

Sunderland City Council

Fontburn Court

Inspection report

7 Fontburn Court
Sunderland
Tyne And Wear
SR5 5SP

Tel: 01915848810
Website: www.sunderlandcareandsupport.co.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

This inspection took place on 30 November and 6 December 2017. The first day of the inspection was unannounced. This meant the provider and staff did not know we were coming. This was the provider's first inspection since being registered.

Fontburn Court is a 'care home'. 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. The service accommodated six people in a bungalow situated in its own grounds with an enclosed garden area. Six people were using the service at the time of the inspection.

The service 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.

The registered manager was also responsible for some of the provider's other locations registered with CQC. Fontburn Court had a home manager who was responsible for the day to day running of the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service could live as ordinary a life as any citizen.

People and relatives felt the service was safe. Policies and procedures were in place to keep people safe such as safeguarding, accident and incident policies. Staff had received training in safeguarding and knew how to report concerns. People's medicines were managed safely. Effective infection control measures were in place.

Staff recruitment procedures were robust and included Disclosure and Barring Service checks and references. Staffing levels were appropriate to the needs of the people using the service.

Risk assessments were detailed, person-centred, and gave staff clear guidance about how to help keep people safe. People had personal emergency evacuation plans in place in case of an emergency.

Staff were trained in a range of subjects such as health and safety, first aid and fire safety. Staff had also received training to support them to meet the needs of people who used the service, such as learning disabilities.

Staff received regular supervisions and an annual appraisal which covered their personal development. Staff

felt they were well supported by the registered manager and home manager.

People had access to a range of healthcare, such as GPs, occupational therapy and dentistry. Nutritional needs were assessed and people enjoyed a health varied diet.

The premises were well suited to people's needs, with ample dining and lounge space. Bathrooms were designed to incorporate needs of the people living at the home. The corridors and reception area were spacious for people using mobility equipment.

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

The atmosphere at the home was warm and welcoming. Relatives and friends felt welcome when visiting with staff offering refreshments and the opportunity to eat with their loved one. People were encouraged to make choices in everyday decisions. Staff provided support and care in a dignified manner, ensuring privacy when necessary.

Person-centred care plans were in place and contained good levels of detailed information. Regular reviews of care plans took place to ensure staff had up to date information.

People enjoyed a range of activities both inside and outside the home. The service had positive links with the community with people accessing local centres, discos and shops.

The provider had a complaints process in place which was accessible to people in a pictorial format.

Staff were extremely positive about the registered manager and the home manager. They confirmed they felt supported and were able to raise concerns with either manager. We observed the registered manager and home manager were visible in the service and found people interacted with them in an open manner.

The quality assurance process included audits of medicines, care plans and health and safety checks. Where necessary actions were set following audits and these were signed off by the registered manager or home manager.

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.

Medicines administration practices were safe.

The provider had safeguarding procedure in place to keep people safe.

Risks to people were assessed and actions taken to reduce them.

The premises were clean and well maintained with regular health and safety checks carried out.

Is the service effective?

Good 

The service was effective.

Staff attended various training courses specific to the needs of people who used the service.

People were encouraged to have a healthy varied diet.

People had access to health care professionals such as GP's and dentists.

Is the service caring?

Good 

The service was caring.

People who used the service and their relatives felt the staff were kind and caring.

Staff knew people well and demonstrated positive relationships with them.

People had access to advocacy services were appropriate.

Is the service responsive?

Good 

The service was responsive.

Care plans were personalised, containing individual choices and

preferences.

People were supported and encouraged to access a range of activities both in an out of the home.

Complaints processes were in an accessible format for people using the service.

Is the service well-led?

Good ●

The service was well-led.

The provider's quality assurance process was used to drive improvement.

Regular meetings were held for staff, people and relatives to attend.

People, relatives and staff felt the management was open, honest and approachable.

Fontburn Court

Detailed findings

Background to this inspection

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

The inspection took place on 30 November and 6 December 2017, the first day of the inspection was unannounced. This meant the provider did not know we were coming.

