Care and Support Sunderland Limited

Ebdon Lane

Inspection report

1 Ebdon Lane
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Sunderland
Tyne and Wear
SR6 8ED

Tel: 01915494931

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05 January 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced inspection of Ebdon Lane on 30 December 2015. We completed the inspection on 5 January 2016.

The last inspection of this service was carried out on 1 October 2013. The service met the regulations we inspected against at that time.

Ebdon Lane is a large purpose built detached bungalow set in a mainly residential area with good access to shops and local amenities. Six people can live there and it has good access both in and out of the property. There were six people living there when we visited.

There was a registered manager for this service. 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.

During this inspection we identified three breaches of regulations. There had been many incidents of physical and verbal aggression between people who used the service, and the provider was working with social and health care professionals to support people. However the incidents had not been reported to safeguarding adult's team or to the CQC. This meant safeguarding adult's protocols had not been followed so vulnerable people may not always have been protected. Some staff had not received one to one supervision with a manager, which was contrary to the provider's own procedures. Some people's individual care records were incomplete which meant that it was not always possible to be clear if a person was supported in the right way.

You can see what action we told the provider to take at the back of the full version of the report.

There were enough staff to assist people in the house in a safe way, although some staff felt it would be better if they could support people out into the community more. The recruitment of staff included the right checks and clearances so only suitable staff were employed.

Potential risks to people's safety were assessed and managed. People's medicines were managed in a safe way, although it would be better if eye-drops were dated when opened so that staff were certain of their expiry date.

Staff had training in the Mental Capacity Act 2005 for people who lacked capacity to make a decision and deprivation of liberty safeguards to make sure they were not restricted unnecessarily. Staff asked for permission before carrying out care tasks. People told us they made their own choices about their daytime routines.

People were supported to access community and specialist healthcare services, such as GPs and speech and language therapists, when necessary. Each person's nutritional well-being was assessed and they were supported to enjoy a healthy diet. People who could express a view told us they liked the meals.

People who were able to express a view told us they "liked" the staff. One person commented, "I like all the staff – they're very nice." Another person commented, "You can have a good talk with them and they listen." Everyone seemed comfortable in the presence of staff and spent time socialising with them in the lounge or dining room.

Staff were very knowledgeable about people's individual needs, preferences, likes and dislikes. People and relatives had information about how to make a complaint and said they had done this when they were unhappy. The provider had a quality assurance programme to check the quality of the service.

People said they liked the service manager and they were relaxed in his company. A relative commented that things were "settling down" after a difficult period. Staff said they felt the service manager had made significant improvements to the service in the short time he had been running the service. One staff member told us, "I feel things are really getting sorted out now." Another staff member commented, "[The service manager] has been amazing. He has made a huge difference."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Some people had been hit by another person who lived there. They told us they did not feel safe in the home because of the person's behaviour. Staff were now supporting one person on a one-to-one basis to try to prevent any further harm.

Risks to people were managed in a way that did not compromise their right to lead their own lifestyle. Medicines were managed in a safe way.

There were enough staff to meet people's needs. The provider checked potential new staff to make sure they were suitable.

Is the service effective?

Requires Improvement

The service was not always effective. Staff said they had not always felt supported in their role during the past year. Some staff had not had enough opportunities for one-to-one supervision and there had been no staff meetings for some time.

Staff had the necessary training in health and safety and in the Mental Capacity Act so they knew about making sure people were not restricted unnecessarily, unless it was in their best interests.

People enjoyed their meals at the home and were asked for their suggestions for the menu. Staff worked closely with health and social care professionals to make sure people's health was maintained.

Is the service caring?

Good

The service was caring. People said they liked the staff. A relative said staff were friendly and helpful.

Staff talked about people in a valuing way that respected their individuality and abilities.

Staff helped people to communicate their choices and decisions about their daily lives.

Is the service responsive?

Requires Improvement

The service was not always responsive. Some people's care records were incomplete so staff did not have written guidance about how to support them in the right way.

