

Suffolk Mind

13a The Green Rd

Inspection report

The Green Road
Sawston
Cambridge
CB22 3LN

Tel: 01223839548

Date of inspection visit:
04 February 2016

Date of publication:
04 March 2016

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

13a The Green Road is registered to provide personal care to people who live in a group of flats in a residential area in the village of Sawston. There were five people receiving personal care from the service when we visited. The inspection took place on 4 February 2016. We gave the provider 48-hours' notice before we visited to ensure that the registered manager was available to facilitate the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff were knowledgeable about reporting any abuse. There were a sufficient number of staff and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place and actions were taken to reduce identified risks.

There were effective procedures in place to ensure that people were safely assisted with their medicines.

The provider was acting in accordance with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and staff had received training and had an understanding of the MCA and DoLS.

Staff were supported and trained to do their job and additional training was provided for specific care needs to be fully met. The staff were in contact with a range of health care professionals to ensure that care and support was well coordinated. Risk assessments were in place to help ensure that care and support could be safely provided.

People's privacy and dignity were respected and their support was provided in a caring and a patient way.

People were supported, where required, to ensure they ate and drank sufficient quantities. People had the choice to eat their favourite foods where and when they wanted to.

Care and support was provided based on people's individual personal and social care needs. There was a process in place so that people's concerns and complaints were listened to and these were acted upon.

The provider had quality assurance processes and procedures in place to monitor the quality and safety of people's care. People were able to make suggestions in relation to the support and care provided.

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.

Staff were aware of their roles and responsibilities in reducing people's risk of harm.

Recruitment procedures and staffing levels ensured care was provided to meet people's care needs.

People were appropriately supported with their medicines.

Is the service effective?

Good ●

The service was effective.

The provider had procedures and training for staff in place regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) so that people were not at risk of unlawful restrictions being placed on them.

Staff were supported by the provider to carry out the expected care and support for people.

People were assisted with their healthcare and nutritional needs.

Is the service caring?

Good ●

The service was caring.

Care was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and were able to express their views about their needs.

Is the service responsive?

Good ●

The service was responsive.

People were involved in reviewing their care needs and this was carried out on a regular basis.

Staff knew people well and responded to their individual needs.

People were aware of the complaints procedure and knew who to speak to about their concerns

Is the service well-led?

The service was well-led.

Effective procedures were in place to monitor and review the safety and quality of people's care and support.

Staff were supported and felt able to discuss their issues with the registered manager.

People and staff were involved in the development of the service, with arrangements in place to listen to what they had to say.

Good ●

13a The Green Rd

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 was the first inspection of the service since it was registered with CQC in March 2015. This inspection was undertaken by one inspector and took place on 4 February 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and the registered manager is sometimes out of the office and we needed to be sure that they would be in.

Before the inspection we looked at all of the information that we had about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. We also looked at the 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 any improvements they plan to make.

During the inspection we visited the service's office and looked at four people's care records and we visited four people supported by the service. We also spoke with the registered manager, five care staff and three relatives. We saw records in relation to people's support, the management of the service, the management of staff, recruitment and training records. We also spoke with three care managers, a community psychiatric nurse, a psychiatrist and a practice manager from the local surgery, all of whom had regular contact with the service.

Is the service safe?

Our findings

People told us they felt safe. One person said, "The care staff are helpful and good." Another person said, "The staff help me with my medication and finances" A relative told us that the staff helped their family member throughout the day and they had no concerns about the support being provided.

Staff were aware of their responsibilities in relation to protecting people from harm. They were aware of the procedures to follow and told us that they would not hesitate in raising any incidents or concerns with the registered manager. We saw that the contact details for reporting safeguarding incidents to the local authority were displayed and were available in the service's office. The staff we spoke with displayed a good knowledge of the safeguarding reporting procedures and one member of staff said, "I would never hesitate in reporting any incident or allegation of harm to my manager," The registered manager was aware of the notifications they needed to send to the CQC in the event of people being placed at the risk of harm. Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe when they were providing care. Samples of risk assessments included behaviours that challenged others, guidance regarding people's mental health support needs and supporting people with their medicines. We saw that there was a document in people's support plans which detailed the level of support people required with their medicine. People told us that the staff always made sure that they administered their medicine as prescribed.

