

# Sunderland City Council

## Serlby Close

### Inspection report

11 Serlby Close  
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08 June 2017  
13 June 2017

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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

We inspected Serlby Close on 8 and 13 June 2017. The inspection was unannounced, this meant the provider and staff did not know we were coming.

Serlby Close provides accommodation for up to eight people who require personal care. The service accommodates adults over the age of 18 with learning disabilities. The service is purpose built over two floors and has a range of communal areas for people to use, including an enclosed garden for people and their relatives. There were eight people using the service at the time of the inspection.

The service had a registered manager in post. 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 provider had a safe recruitment procedure in place. There were sufficient numbers of staff on duty to support people with their assessed needs. Risks to people were assessed and plans put in place to mitigate any identified risks. Policies and procedures were in place for the safe management of medicines. Staff who were responsible for managing medicines had their competency to do so checked regularly.

Staff were supervised in their roles and received an annual appraisal to aid their personal development. The provider had a training matrix in place to ensure staff were trained and skilled to meet the needs of the people using the service. People were provided with a healthy diet to meet their nutritional needs.

The Commission has responsibility to assess the application of the Mental Capacity Act 2005 (MCA). We found people were being supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. DoLS authorisations were in place for people and staff supported people to make as many of their own decisions as possible. The provider had policies and procedures in place for staff guidance in the application of the MCA.

People were supported by kind and caring staff. Staff were respectful and treated people with dignity. Staff discussed their actions with people before providing support and gained consent before they carried out any interventions. Staff knew people well and were knowledgeable about their likes, dislikes and preferences. Pictorial information was available for people to meet their communication needs. Staff used a range of methods to communicate with people.

People were supported to maintain their health and well-being and had access to healthcare professionals when necessary.

Care plans were personalised and reviewed and evaluated regularly to ensure support was up to date. People were involved in planning their support.

Staff supported people to access the local community for a range of activities. People were supported to take part in hobbies and interests both in the home and the community. People were supported to go on holidays and spend time with their families during overnight and weekend stays.

The provider had a quality assurance system in place. Meetings with people and staff were held regularly. The provider had policies and procedures in place to manage complaints.

Serlby Close was spacious, clean and well-maintained. People had access to communal areas with a range of seating.

Relevant checks of the building and maintenance systems were completed to ensure the safety of the premises. Environmental risks were assessed and guidance was available for staff to mitigate risks. People had Personal Emergency Evacuation Plans (PEEPs) in place for staff to use in case of an emergency.

## 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.

The provider had a robust recruitment procedure in place which contained relevant checks to ensure appropriately vetted staff were employed to work at the service.

Where people were assessed as being at risk, plans were in place to mitigate against risks. Risk assessments were reviewed regularly. Staff had access to plans in order to keep people safe. The provider had a system in place to manage accident and incidents.

The provider had a safe management of medicine process in place. Staff were trained in the safe handling of medicines and had their competency to administer medicines checked regularly.

The provider had policies and procedures in place for safeguarding and whistleblowing. Staff knew how to raise concerns and felt confident the registered manager would respond.

### Is the service effective?

Good ●

The service was effective.

Staff were given the training required to support people who used the service. Staff received regular supervision and an annual appraisal to provide opportunities for learning and development.

Staff had an understanding of the Mental Capacity Act (2005) and Deprivation of Liberties Safeguards (DoLS). People's rights were upheld and protected by the service.

People were supported to access health care professionals when necessary.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well and they enjoyed genuine caring relationships with them. People were treated with respect in a dignified way by staff that supported their independence.

The service had information regarding advocacy which was available to people, relatives and visitors.

People's rooms were personalised and contained items that were important to them.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care plans were personalised and contained information about likes, dislikes and preferences. People and relatives felt involved in care planning and were invited to reviews on a regular basis. Care plans were updated whenever there was a change in people's support.

People, relatives and visitors had opportunities to complain, give comments or raise issues. The provider used a pictorial document for people who had communication needs.

People were included in planning regular activities to maintain their hobbies and interests and to access the community.

### **Is the service well-led?**

**Good** ●

The service was well led.

There were systems and processes in place to monitor the quality of the service. The provider completed a service review to ensure a senior management overview was in place.

People and relatives felt the service was well managed with a supportive registered manager and team. The registered manager was described as open and approachable.

Opportunities were available for people, relatives and staff to meet. Meetings were held on a regular basis.