The first day of the inspection was carried out by one adult social care inspectors and an expert by experience who spoke to people and relatives to gain their opinions and views of the service. An expert by experience is a person who had personal experience of using or caring for someone who used this type of service. The second day of the inspection was carried out by one adult social care inspector.

Before the inspection we reviewed other information we held about the service and the provider. This included statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also contacted the local Healthwatch, the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with four people who lived at Fontburn Court. We spoke with six members of staff, including the registered manager, home manager, four care workers. We also spoke with two relatives of people who used the service and one person's friend.

We looked around the home and viewed a range of records about people's care and how the home was

managed. These included the care records of two people, medicine records of three people, training records, and records in relation to the management of the service.

Is the service safe?

Our findings

We received positive comments from people and relatives when we asked if they felt safe at Fontburn Court. Comments included, "This is the best place for [family member], absolutely safe", "I would speak up if they weren't" and "Yes, I am".

The provider had systems in place to keep people safe. Policies and procedures were available to staff for safeguarding and whistleblowing. Staff we spoke with had an understanding of what constituted abuse, how to act if they suspected or observed any inappropriate practices. Staff had received training in safeguarding and felt the manager and registered manager would act on any concerns they raised. No safeguarding concerns had been raised since the service was registered. However we found a safeguarding alert had been raised in one of the provider's other locations, which resulted in a new financial procedure being developed and introduced to each location. This meant that the provider learnt from incidents and made improvements to systems and processes.

We found risks to people were assessed and control measures were in place for staff to safely support people in their daily lives. Examples of this included accessing the community or using transport safely. We found very detailed information for staff in terms of moving and assisting people, detailing the type of hoist, type of belt and what colour loops when attaching the belt to the hoist. One staff member told me, "When we use the hoist, I always get them [staff member] to check my loops on my side and then I check theirs." We also found risks in the environment were also assessed such as slips, trips and falls with measures in place to reduce the risk of accidents or incidents.

The provider had robust recruitment procedures in place which were thorough and included necessary vetting checks before new staff could be employed. This included Disclosure and Barring Service checks (DBS) and references. These are carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

We found four staff members were on duty on the first day of the inspection which corresponded to the staff rota. Nights were covered by two staff members. On the second day of the inspection additional staff were on duty to support three people who had been out for the afternoon. We received mixed views about staffing levels within the home. One relative told us their only concern was the times when the service has to bring in agency staff as this affects people getting to go out. Another relative told us, "[Family member] gets out and about alright." We discussed the comment about agency staff with the registered manager. They advised the service does use agency staff, however these were long standing agency staff who have worked in the home for some time and are used to cover annual leave and sickness. We spoke to one agency staff member who advised they had worked for the organisation for 18 months.

During the inspection we observed people received the support and care they needed in a timely manner. Staff had opportunities to spend quality time with people, to do some arts and crafts or just to sit and have a chat over a coffee. Staff maintained a presence in the communal and dining area to anticipate needs as not all the people living at Fontburn Court could make their needs known.

We found the management of medicines within the home was safe. We observed people had their medicines when they needed them and in a safe manner. Staff had received training in the safe handling of medicines and had regular checks to ensure they remained competent to administer medicines. We saw medicine administration records (MARs) were completed correctly with no gaps or anomalies. The medicine file contained individual medicine profiles along with a list of medicines, photographs and the side effects of the personal prescribed medicines.

We found the home was clean and tidy with staff completing daily and weekly cleaning tasks. Personal protective equipment was used when appropriate and was readily available for staff. The manager completed regular infection control audits and where necessary actions were recorded and signed off when completed. This meant effective infection control measures were in place.

A range of health and safety checks were completed to ensure the environment and the equipment used to support people was safe. For example, electrical installation checks, gas safety certificated and hoist checks. Fire alarms, emergency lighting and fire extinguishers were checked regularly. Staff and people took part in fire training on a regular basis.