We saw that there were daily audits of medicines to check stock levels and that all prescribed medicines had been accurately recorded and administered. We saw that the service was in regular contact with people's GP's and mental health professionals to monitor medicines needing a blood test to ensure the required dosage.

Staff told us that they had attended regular training in administering medicines which included a competency test to check their understanding and ensure safe practice was monitored. We saw a sample of training records which confirmed this to be the case. The registered manager told us that additional training would be given to staff whose competency needed to be improved before they continued to administer medication.

People said that there were always enough staff available to them to safely provide care and support. People told us that staff were available to them during the day to assist them with their personal care and discuss their issues or concerns. People told us that they knew which staff would be visiting to assist them with their personal care needs.

We saw that effective recruitment procedures were in place to ensure that only staff who were suitable to work with people who used the service were employed. We saw that satisfactory recruitment checks had been carried out and included evidence of completed application forms, satisfactory references, and proof of identity, and a satisfactory Disclosure and Barring Service check (DBS)

The registered manager told us that any gaps in employment were pursued during the person's interview.

The registered manager also confirmed that all recruitment checks were completed before care staff commenced working with people and provided them with care.

One member of staff we spoke with told us that their recruitment had been effective and that they had received an induction. They also told us that they had been made to feel welcome by staff and had completed shadow shifts with more experienced staff before working confidently on their own to ensure people's safety.

Is the service effective?

Our findings

People spoke positively about the staff who supported them and they were satisfied with the care and support they received. One person told us, "The staff help me with my shopping and cooking and going to see my doctor". Another person told us that, "Staff support me with my tablets and money during the week."

The registered manager confirmed there was a programme to make sure training was kept up to date. Training records showed, and staff confirmed that they received regular training throughout the year. Examples of subjects covered included; safeguarding, mental health awareness, infection control, equality and diversity, fire safety, health and safety, first aid and administration of medicine. Two staff had found the training regarding personality disorder to have been particularly useful when working with some people using the service. The registered manager also told us that they were sourcing additional training for staff regarding eating disorders and obsessional compulsive disorders to enhance their practice and knowledge

Training was monitored by the registered manager to ensure that staff remained up to date with refresher training booked on an ongoing basis throughout the year. This was confirmed by staff and in the training records we were shown. Staff we spoke with told us they had received regular supervision from the registered manager and a senior worker and had also received an annual appraisal. Staff told us that they felt well supported by the registered manager and by their staff colleagues. Staff received a hand book which outlined the service's policies so that staff were aware of their role and responsibilities. One member of staff said, "This is a really good team and we work well together." This showed that there was an effective system of training and support for staff.

Staff told us they always received detailed handovers and there was a communication book in place to record where any significant events or changes to care had occurred. We observed the staff handover meeting where a variety of detailed information regarding people using the service was being passed on to staff coming on shift. One member of staff told us that they checked the communication book when they arrived on shift. This ensured that staff were aware of information regarding changes to people's support needs.

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 registered manager confirmed and we found that no one receiving the service was subject to any restrictions on their liberty.

The provider had procedures in place in relation to the application of the MCA. The registered manager and the staff were knowledgeable about these. They were aware of the circumstances they needed to be aware of if people's mental capacity to make certain decisions about their care changed.

Staff we spoke with confirmed that they had received MCA/DoLS training. The manager and staff were knowledgeable about the situations where an assessment of people's mental capacity could be required. At the time of our inspection all of the people who were using the service had the capacity to make informed decisions for themselves either with, or without, support from staff. The manager was also aware of the relevant contact details and reporting procedures regarding this area.

We found that assessments of people's nutrition and any dietary needs and food preferences had been completed as part of their support needs. People told us that the staff assisted them with their meals, daily routines and shopping. The staff also encouraged healthy eating choices as much as possible. During our inspection we saw that staff assisted people to choose and prepare their evening meal. People we spoke with also told us about the communal meals and takeaway nights which they organised with staff assistance during the week and at weekends. One person told us how much they enjoyed the roast dinners that were organised for each Sunday in the communal area within the complex.

