An interim care plan had been introduced, to try to cover all the salient points needed, however, we found these were also out of date. We discussed with the registered manager how they could reduce the information down in order that staff were made aware of the most important aspects of care and any changes that had been made. They agreed they needed to make changes to ensure up to date and accurate information was available to staff.

Staff support: induction, training, skills and experience:

- Staff told us they felt supported by the registered manager. The explained how difficult the job had been recently but spoke about working as a team and being able to call upon the registered manager for support. Similarly, the registered manager praised the staff team for their dedication and hard work.
- New staff participated in an induction which included completion of the care certificate. This is the minimum standards that should be covered as part of the induction training of new care workers. These involved observations of staff performance and tests of their knowledge and skills.
- The provider Information Response (PIR) stated "They (staff) will also attend other training that relates specifically to the individual needs of the clients at that home... They will also be given the opportunity to work with more experienced staff so that they can learn and acquire the skills and knowledge required for their job role." Staff confirmed this was correct.
- Staff received supervision, appraisals and received support through team meetings. Staff confirmed the registered manager was approachable and responsive to their needs.

Supporting people to eat and drink enough to maintain a balanced diet:

- Care plans reflected people's nutritional and hydration needs. Where people required additional equipment or resources to enable them to eat and drink this was provided. Where people required specialist advice with their diet this was sought from dietitians and speech and language therapists (SALT).
- Food appeared to be nutritious. People appeared to enjoy their meals.
- At lunchtime, we observed people were given one to one support as needed. We saw this was done in an unhurried way, with interaction between the person and the staff member.

Staff working with other agencies to provide consistent, effective, timely care:

- Many specialist professionals and agencies were involved in the lives and care of some of the people living in the service. For example, the clinical commissioning group (CCG.)
- People who had specialist health needs for example, dietary, continence or mental health needs received support from external professionals. We read documentation related to health appointments with external professionals to assist people with their mental and physical health needs. Where advice was given this was recorded in people's care files. This enabled staff to provide appropriate and safe care to people.

Adapting service, design, decoration to meet people's needs:

- Each person had their own bedroom with a shared lounge kitchen and bathroom facilities. Work had been carried out to ensure the safety of people by erecting a small wall around the kitchen area. This protected people from the risks associated with kitchen equipment, but allowed interaction with people, who could see what was happening in the kitchen.
- The service was homely and clean. People were able to personalise their own rooms and the shared lounge with photographs and things of personal interest. Specialist equipment had been purchased to enable people to access and move around the home. For example, transfer hoists and specialised bathing equipment.

Supporting people to live healthier lives, access healthcare services and support:

- The provider's PIR stated "Health passports are in place and updated including an emergency grab sheet which is taken when a service user is admitted to hospital in an emergency or indeed a planned appointment." A health passport contains information not only about the person's health needs but about their individual likes and dislikes and considers areas such as communication. This enables health staff to support people effectively when in their care. Records evidenced people's health needs were thoroughly checked and when needed responded to quickly.

Ensuring consent to care and treatment in line with law and guidance:

- 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 with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments had been carried out to assess if individuals were able to actively participate in making choices about their lifestyle and care. Staff were aware of how the MCA applied to the lives of the people they cared for. Best interest processes were followed and where people required support, records showed they had representatives in place.
- Where people were being deprived of their liberty, applications had been made to the supervisory body for approval. For one person their DoLS application had been approved. Records showed, the requirements of the conditions stipulated in the DoLS authorisation were being met. This ensured people's rights were being upheld.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- The provider's PIR stated "All staff have had Equality and Diversity Training to raise awareness of the Equality Act 2010, and we have carried out best practice on different cultures to better equip staff with the knowledge to recognise protected characteristics, including religious backgrounds." This ensured staff had the knowledge to understand and respect differences in people, their cultural, religious, sexuality and gender needs.

Supporting people to express their views and be involved in making decisions about their care:

- From our observation and through discussion with staff we could see they knew people well. They understood what their needs were and could respond appropriately. Due to communication difficulties people could not always make decisions about the care they received. Where this was the case, families or advocates along with legal representatives were consulted. This ensured decisions were made in the persons best interest.

