

# Sunderland Home Care Associates (20-20) Limited Haddington Vale Extra Care Scheme

## Inspection report

Haddington Vale, Knightswood  
Doxford Park  
Sunderland  
Tyne And Wear  
SR3 2FD

Tel: 01915255852

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Haddington Vale is an extra care scheme providing personal care to 36 people. People using the service lived in their own flats in purpose-built building.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People received good care from kind and caring staff. One person said, "They are friendly, kind and caring. I can't fault them." Staff treated people with respect and encouraged them to be independent.

People and staff told us the service was safe. Staff understood how to keep people safe and knew how to report safeguarding and whistle blowing concerns if needed. People had a consistent and reliable staff team who responded quickly to requests for assistance. The provider had effective procedures to recruit new staff, manage medicines and investigate incidents and accidents.

People were now supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received good support and the training they needed. Staff supported people to have enough to eat and drink.

People's needs had been assessed; staff used this information to develop personalised care plans. People knew how to complain if required and previous had been fully investigated.

People and staff confirmed management were approachable. People were involved in reviewing their care and support. People and staff could also share their views about the service. The provider had effective quality assurance systems.

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

### Rating at last inspection

The last rating for this service was requires improvement (published 12 February 2019).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Haddington Vale Extra Care Scheme

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return.

This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, the care manager, a senior support worker and two support workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider helped keep people safe from the risk of abuse. People and staff said the service was safe. One person commented, "Knowing there are staff on the premises 24 hours a day and there are cameras, it makes me feel safe."
- Staff were confident to report safeguarding and whistle blowing concerns, if required.

Assessing risk, safety monitoring and management

- The provider managed risks appropriately. Staff carried out risk assessments to help keep people safe.
- There were up-to-date procedures for dealing with emergency situations.

Staffing and recruitment

- The provider deployed enough staff to meet people's needs. Staff were reliable and consistent; they responded quickly to meet people's needs. People told us, "They [staff] always come when they say they will, we have set times" and "You can rely on them [staff], they come at the times they are supposed to."
- The provider followed safe recruitment practices when recruiting new staff.

Using medicines safely

- People continued to receive their medicines safely. Staff kept accurate records to confirm the medicines people received. One person said, "They check I have taken my medication."
- Senior staff checked staff followed the provider's medicines management procedures.

Preventing and controlling infection

- Staff followed good infection control procedures, in line with best practice guidelines.

Learning lessons when things go wrong

- Learning lessons was integral to the provider's running of the service. Staff analysed incidents and accidents to ensure trends were identified and improvements made.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

At our last inspection we recommended the provider consider current guidance on the MCA and act to update their practice. The provider had made improvements.

- The provider now followed the requirements of the MCA. Staff had completed training to improve their knowledge in this area.
- Staff understood people's communication needs and supported people to make daily living choices and decisions.

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

- People's needs had been assessed. This included identifying their support needs, as well as any cultural, religious or social preferences they had.

Staff support: induction, training, skills and experience

- Staff were well supported and received the training they needed. One staff member said, "I am very supported. [The care manager] is good, I can approach her with things and she will sort them out straightaway. The same with [the registered manager]."
- Training, supervisions and appraisals were up to date.

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

- Staff supported people to have enough to eat and drink, where required. One person said, "They make



toast and coffee, they know how I like it. The tea time call they put my choice of something in the microwave, depending on what is in my freezer. They do it well."

- Staff had access to up-to-date care plans, which described the support people needed with eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access health care services when this was required. People gave examples of how staff had helped them when they needed medical assistance.
- Care records provided details of health professionals involved with each person's care and support.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People continued to receive good care. Staff knew people's needs well.
- People's feedback confirmed they were happy with their care and support. One person commented, "The staff are very, very friendly. They smile when they come in. They say hello and always enquire how you are. It makes me feel better straight away."
- People and staff had especially good relationships. People were relaxed around the staff team. One person said, "Very, very caring people [care staff]. You are able to have a laugh with them too."

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

- Staff supported people effectively with making choices and decisions about their support. Staff knew people's needs well. One person said, "They [staff] understand I like things done in a particular way. It is important to me and they respect this."
- The service user guide contained information about how to access an independent advocate.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. They adapted their care practice to ensure this happened. One person told us, "I was really worried about getting personal care, but I don't know why I was because they [staff] made it very easy and comfortable."
- Staff encouraged and supported people to be as independent as possible. One person said, "I like to be independent. They [staff] let me do what I can do myself and they help when I am struggling."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care had been planned according to their needs and preferences. They had detailed and personalised care plans which included information about how they wanted their care provided.
- Staff reviewed care plans regularly to ensure they reflected people's current needs. One person said, "They did a review when I came out of hospital. They gave me extra help. You can adjust the care plan when it is needed."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider understood the AIS. They could make information available in different formats depending on people's individual needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to participate in activities and to maintain and develop social relationships. People could participate in activities within the scheme. One person said, "There are lots of things going on. My friend likes to come in and join in."
- Staff supported people to access the local community depending on their needs.

Improving care quality in response to complaints or concerns

- The provider dealt with complaints effectively. They had a structured approach which helped ensure complaints were fully investigated and resolved.
- People confirmed they had no complaints about the service but felt confident to raise issues. They said, "I have never needed to make a complaint, but would feel happy to do so."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were central to the culture and ethos of the service. The service had a positive and welcoming atmosphere. One person commented, "It is lovely in here. It is home not just a house." One staff member commented, "The atmosphere is lovely. We all pull together here."
- Staff worked together to ensure people's needs were prioritised.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff clearly understood their responsibilities to help ensure people received the care they needed. They were proactive in submitting the required notifications following significant events at the service, such as for incidents and accidents.
- The registered manager was supportive and approachable. One staff member said, "[The registered manager] is very fair and very good ... she respects people and the staff." [Registered manager] is very approachable, I can talk to her." A relative told us, "It is very good here, very well managed."

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

- The provider engaged with and involved people and staff in sharing their views about the service. They consulted people and staff to gather feedback about the service. People and staff could also attend regular meetings.
- People gave positive feedback when they last completed questionnaires. People without exception described care staff as courteous and respectful of their privacy and dignity. Staff developed an action plan to address any areas for improvement.

Continuous learning and improving care

- The provider had an effective quality assurance system which successfully identified areas for improvement and lessons learnt. This included checks from the provider's designated quality improvement staff.

Working in partnership with others

- The provider worked with local commissioners to promote good outcomes for people.