# Serlby Close

## 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 checked 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 comprehensive inspection took place on 8 and 13 June 2017 and was unannounced. This meant the provider and staff did not know we were coming. This was the first inspection of the service since registration in May 2016.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. The provider was asked to complete 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 improvements they plan to make. The provider submitted a PIR which we used when planning the inspection. We also contacted the local authority safeguarding team, commissioners of the service, the clinical commissioning group (CCG) and the local Healthwatch to gain their views of the service.

We spent time with people in the communal areas and in their rooms. We observed the meal time experience and staff interactions during the visit. We spent time speaking with one person who used the service. Where people using the service were not able to converse with us we used facial expressions and gestures to ascertain their views. One relative visited the service to speak with us. We spoke with two relatives by telephone to gain their views of the service. We also spoke with the registered manager and four support workers. We looked at the care records for three people, medicine records for five people and a range of records in relation to the management of the service.

# Is the service safe?

## Our findings

We asked people and their relatives if they felt the service was safe. One person told us, "Yes, I am alright, I can talk to [registered manager]." Another person gave a thumbs up gesture whilst smiling when we asked them if they felt safe. Comments from relatives included, "[Family member] is definitely safe, I have no problems" and "[Person] is safe here, there is a good atmosphere."

Policies and procedures for safeguarding and whistleblowing were accessible for staff which provided guidance on how to report concerns. Information was available in different formats such as pictorial form, to assist people with communication needs to raise concerns. Staff we spoke with had an understanding of the policies and how to follow them. Staff felt the registered manager would respond to any concerns raised.

The provider had robust recruitment procedures in place which were thorough and included necessary vetting checks before new staff could be employed. For example, 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.

Risks to people were recorded and reviewed with control measures put into place to mitigate against any assessed risks. Staff had access to people's risk assessments to ensure they were providing the correct type of support to control risks. One support worker told us, "There are strategies in place to support customers if their behaviours put them at risk." Another commented, "We are always looking at how best to reduce risks, you have to be ready to act with distractions." For example, reciting the Lord's Prayer enabled someone to manage their behaviours.

Environmental risk assessments were in place to cover areas such as kitchen safety, Control of Substances Hazardous to Health (COSHH) and fire safety.

The registered manager maintained a record of accidents and incidents which were sent to the provider's health and safety officer for analysis to monitor patterns and themes. The registered manager advised any patterns or themes found were analysed and discussed with staff, and then measures put in place to prevent repeat events

We found the provider had systems and processes in place for the management of medicines. Staff were trained and had their competency to administer medicines checked regularly. These were completed correctly with no gaps or anomalies. Body maps were in place for guidance so staff knew where to apply topical medicines. Topical medicines are creams and ointments applied to the skin. Records were in place for relatives and staff to record the type and amount of medicine taken away from the home when people went on social leave.

We found there were sufficient staff with the right experience and training to meet the needs of the people who used the service. The registered manager ensured the rota matched the level of staff required to ensure

people could access the community for recreation and leisure activities.

People had up to date Personal Emergency Evacuation Plans (PEEPs) in place for staff to use in the case of an emergency. We found records to demonstrate regular fire training and weekly fire alarm checks were undertaken. Staff and people were involved in fire drills.

The provider ensured that maintenance and health and safety checks were carried out. We found up to date certificates to reflect that fire inspections, gas safety checks and electrical wiring tests were satisfactory.

## Is the service effective?

### Our findings

People and relatives told us they felt support workers had the relevant skills and experience to provide appropriate care to the people who used the service. One person told us, "[Support workers] help me, they know me and know what to do." Comments from relatives included, "They are well trained staff, it's not just a case of being trained, they are kind as well", "Training is put on, so yes definitely trained" and "Yes they are trained and can manage [family member's] behaviours, staff have worked really hard with [person]."

Staff completed a two week induction period which included essential training such as health and safety and safeguarding. Staff told us they spent time shadowing experienced staff before being given their own shifts. One support worker told us, "I got to read all the support plans and found out about people and any triggers." This meant the provider ensured staff were given appropriate support when commencing their role as support workers.

Staff received training to meet the needs of the service using a range of methods. For example, face to face and completing work books. We found records to demonstrate training in behavioural support, autism and MCA and Deprivation of Liberty safeguards (DoLS). One support worker told us, "We are trained the right way; couldn't be any better."

Support workers told us they were well supported in their role by the provider. One support worker told us, "I have never felt so comfortable in a job, I love it." Another said, "It's excellent, it's not us and them. There is a level of respect."