People had personal emergency evaluation plans (PEEPs) in place in case of emergencies. A contingency plan was available to staff in case of an emergency to ensure the continuity of the service. Staff had out of hour's access to on call support from senior managers when necessary. Staff ensured visitors signed in and out of the home.

Is the service effective?

Our findings

People's needs were holistically assessed and their care and treatment planned in accordance with best practice. For example, NHS Supporting people with learning disability guidance. We saw hospital passports were in place for people. Hospital passports give medical staff helpful information about the person's learning disability and their preferences, and to understand the help they may need while in hospital. People were as involved in their care planning as much as possible to ensure their choices and preferences were acknowledged.

We found staff received a range of training. For example, health and safety, safe administration of medicines, mental capacity and deprivation of liberty training and moving and handling. Staff also completed specific training such as autism, learning disabilities to enable them to support people with complex needs. Staff felt their training gave them the skills and knowledge they needed to work in Fontburn Court. One staff member told us, "We are well trained in here, it's important we have that. I have just refreshed my medicine training and had an observation. It's on-going" During the inspection we were able to observe staff support people to move around in a safe manner, hoists and other mobility equipment was used appropriately with safety checks being carried out.

We spoke to people and relatives about the food. One person told us, "It's nice sometimes". Another said, "I like it all". One relative told us "It is nearly always home cooked and good quality". They told us they had eaten at Fontburn Court and really enjoyed the food. People chose to eat their meals in the communal dining room. A light lunch was served with the main meal being served later in the day. During the inspection we observed people were given a choice of meals, with alternatives available. We also observed people being offered drinks regularly throughout the day, along with snacks. Food was prepared to meet assessed dietary needs, such as soft diets. One member of staff explained that one person had to have a special diet which included thickened drinks. They told us this person sometimes needed a lot of encouragement to take these but that staff made sure he had enough throughout the day to avoid him getting dehydrated.

The manager had an annual planner in place for staff supervision and appraisal. We found records to demonstrate staff, including agency staff, received an appraisal and had supervision on a regular basis. Staff also told us they received supervision on a regular basis. One agency staff member told us, "We discuss the person you're key worker for, what you want to achieve and how to improve." They also told us, "Training is very good, the manager is very big on training." Another staff member told us, "I have supervision regularly and it's thorough, if I have any concerns [manager] acts." We found the annual appraisals covered personal development as well as performance monitoring.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where people lacked capacity to make decisions MCA assessments and best interest decision meeting records were available. The manager kept a record of all DoLS applications made along with copies of authorisations. Staff clearly understood the importance of empowering people to make as many of their own decisions and choices as possible. These included explaining options to people and anticipating needs for some people by observing facial expressions and body language. We observed staff supporting people to make decisions regarding meal choices and attending activities.

We found the staff worked alongside other organisations when supporting people. Care records contained input from health and social care professionals, such as dentists, social workers and community services. We saw where advice and guidance had been given this was incorporated into people's care plans, for example, advice from the dietician.

We found staff monitored people's health using the early warning score (EWS). EWS is a guide used to determine the degree of illness of a person. It is based on monitoring a person's respiratory rate, oxygen saturation, temperature, blood pressure, pulse/heart rate. The registered manager told us, "If someone is not well, staff can do these observations and then input their findings on a tablet or computer which goes to the surgery." We found this had been used by staff therefore obtaining medical advice in a timely manner. Staff had recorded everyone's observations so they had a base line reading to compare with.

The home was in the process of being refurbished. Some work had already started in the lounge area with new flooring being laid. Staff told us they were waiting for the decorators to finish off. We found people's rooms were individualised with lots of personal items in place, such as photographs, posters and ornaments. One person told us they had been supported to decorate their room in their favourite colour purple, and that they liked to go there in the evening to watch TV and have some quiet time. Bathrooms were designed to incorporate the personal care needs of the people living at Fontburn Court. The corridors and reception area were spacious for people using wheelchairs and mobility equipment.

Is the service caring?