People had some opportunities for activities, either within the home or outside.

There was information in the home about how to make a complaint. People said they knew how to raise any concerns and two people had been supported to do this.

Is the service well-led?

Requires Improvement

The service was not well led. The provider had not sent statutory notifications to the Care Quality Commission about incidents and events.

There was a registered manager in post.

The provider carried out assessments to check the safety and quality of the service for the people who lived there.

Ebdon Lane

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 started on 30 December 2015 and was unannounced. We also carried out a short second inspection visit on 5 January 2016 which was announced. The inspection was carried out by one adult social care 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 any improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with other information about any incidents we held about the home. We contacted the commissioners and safeguarding adults officers of the local authority to gain their views of the service provided at this home.

During the visit we spent time with people and observed how staff supported them. We also spoke with a relative. We spoke with a service manager and two support workers. We looked around the premises and viewed a range of records about people's care and how the home was managed. These included the care records of two people, the recruitment records of two staff, training records and quality monitoring records.

Requires Improvement

Is the service safe?

Our findings

Over the past few months several safeguarding incidents had occurred at the home which had not been reported to the CQC. The incidents related to a service user hitting out at other people who lived there. Although there had been meetings between the service manager, social worker and behavioural therapy services, and risk management plans had been put in place to reduce the number of incidents. However there was no evidence that all the incidents had been reported to safeguarding adults' team. This was contrary to the provider's own safeguarding adults' protocols.

In discussions support workers also described how they had raised their concerns about the situation both verbally to the registered manager and in written incidents records. Some incident reports included reference to people and staff locking themselves in the office to protect themselves. Staff were clear about their responsibility to report any safeguarding concerns to the registered manager and stated they had assumed that the incident reports were being passed to safeguarding adults' team and all relevant agencies. However the incidents had continued to occur and the safeguarding reports were not made to the safeguarding adults' team or the CQC.

This was a breach of regulation 13 of the Health and Social Care Act 2008 Regulated Activity Regulations 2014.

Action had been taken to minimise the risk of further incidents. For example, the person with behavioural needs was provided with one-to-one support from staff and there were restrictions about the areas of the home they would use. As a result the number of incidents had reduced. However some people told us they remained afraid and were fearful of further incidents. One person who had been the victim of most incidents had begun to stay in their own room. They told us they were scared to come out at times.

At the time of the inspection arrangements were being made to find an alternative service for the person who had behavioural needs that impacted the safety of others. Staff felt improvements were being made to how the situation was being managed, although they were concerned about how the events had impacted on the well-being of the remaining people who lived there. Staff told us, and records confirmed, they had completed training in safeguarding vulnerable adults. Staff were also able to describe the whistleblowing procedures for reporting any other concerns and told us they would have no hesitation in doing so. The provider had clear policies about this and there was a poster in the office encouraging staff to 'stand up and speak out' with the direct contact details of the most senior manager.

Risks to people's safety and health were assessed, managed and reviewed. People's records included individual risk assessments which provided staff with information about identified risks and the action they needed to take, for example risk relating to mobility needs. The service manager was also introducing falls risk assessments for people with reduced mobility. Any accidents were recorded and if necessary were forwarded to the council's health and safety officer. There were personal evacuation plans for each of the people who lived here so staff would know how to support them in the event of an emergency.

All required certificates for the premises were up to date, such as gas and fire safety and legionella testing. The staff carried out monthly health and safety risk assessments. There was a 'business continuity plan' with arrangements in the event of any type of emergency, including evacuating people from the building. There were on-call arrangement for staff to contact senior managers. There were also on-call arrangements with a contractor in the event of building or equipment repairs. Information posters about these arrangements were clearly visible in the office for staff.

The bungalow was owned by Northumberland, Tyne & Wear NHS Trust (NTW Trust). The care provider, Care and Support Sunderland Limited, rented the property from the Trust. Although there were no safety issues, there were areas of the premises that were beginning to show signs of wear and tear. For example, rusting radiators in bathrooms and broken cupboards in the laundry room. However, a new landlord was going to take over the property in the near future and the staff were hopeful that this would lead to improved decoration.