People were assisted, where necessary, to access healthcare appointments including visits to the local surgery and dentists. A practice manager at the local surgery was positive about the service and felt that communication was good and that staff were receptive and followed any advice regarding people's individual healthcare issues. We spoke with a healthcare professional who had contact with the service and they said that they found the service was responsive to advice given and that communication had been good.

Is the service caring?

Our findings

People that we spoke with by telephone confirmed that the staff were kind and caring. For example, one person said, "They help me with what I need [and] ask me if there is anything else I want to do at home or out in town." Another person said, "They [staff] help me with what I need." A relative said, "The staff are fantastic and really kind to my [family member] and they are really settled and happy." We observed that there were friendly, respectful and supportive relationships in place between staff and people using the service in their individual flat and when using the communal area.

We saw staff providing reassurance and dealing with people's issues and concerns in a kind, cheerful and attentive way. One person said, "They [staff] assist me with sorting out my money and help me with my flat." Another person said that they had been involved in discussing their support with their keyworker. We saw that people had monthly meetings with their key worker to discuss forthcoming events and any issues they were concerned about. Examples included going shopping for clothes, dietary needs and attending forthcoming health and social appointments.

Observations we made and people we spoke with told us that care staff respected their privacy and dignity. People told us that they usually had the same care workers providing care and support and usually knew in advance which staff would be visiting them. Members of staff described the aims of people's support in enabling them to live as independently as possible and have a good quality of life. One member of staff said, "It is good to help people fulfil things they want to do in their life and to meet their needs in the way that they want to." One member of staff told us how a person using the service had felt more able to recommence swimming sessions following assistance from staff.. Another member of staff said, "Every day is different and I love supporting people here."

We saw that the registered manager had taken steps to ensure, as much as possible, to meet people's individual preferences regarding whether they wished to be supported by male or female staff. People's preferred names were used and recorded. This showed us that people's equality and diversity was considered and acted upon. We observed conversations between staff and people using the service and there was a positive and caring attitude towards people in place.

People told us that staff had taken time in talking with them about things which were important to them in a respectful way. It was evident that there was a warm and comfortable rapport between staff, the person receiving care, and their relatives. Discussions with staff during the inspection showed that they had a good and detailed understanding about individual's care and support needs. It was evident from discussions with healthcare professionals that there was a close and proactive contact with the service to ensure that people's care and support was well coordinated.

Records showed that staff received training about how to promote and maintain respect and equality and diversity and meet people's needs in a caring and supportive manner.

Care and support plans reflected people's wishes and preferences and how staff should support them. We

saw that the registered manager had taken steps to ensure, as much as possible, to meet people's individual preferences regarding whether they wished to be supported by male or female staff. This showed us that people's equality and diversity was considered and acted upon.

The staff we spoke with displayed a great deal of warmth about their work and the care they provided for people. One member of staff said, "I love my job and we try our best to provide the best possible care." People met told us that the staff were helpful and kind to them.

The registered manager told us that no one currently had a formal advocate in place but that local services and their contact details were available as and when required. We saw that relatives had regular contact with the service and were involved in the planning and reviewing of their family members care and support where appropriate.

Is the service responsive?

Our findings

All of the people we spoke with, and their relatives, told us they were involved in planning their care and support and were able to make changes when necessary. For example, one relative said, "They [the staff] always let me know of any changes to my {family member's} care and support." Another relative said "My [family member] has really made progress and is able to happily live independently with the support of the staff."

People said they were able to choose the care workers they preferred, their preferred time of care and what was important to them. This included likes and dislikes such as the meals they preferred and assistance with their daily routines. One person said, "The staff are good and I see them every day to help me out." The registered manager told us that the service only provided care where the staff could do this reliably and effectively to ensure people's needs were met. This was confirmed by healthcare professionals we spoke with who were in contact with the service.

We found that assessments of people's needs had been carried out by the registered manager or senior management staff before they used the service. People's preferences were recorded regarding their mental health history care and support needs, likes and dislikes, contact with family and friends, meal choices and their life history to aid staff's understanding of each person. These were used to formulate the support plan and outline the care which was to be provided.