The registered manager had a planner in place for staff appraisal and supervision. We found records to demonstrate staff received their appraisal and had supervision on a regular basis. Part of the supervision process also included an observation of staff supporting people, which allowed the registered manager to monitor staffs interaction with people. Supervision and appraisal records contained details about staff development needs and training requirements. The registered manager kept a copy of the supervision planner within the staffing rota file so staff were aware of their supervision dates allowing them to prepare ahead of their meeting.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Where appropriate we found

MCA assessments had been completed and where necessary DoLS had been applied for and authorised by the local authority. Staff that we spoke with understood the principles of the MCA, DoLS and 'best interest' decision making. The registered manager had a process to monitor people's DoLS in order to ensure any further applications that may be needed were submitted in a timely manner.

We found people were offered a healthy and varied diet. The menu was planned with people so that their preferences, likes and dislikes could be taken into account. Staff joined people at mealtimes and offered support and encouragement when necessary. People told us they were happy with the food. One person gave a thumbs up gesture when we asked if they enjoyed the meals. Another person told us, "The food is really nice, we have three meals and supper and I get snacks if I want them." Staff told us people also enjoyed a take-away night now and again.

Care records confirmed people had access to external health professionals when required. People had annual health checks and attended appointments with dentists, opticians and community nurses. One person told us, "I go to the dentist and he [the dentist] said I have lovely teeth." They went on to explain about a recent appointment they had attended and how staff had supported them to go. One relative told us, "Staff have contacted [consultant] for [person] to discuss meds [medicines]. [Family member] has been taken to the hospital and the GP on several occasions."

Serlby Close was clean and spacious with adequate space for people to spend time together. Communal areas had a range of seating. The garden area was enclosed and accessible to people.

## Is the service caring?

### Our findings

We asked people and relatives if they felt the service was caring. One person told us, "[Staff members] are helping me plan my birthday. They told me it's my choice, I want to go to the shops and have a subway [type of sandwich]." Another person's facial expressions and body language indicated they felt comfortable with staff members. Relatives were complimentary about the service. One relative told us, "The staff here are tremendous, it's absolutely brilliant here." Another said, "[Person] is well looked after, they do care, everything is fine."

People were supported by staff who knew their life histories, needs and wishes. One support worker told us, "We are given time to read plans, and are told when there are changes." Staff we spoke with were able to give examples of how they supported people. For example, ensuring one person had access to specific items through the day and another person had certain items put in a container to keep with them to reduce anxiety.

We observed support workers treated people with respect throughout the inspection. Staff knocked on people's doors before entering and asked if we could enter to say hello. We observed a caring attitude towards people and relatives. Staff used appropriate methods to communicate with people maintaining eye contact, using gestures and touch. Pictorial information was available for people to support with communication. Staff were respectful of people's cultural and spiritual needs. For example, they supported people to maintain links with their families and celebrate religious festivals. We found a homely atmosphere which was warm and welcoming; there was lots of laughter and appropriate humour between people and staff.

Staff supported people to meet their choices and preferences. People were supported to be as independent as possible. One person told us, "I like to make my own breakfast; I have a bowl of cereal and a cup of coffee." We observed people were supported when making choices regarding activities.

We were invited into people's rooms and found they were well maintained and supported people's privacy and dignity. People were able to personalise their bedrooms with pictures, ornaments and bedding.

The service had information available to people and visitors regarding advocacy. Advocacy seeks to ensure that people, especially those who are vulnerable, are able to have their voice heard on issues that are important to them. An advocate supports people to have their views and wishes genuinely considered when decisions are being made about their lives.

## Is the service responsive?

### Our findings

People and relatives told us they felt the service was responsive. One person said, "[Registered manager] asked what they [staff] could do to support me. I can read my daily notes." Another person nodded when we asked if staff helped when they needed it. Relatives were positive about the service. Comments from relatives included, "Staff are marvellous and act quickly, I have an input in everything" and "[Family member] is included in his support plan as am I, and I'm always kept up to date."

Support plans were personalised and contained detailed information for staff about enabling people to live their lives to the full. Care files contained detailed personal information covering how people communicated, their behaviours in specific situations and how to support the person to manage them. All files contained up to date hospital passports, these documents contained specific information about how to support the person, for example, with their communication needs. Hospital passports are used to help with the sharing of information between those who support the person and health care professionals. For example, if the person is admitted to hospital.