There were sufficient staff to meet people's physical needs. One person needed two staff to support them with personal care because of their mobility needs. There were three staff on duty for five people and an additional agency staff member providing one-to-one support for one person. One staff member told us, "Staffing is safe, although it would be better if we could get people out into the community more." Another staff member commented, "Currently people can't go out as much as we would like because of staff sickness." At the time of this inspection there were three staff members (including the registered manager) on sick leave and one staff on maternity leave. Where possible existing staff were covering the gaps or staff from other similar homes operated by the same provider were supporting the service.

Recruitment practices were thorough and included application forms, interviews and references from previous employers. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant people were protected because the home had checks in place to make sure that staff were suitable to work with vulnerable people.

Medicines were securely stored in a locked medicine cabinet. The home received people's medicines in blister packs from a local pharmacist. The blister packs were colour-coded for the different times of day. This meant staff could see at a glance which medicines had to be given at each dosage time. Staff understood what people's medicines were for and when they should be taken. Staff had contacted GPs to review people's medicines and to make sure that people were not taking unnecessary medicines.

All the staff were trained in safe handling of medicines, although not all staff had been trained in administering one emergency medicine used for epilepsy. Staff competency in managing medicines was checked about three times each year. Medicines were administered to people at the prescribed times and this was recorded on medicines administration records (MARs). One person had support with prescribed eye-drops, which have to be discarded within 28 days of opening. Staff confirmed that bottles were disposed of every 28 days but agreed it would be useful to write the date of opening on the bottle.

Requires Improvement

Is the service effective?

Our findings

We looked at how the provider supported the development of staff through supervisions. Supervisions are regular meetings between a staff member and their supervisor, to discuss how their work is progressing and where both parties can raise any issues to do with their role or about the people they provide care for. It was evident from supervision records that some care staff had had only one or no supervision sessions in the past year, which was contrary to the provider's own supervision policy. This meant the provider had not made sure that the professional development of individual staff members was supported. Also, there had been no staff meetings from August 2014 to November 2015. This meant the staff group had not had opportunities to discuss expected practices and receive consistent direction. Some staff said they had not always felt supported in their role until the new service manager had recently commenced.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Information about staff training was only held in the form of individual certificates which were not collated in staff files so it took some time to extract specific information for individual staff members. The service manager agreed that an up-to-date training matrix and a training needs analysis would help to identify all the training that staff had completed. Shortly after the inspection the service manager forward a copy of a training matrix. This showed staff were provided with necessary training in health and safety, such as food safety, infection control and moving and assisting. Half of the staff team had achieved a national qualification, such as NVQ 2 or 3, in social care.

Staff had recent training in the Mental Capacity Act 2005 (MCA) which provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the provider had made applications to the local authority about the people who lived at Ebdon Lane because they all needed supervision both inside and outside of the home. The DoLS applications had been authorised by the local authority. In this way the provider was complying with the requirements of the Mental Capacity Act.

The care records for each person included a nutritional assessment about their eating and drinking needs. None of the six people were at nutritional risk and they all enjoyed a range of traditional meals. People were not directly involved in planning their menu but they were asked for their suggestions and these were used to design the four week menu. People did have some opportunities to help with the grocery shopping although this had to be planned to make sure there were enough staff to help people with mobility needs as well as carry grocery bags.

No-one required a specialist diet, although one person did need their food to be soft as they had problems with swallowing. For example, meat or hard foods were blended for them. Staff dined alongside people so they could make sure people managed their meals in a safe way. People who could express a view told us they liked the meals.

Staff kept a record of people's meals, a monthly record of each person's weight, and their nutritional health was regularly checked. This meant people were fully supported with their nutritional well-being.

People were also supported to access local community health care services such as GP, dentist and opticians. There were records of any contacts with specialist healthcare professionals, such as speech and language therapists and epilepsy nurses. This showed that the home made sure that people were receiving appropriate support from health care services.