We looked at four support plans during our inspection. There were person centred guidelines in place for each visit so that care staff were clear about the care and support that was to be provided. We saw details in place regarding the person's personal preferences as to how care and support should be delivered. People told us that where they were assisted with their meals the staff had always asked them about their individual preferences.

Examples of care and support that people received included assistance and prompting with personal care, preparation of meals, assistance with medicines, household chores and social activities. We saw that there were agreements in place, signed either by the person or their representative, regarding the care and support to be provided. Staff we spoke with were able to give examples about the varying types of care that they provided to people such as assisting people with their finances/ budgeting, cooking, accessing community resources, prompting with personal care, and assisting with their medicines.

Detailed daily notes were completed by care staff detailing the care and support that they had provided during each care visit and we saw samples of these notes,

We saw that staff held regular recorded reviews of the support plan with people and their relatives where necessary to ensure support was kept up to date and met the person's needs. One person said, "I meet with my keyworker every month to review how things have gone and change things when I want." We saw samples of reviews completed regarding the care and support that was being provided. Additional information was included in support plans such as support where the person's needs had changed such as

following a hospital admission. We also saw annual reviews from care coordinators from the local authority involving the person and their keyworker from the service.

People we spoke with felt able to raise and discuss their concerns at any time with their keyworkers, during tenant meetings and with the registered manager. One person said, "If I have any concerns I speak with the staff and we sort things out." People said that their concerns and complaints were dealt with in a timely and professional manner.

A copy of the service's complaints procedure was included in people's information packs. The registered manager told us that all complaints were acknowledged and resolved to the person's satisfaction as much as possible. All complaints were recorded and we saw a sample of recent correspondence to address a concern that had been raised and now resolved.

Is the service well-led?

Our findings

People told us that they had regular contact with members of staff the registered manager and knew who to contact if they wished to discuss any concerns or issues about the care and support being provided. One person commented, "I can always speak to the managers and staff about any concerns I may have." People were encouraged to make suggestions and comments during their individual and group meetings. Actions were taken in response to these, which included going on holiday and developing menus.

We saw that there was regular contact with people and their relatives to gauge satisfaction with the services being provided. Quality assurance satisfaction surveys were sent to people who used the service to gain their opinions regarding the care provided. We saw the returned 2015 surveys received from people using the service. These contained positive comments about the care and support that was being provided. The provider had collated an action report to respond to issues and comments raised by people and staff in their surveys. Comments from the 2015 action plan included; assisting people with computers and improving the communal area.

The registered manager demonstrated that they understood their roles and responsibilities well and the staff we spoke with told us that they felt the service was well managed. They said they felt supported and that they were able to raise issues and concerns at any time. They said they felt supported by managers at all times, including during out of business hours. One member of staff told us, "The staff work well together and I feel that I am supported." Another staff member told us that, "My colleagues are helpful and very supportive." We saw minutes of staff meetings where a range of care and support issues had been discussed

There was an open culture within the service. Staff told us they enjoyed their work and working for the service. Staff we spoke with were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice when this arose. One member of staff said, "I feel that I would be confident in reporting any concerns to my manager and that I would be protected if I did." This showed us that people were kept safe as much as practicable.

The provider regularly considered the quality of care it provided and took appropriate action where required. This was by speaking with people, their relatives, staff and health care professionals and their views were sought regularly. We saw records of unannounced checks of staff's competence that were undertaken by management staff to ensure that the quality of care was monitored. This was confirmed by staff that we spoke with.

We saw that there were regular meetings held with the registered manager and their operational manager to monitor and ensure audits of key areas of the service were made. These audits included observations of support being provided, care and support records, reviews of care, discussions with people who used the service and their relatives, complaints and concerns, staff recruitment, training and health and safety arrangements.

The registered manager and care staff worked in partnership with other organisations and this was

confirmed by comments from health care professionals we spoke with. These included comments from care managers and mental health care professionals who were regularly in contact with service. Comments by these managers and care professionals were positive and they felt that any concerns and issues were proactively and promptly dealt with and that communication and queries with the service were responsive and professional.