Respecting and promoting people's privacy, dignity and independence:

- We observed positive interactions between people and staff. Staff were patient, kind and gentle with people when supporting them with care. Staff were humorous with people, and the smiles they generated showed an appreciation by people. One staff member told us how when a person became agitated they had given them a hand and foot massage to help them to calm down. It had the desired effect.
- We observed how staff knocked on people's bedroom doors before entering. One staff member explained in detail the importance of their role. They said "Treating our resident in a dignified manner says a lot about yourself. It's a question of respect, not to abuse your "powerful" position and respect the human rights of everyone." A relative told us they had found the staff to be "Very loving and caring."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- One person had access to their own vehicle, this enabled them to visit places and meet up with their family once a week. The registered manager told us they were looking into arrangements for transport to be available for the other two people living in the service.
- People were able to participate in activities such as visiting cafés, attending a social club for people with learning disabilities. Other activities included listening to music, singing, looking at books. The provider's PIR stated "Sunnybrook has strong links with the local village community particularly the local church. All service users attend local coffee mornings and have visits from the church congregation. A full activity programme is offered at Sunnybrook which includes, swimming, art sessions, lunch out, trips to the local town, trips to the local park, Whipsnade zoo. Events are held at Sunnybrook where the neighbours are invited to join in for coffee mornings and lunches. Other local care homes also visit." This protected people from the risk of social isolation.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, one person had a timetable on the wall with pictures, words and symbols. This helped the person understand what was happening that day. They used photographs to communicate with staff. We saw staff planning an outing with the person. This helped the person to manage their expectations. Sign language was also used. We were told by the registered manager the sign language helped the person to better understand what was happening, especially when they became anxious.

Improving care quality in response to complaints or concerns:

- There had been no complaints made since our last inspection. Staff told us they knew how to handle a complaint if one should be made.

End of life care and support:

- At the time of our visit, the provider had set up a steering group to explore how they could improve the process of planning end of life care. This included reviewing the information and resources that would need to be considered when a person was diagnosed with a life limiting condition. It was envisaged this would take a multi-agency approach, working alongside other agencies who specialise in palliative care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered manager and staff were clear about their roles and the expectations placed upon them. The service had experienced some recent difficulties due to the lack of permanent staff and the changing needs of the people living in the service, however, the staff had worked together to overcome these problems. A staff member commented "It has not been for the faint-hearted working here... We have all worked together as a team. Three clients with extreme needs has been hard. The first thing I was overwhelmed with was how fabulous the communication between staff was. We listen to each other and can make suggestions. We share the difficult times, but somehow, we always leave the shift with a smile.... It's all about working together."
- The service is required by law to inform us of events that have occurred in the service. The registered manager had complied with this requirement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People were treated equally. Their individual differences were recognised, and their needs addressed. Staff received training in equality and diversity. Sunnybrook has strong links with the local village community particularly the local church.

Continuous learning and improving care:

- As people's needs changed the registered manager was clear the staff would require training if the person's needs were beyond the staff team's current knowledge and skills. For example, one person had been recently diagnosed with dementia. Additional training has been offered to staff in this area.
- Where accident or incidents had occurred, records had been used to identify themes, and to make improvements where necessary to prevent a reoccurrence.

Working in partnership with others:

- Records showed how the service worked alongside other professionals to provide appropriate and safe care to people. These partnerships included a GP; occupational therapist; dietitian and a speech and Language therapy team amongst others.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- One relative told us "I am very impressed and very happy with the service." They explained their family

member was middle aged, and throughout their lifetime they had been in contact with many health and care professionals. They told us "[name of registered manager] goes the extra mile, she is on duty when she should be off. She or the staff bring [name of person] to see us. We used to be able to visit him, but we are now elderly. They transport him to us twice a week. The atmosphere in the home is lovely, always happy. She (The registered manager) brings him home for family occasions such as birthdays and Christmas. In all the years we have been involved in care we have never come across anyone quite like her."

- Staff told us they shared the same philosophy as the registered manager. One told us "[Name of registered manager] is very good, very compassionate. I agree with the way she sees the service and runs it and her values are similar to mine...We try to meet the individual needs of people. It is not institutionalised here. The permanent staff are flexible and able to change to meet people's changing needs."
- Staff told they felt supported by the registered manager, and that was evident throughout our visit.
- There is a legal requirement for providers to be open and transparent. We call this duty of candour (DOC). Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers must undertake several actions. We checked if the service was meeting the requirements of this regulation.
- We found there was a culture of openness and honesty. Records of staff meetings confirmed incidents were discussed, this allowed the staff team to share thoughts and learn from each other. The registered manager was aware of the duty of candour and their responsibility to implement this.