Staff kept a 'hospital passport' with important information about each person that could be provided to health care professionals in the event of an accident or emergency. The information included, for example, what medicines people were prescribed and their communication methods.

Good

Is the service caring?

Our findings

People who were able to express a view told they "liked" the staff. One person commented, "I like all the staff – they're very nice." Another person commented, "You can have a good talk with them and they listen." Everyone seemed comfortable in the presence of staff and spent time socialising with them in the lounge or dining room.

There were many examples of positive interaction between staff and the people they were supporting. Staff were attentive and engaged when assisting people. One relative told us, "All the staff seem very friendly." Relatives said they were kept informed and included in the care of their family member.

In discussions staff were knowledgeable about each person and were passionate about how they could support people to achieve a more fulfilled lifestyle. A relative commented that staff were fully engaged in their supporting role. The relative said, "You can tell they are not just going through the motions and seem to genuinely care about people."

Staff were skilled at understanding people's individual communication methods. One person used an electronic communication aid to support their communication skills. Staff gave people time to express themselves and supported people in an unhurried way.

The staff we spoke with talked about people in a valuing way that respected their individuality, choices and abilities. Staff described the people who used the service as 'customers' and we saw this was the term used by the organisation too. This aimed to promote the fact that people should be decision-makers about the service they received. Some staff felt it would be beneficial to have 'customer care' training to remind themselves of this.

In discussions and during observations people were as involved as they could be in making their own decisions about their day. People were also encouraged to make longer term choices, such as holiday destinations. House meetings had been held over the past few months where people were asked for their suggestions and preferences for the menus.

Staff felt all the staff members they worked with were kind and compassionate. One staff commented, "All the staff are caring – even the new staff and agency staff. It's all about the customers." Another staff member told us, "All my colleagues are caring and want to support people in the best way."

There were examples of the personalised care and support for the individual people who lived there. For example, the service manager was trying to arrange a pigeon cree for one person because they had said they always wanted one.

Each person had a large single bedroom that had been decorated and furnished to suit their individual preferences. The service manager told us about a competition the home had recently won with a prize of £1,000. It had been decided to use the money for new furnishings in the lounge and dining room as some

chairs and furniture was becoming worn and shabby. People had been fully involved in deciding on the furniture and colour schemes and were looking forward to these arriving.

Requires Improvement

Is the service responsive?

Our findings

We looked at the support plans for three people to see how their individual needs and abilities were supported. We found plans about the support needs of some people were missing or incomplete. For example people received support with their medicines. However for one person there was no care plans to show how to support the person with their medicines and what to do if they declined their medicines. Some people had 'as required' medicines for occasional use if they had pain. However there was no written guidance for staff about how each of those people might exhibit pain to show they needed this medicine. This meant support for people may be inconsistent.

Some people had mobility needs and used specialist mobility equipment to support them, such as specialist chairs. However, for one person with mobility needs there were no moving and assisting plans to guide staff in how to support the person in the right way. This meant there was no information in their care records about how to use their specialist equipment. This left the person and staff at potential risk of harm or injury if they were not following the correct methods.

It was the provider's expectation that support plans would be evaluated at least every six weeks or more frequently if needs changed. However, one person's support plans had not been evaluated or reviewed in the five months they had lived at the service. Other people's support plans referred to monthly review meetings they would have with their keyworker to look at their own short term goals and wishes. However, there was no record of any monthly review meetings since 2013, and staff confirmed these had not taken place. There was no reference in care records about whether people had been involved and what communication methods had supported their understanding of their own support plans.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

The care records that did exist were detailed and personalised. There were 'All About Me' records that included person-centred profiles of each person's likes, strengths, hopes and wishes, favourite activities. People who were able to express a view told us they felt staff understood their needs and provided the right support for them. A relative felt the support people received was personalised and individual. In discussions staff were very knowledgeable about the life history, preferences, skills and support needs of the people who lived there.