Our findings

People told us they liked the staff. One person said, "They are my friends." Another person told us the staff were nice and kind. They liked living at Fontburn Court and that everyone had a laugh and a carry on. We found the service had received written compliments about the kindness of staff, comments included, "[Person] has been given the best care ever, staff are genuine and attentive and staff are helpful, kind and understanding."

Relatives told us they felt the service was caring and spoke about the positive relationships between the staff and people living at the home. One relative told us they had looked at a number of different places and had chosen Fontburn Court because of the waking night staff and that it seemed the best. They commented, "I can't praise the staff enough, they go out of their way and do their very best".

During our inspection, we saw many caring and respectful interactions between staff and the people living at the home. Staff had an understanding of people's needs and had developed positive relationships with them. They did not rush people to make decisions and were led by what the person wanted to do where ever possible. People appeared at ease with the staff, looking comfortable and relaxed in their presence. People's privacy and dignity was respected by staff closing doors when supporting people with personal care and ensuring people were supported to eat and drink when appropriate. All of the people we saw were cared for, happy and had all of their needs effectively met by staff. We saw staff also had a good relationship with relatives and friends who visited the home, staff were open and welcoming offering tea or a coffee. One relative told us, "I have to say, I get a wonderful welcome from all the staff when myself and [other relative] call in."

Staff told us they promoted people's independence, respected their wishes and gave opportunities to provide information. One staff member told us, "We have house meetings, and involve everyone." Staff had taken time to get to know the people they supported, by reading care records and spending quality time with them. One staff member told us, "We have some great times here, I know these people so well, [person] has such a sense of humour we have a laugh and a joke." One relative told us their family member liked to do household chores and the staff supported them to do dusting and peeling vegetables. They told us the provider purchased a carpet sweeper so they can be involved with the cleaning. During the inspection we observed the person with the sweeper.

All staff we spoke with were aware of people's communicative needs and were able to meaningfully engage with people. We saw one person had a Makaton book to use and another person used non-verbal behavioural indicators such as facial expressions and gestures. Makaton is a language programme using signs and symbols to help people to communicate. When asking a question staff repeated the person's response to make sure they had understood.

We asked for staff support to speak to one person who had communication needs. The member of staff was able to tell us what the person was telling us and the person nodded to show this was right. The member of staff also prompted them to tell us about the things they used to do and details about their sporting

hobbies. The person clearly enjoyed this memory, smiling and telling us what they used to say to the players.

Some people who used the service had access to advocacy services. The provider had information relating to advocacy. Advocates help to ensure that people's views and preferences are heard. The registered manager told us how they spoke with relatives and social workers if any advocacy support was needed.

Is the service responsive?

Our findings

People we spoke with told us they were happy living at Fontburn Court and staff supported them to do the things they wanted to do. Relatives we spoke with said people received personalised and responsive support from staff at the service. One relative told us, "They are just amazing with [person]. They [the people] are all well looked after."

We found care files contained personal details along with names and contact numbers of family and friends who are involved in the person's care. Care plans were in place to cover all aspects of health and social care, for example, mobility, communication and nutritional needs. For instance, where one person who was not able to give a verbal response in terms of what they wanted to eat, their care plan stated staff were to give an option of two or three options and the person would point. These were reviewed on a regular basis so staff had access to detailed, up to date information to support people's specific needs and preferences. Where possible people and their relatives had been involved in the development of care plans. Daily handovers were used by staff to ensure they were kept informed of any recent changes in a person's needs.

People received support in accessing activities as part of their support at the service. Details of the types of activities people enjoyed were included in their care plans, such as disco, football and cookery. One friend told us that the person they visited had missed going to the football match when there were staff shortages. We discussed this with the registered manager. They told us, "We always plan ahead for people to go out so there are enough staff on duty. If a member of staff rings in we try to get cover, if not then we offer to do something else in the home or rearrange the trip out."

The communal living area of the service and had a television and a range of comfortable chairs for people to relax. One person's facial expressions [big smile] told us they liked spending time in the lounge when we asked if they enjoyed watching TV.