Plans were reviewed on a regular basis so staff had up to date guidance relating to people's specific needs and preferences. For example, reviews of their medicines took place to ensure they were still needed. Where visits to hospital or involvement from health care professionals meant a change in support, then plans were updated in a timely manner. Staff signed to confirm they have read and understood people's support plans.

We found plans contained guidance for staff to identify triggers which may cause behaviours that challenge. For example, giving too much information at any one time and making sure one person had their medicines before explaining what activities were available. The provider used 'The Disability Distress Assessment tool' (DiSDat) to provide guidance to staff when supporting people. The DiSDat is used to help identify behaviours which may indicate distress in people who have limited communication.

We spoke with people to see if they were involved in planning their support. One person told us, "I have a plan, what I want to do is in there." Relatives told us they were included in support planning. One relative told us, "Yes I give my suggestions on how to keep [family member] occupied." Another said, "Once a month we discuss plans." Where relatives were not able to attend review meetings a copy of the review was posted out to them with the opportunity to respond in writing with their views, or to contact the registered manager to discuss further.

Staff supported people to maintain relationships with family and friends. People were supported to send family birthday cards, to use the telephone as well as arranging visits home.

People were supported to access the local community. The registered manager explained how recreation and leisure sessions were planned to support people with their well-being. Following discussion with people, the registered manager and staff planned the week's activities. The completed document known as 'allocations' set out the activity, where it was taking place, with whom and at what time. Each day was structured with morning, afternoon and evening activities. We found records in people's support plans to

indicate it was important for people to know what they were doing and when.

We found people often spent time going swimming, having a pub lunch, shopping for personal items and attending the disco. One person told us, "I go to the disco and I like to go to the shops." During the inspection people enjoyed trips out with staff. We observed people's enjoyment when getting ready to go with staff who supported them to ensure they had all necessary equipment with them. One person went for a walk around the garden and they came and told us about how much they had enjoyed their walk outside. Staff told us about the 'music lady' who attended the service on a weekly basis. People were provided with musical instruments and enjoyed singing along. One person told us they enjoyed it and another gave a rendition of one of the songs they sang. It was clear from their facial expressions and body language that they found the session fun.

We found the provider had a process in place for people, relatives and visitors to complain. People had access to "Tell us what you think documents." These documents were in pictorial format to enable people with communication needs to express their concerns. People and relatives we spoke with said they felt they would be able to complain to support workers or the registered manager. One person told us, "Yes, I would go straight to [registered manager]." One relative said, "I can speak to them about any concerns I have." Another commented, "I have never had a need to complain, but if I did, I know who to speak with."

No complaints had been received about the service over the last 12 months.

## 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 carrying on of the regulated activity, since July 2016. Staff spoke highly of the registered manager and felt they were approachable, honest and always willing to act in the best interests of people using the service.

People we spoke with indicated they were happy with the service. One person told us, "I like it here, I can go and see [registered manager]." A second person smiled at us when we asked if they were happy with their home. A third person gave a thumbs up gesture. Relatives felt the service was well led. One relative said, "I am more than happy, if I had to choose a place for him I would choose here." Another told us, "It is brilliant and is running smoothly. They [registered manager and deputy manager] are absolutely marvellous I hope they stay." A third commented, "It's run efficiently the [registered manager] is open, we've had discussions about the plans for the home."

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

The provider also ensured a full service audit was completed by senior management which covered a variety of areas such as reviews of people's care files and staff files. We found records to demonstrate the provider had development plans in place for redecoration and refurbishment. The registered manager advised that other managers from other locations carried out audits as well. They told us, "Other managers might see things I don't, so it's good for the service."

We found records of regular meetings held with people and relatives where issues and concerns were discussed along with any ideas for improvement. Staff meetings were held regularly and minutes were made available for anyone who could not attend. The registered manager told us, "I have regular meetings but anyone can speak to me at any time." We observed the registered manager was accessible speaking with people and relatives during the inspection.

The provider issued a newsletter to staff to keep them up to date with up and coming events within their other services. The staff team at Serlby Close had been awarded 'Team of the month' recently as well as being awarded a 'Doing the right thing award.' This was an award given to teams in recognition of displaying high standards of care, compassion and professionalism. The reason for the award was for supporting a person who had not been well.

The registration requirements of the service were met. The provider submitted statutory notifications to the Commission about deaths and other incidents that occurred at the service, in line with their legal

obligations under the Care Quality Commission Registration Regulations 2009.