Some people told us about the things they did through the day. Some of the people who lived here were past retirement age and preferred quiet activities in the house or going out to a weekly tea-dance. Other people talked about the centre they attended and another spoke about bowling. One person commented, "The staff take us out sometimes." The relative we spoke with felt there was a good range of activities. One relative commented, "My [family member] is always busy. He goes out to a day centre and swimming."

One staff member commented, "Some people can say where they would like to go and what they would like to do. We know the places and activities that people who are non-verbal like and we can tell by their

reaction whether they are enjoying it or not."

There was information for people in the hallway in pictures and easy-read format about how to make a complaint. People had also been reminded of how to make a complaint at a recent house meeting so they were clear about who to tell. Two people had made a complaint about another person who lived at the home, and these were being looked into by the social services complaints officer.

People who could express a view told us they would be able to tell staff if they were unhappy and described how they had done this. One relative commented, "My relative has lived here a long time and would say if he was not happy about anything and I would feel able to say something to the staff."

Requires Improvement

Is the service well-led?

Our findings

During this visit we found that the provider had failed to ensure that statutory notifications were submitted to the CCQ in relation to the number of alleged incidents of abuse over the past year and also had not reported a police incident that had occurred. The CQC received one notification in July 2015 about two incidents, however the incident reports in the home showed there had been around 20 occasions of physical assault and around 20 occasions of verbal threats towards other people who used the service. These events should have been reported to the CQC. This is a failure to notify and we are dealing with outside of the inspection process.

At the time of this inspection the registered manager had been absent from the home for some weeks. A senior manager (called a service manager) was overseeing the management of the home in her absence. The service manager had identified some areas for improvement and had begun to address these. The staff we spoke with said they felt the service manager had made significant improvements to the service in the short time he had been running the service. One staff member told us, "I feel things are really getting sorted out now." Another staff member commented, "[The service manager] has been amazing. He has made a huge difference."

The service manager was open and approachable to people, relatives and staff. People frequently popped in to spend time in the office with him, and were comfortable and reassured by his company. Staff also told us they found the service manager to be helpful and supportive. One staff member told us, "I feel supported by [the service manager] in a way that I did not previously."

People had had three 'house meetings' over the past year which gave them an opportunity as a group to comment on the running of their home. At the most recent meeting in November 2015, people had discussed the new furniture that had been ordered, activities, menus, holidays and complaints.

Relatives were invited to regular 'Family Forum' meetings with the managing director of the organisation. This meant they had the opportunity to comment on the service. A relative told us there had also been meetings about the incidents over the past few months and that the situation was "being sorted". One relative commented, "It's been a bit unsettled this year with the new person's needs and the manager being off. But [the service manager] is in place now and it seems to be settling down again."

The provider had designed new leaflets called 'Tell Us What You Think' to encourage comments from people and relatives. The leaflets asked 'is there anything particularly good' and 'is there anything you think could be improved'. At this time the leaflet was not yet in easy-read format to support people's communication skills, but it had been discussed with people at their most recent house meeting.

The provider had a quality assurance system to check the quality and safety of the service. Staff carried out a number of audits to ensure the welfare and safety of the service. These included monthly health and safety, infection control and medicines checks. Senior managers also carried out monthly 'home audit of compliance' visits and reported on what they found. Shortfalls and expected actions were recorded and

checked at the next visit.

Staff told us they had not always felt valued by the organisation, but said that when they raised this comment the managing director came to see them and the staff had appreciated it. Staff also told us that there was a "helpful" monthly newsletter for staff that recognised and acknowledged any particular areas of good service in the care homes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were not protected from the risks of unsafe or inappropriate care because care records were not always accurate or complete to ensure their needs were met. Regulation 9 (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The service did not follow safeguarding procedures by reporting all incidents of potential abuse. Regulation 13(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were cared for by staff who did not always receive appropriate support and supervision. Regulation 18(2)(a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider has failed to notify the Commission, without delay, incidents of abuse and an incident which was reported to the police. Regulation 18(2)(e) and(f)

The enforcement action we took:

We have taken action about this matter outside of the inspection process.