We found one person attended a drama session on a weekly basis. Their relative told they also meet up with old friends as well as going to the disco and attended a local cookery course. During the inspection the person had been awarded a certificate for their cookery. We could see they were very proud of their achievement. People had made dough decorations for the Christmas tree and were going to decorate them. One person told us, "I love Christmas and making the decorations." We observed one person point at a box of toys /resources in the corner of the dining room. A member of staff immediately went to get some things out of it. This included some knitting and the member of staff joked with them about knitting her a hat. One member of staff supported a person to tell us they had been a keen darts player and that although they could no longer play in a team they had a darts board in their room.

We saw people who used the service were encouraged to raise any problems or concerns they had through individual discussions with staff or through house meetings. There was a formal complaints policy and procedure in place. We saw the service had not received any complaints. We found the provider had a pictorial booklet for people with communication needs in the reception. The booklet set out people's rights in Fontburn Court and how complaints were managed. None of the people or relatives we spoke with said

they had any complaints about the care and support provided by the service. One relative said, "I am very happy with the service. I am not unhappy with anything." People and their relatives had access to a complaints policy, including in easy read format, setting out how issues could be reported and would be investigated.

Whilst no one who used the service needed end of life care at the time of our inspection, the registered manager told us how they planned to ensure staff were trained in this area should the need arise.

Is the service well-led?

Our findings

The service had a registered manager who was experienced in supporting people with learning disabilities and had been registered with the Commission to manage the service since 2016.

People knew who the registered manager and home manager were and gave positive comments. One person told us, "They are lovely." One relative said, "The manager is outstanding – just brilliant". People who used the service were comfortable in the presence of the registered manager and home manager and staff confirmed they have a hands-on approach supporting people as well as being in an administrative role. We observed the registered manager and home manager interacting well with people who used the service during the inspection.

Staff felt they were open and approachable and supportive to the people who used the service. One staff member told us, "[Home manager] is great and [registered manager] is here regularly. They are first class with a good attitude. They have a sense of humour which is great, any concerns we have and [home manager] acts." Another said, "Really good, always willing to help and they know people so well."

We found records to demonstrate staff meetings were held regularly. The home manager also held house meetings where people and their relatives could discuss or raise any concerns, ideas or suggestions.

The provider maintained an allocation book for staff, setting out where people were going on a day to day basis and which staff members were supporting them. People's health appointments were also scheduled along with the supporting staff member. Day to day tasks such as cleaning and laundry were also planned and allocated. This meant staff knew what they were doing on day to day basis and all essential checks were covered

The provider had a quality assurance process was in place which included audits of care plans and health and safety checks. Where necessary actions were set following audits and these were only signed off when checked by the registered manager or home manager. The registered manager maintained a record of accident and incidents these were submitted to the provider's health and safety department for analysis of any patterns or themes. No patterns or themes had been reported to the registered manager.

We found part of the provider's quality assurance process included visits from other managers in the organisation. The registered manager told us, "This gives the option of other managers reviewing records rather than manager just auditing their own services." An audit was also completed by senior management which covered a variety of areas such as reviews of people's care files and staff files. We found the provider had development plans in place for redecoration and refurbishment which had already started in the service.

The provider issued a newsletter to staff to keep them up to date with up and coming events within their other services.

The provider also held an annual family forum, the last of which was held March 2017. Feedback from the forum was extremely positive. One relative told us they are regularly asked for their opinion on the service and also that there are cards you can write feedback on as you come in the front door. We found several "Tell us what you think cards" readily available for visitors to complete. The provider had a "Welcome board" in reception setting out the names of staff who were on duty.

The registered manager told us of the provider's plans to apply to remove Fontburn Court from their registration. Relatives and friends have been made aware of this proposal. The registered manager told us, "Although families are aware, there are no timescales as yet, so nothing will change here at the moment." This demonstrated that the provider had an open and transparent approach with people and their relatives.