

Sue Ryder

Sue Ryder - Bixley

Inspection report

The Stables
Chantry Park,
Hadleigh Road
Ipswich IP2 0BP
Tel: 01473 295200
Website: www.example.com

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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 

Overall summary

This inspection took place on the 28 October 2015 and was announced.

Sue Ryder – Bixley is registered as a domiciliary care agency providing personal care support to four people living with neurological conditions and physical disabilities within a supported living environment.

There was 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.

People were well cared for, relaxed and comfortable with staff. Everyone who used the service was complimentary about the staff team and the quality of care they received. People were cared for by a motivated, caring, well trained staff team. Staff understood how to identify people at risk of abuse and aware of protocols for reporting any concerns they might have.

Summary of findings

Staff had been provided with sufficient guidance and information within care records. Care and support plans were personalised regularly reviewed and accurately reflected people's care and support needs including their likes and dislikes.

People's likelihood of harm was reduced because risks to people's health, welfare and safety had been assessed and risk assessments produced to guide staff in how to

mitigate these risks and keep people safe from harm. Medicines were managed safely and the provider's recruitment procedures demonstrated that they operated a safe and effective recruitment system.

The culture of the service was open, inclusive, empowering and enabled people to live as full a life as possible according to their choices, wishes and preferences. The management team provided effective leadership to the service and enabled people to air their views through regular care reviews, meetings and their involvement in the recruitment of new staff.

Summary of findings

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 because staff were provided with training and understood how to identify people at risk of abuse. The provider had a whistleblowing policy and procedures to guide staff in how to report and report concerns appropriately.

People's likelihood of harm was reduced because risks to people's health, welfare and safety had been assessed and risk assessments produced to guide staff in how to mitigate these risks and keep people safe from harm.

The provider's recruitment procedures demonstrated that they operated a safe and effective recruitment system.

Good



Is the service effective?

The service was effective. Staff were highly motivated, well trained and effectively supported.

Staff had been trained to understand their roles and responsibilities with regards to the Mental Capacity Act 2005.

People's dietary needs were met and they were supported with access to healthcare support they required according to their needs.

Good



Is the service caring?

The service was caring because people were treated with kindness, compassion and their rights to respect and dignity promoted.

People were encouraged to express their views and were consulted on with all aspects of their care and welfare. People's opinions were listened to and acted upon.

Good



Is the service responsive?

The service was responsive because people were involved in the planning and review of care and support needs.

People were supported to live life to the full and to follow their interest and hobbies.

The service was proactive in asking people and their relatives for their feedback. People were encouraged to express their views and any concerns were responded to promptly to improve their quality of life.

Good



Is the service well-led?

The service was well led. The culture of the service was open, inclusive and centred on promoting the quality of life for people. People were actively involved in developing the service.

Staff understood their roles and responsibilities and were well supported by the management team.

The provider carried out regular quality and safety monitoring of the service.

Where shortfalls had been identified action plans had been produced which evidenced planning towards continuous improvement of the service.

Good



Sue Ryder - Bixley

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 took place on the 28 October 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service where people are often out during the day; we needed to be sure that someone would be in.

This inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR) which they completed and sent back to us. 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.

We spoke with all four people who used the service. We spoke with two staff, the registered manager and team leader who were responsible for the day to day management of the service. We reviewed two care and support plans, medication administration records, three recruitment files, meeting minutes and records relating to the quality and safety monitoring of the service.

Is the service safe?

Our findings

All four people who used the service told us they felt safe with all the staff who supported them. One person said, “I am safe here. This is my home and it feels like a home.” Another told us, “I love living here and it is safe.”

Staff meeting minutes showed us that safeguarding people from the risk of harm was discussed at staff meetings. Staff had received training in recognising abuse and were aware of the provider’s whistleblowing policy and procedures to follow if they had concerns about people’s safety and wellbeing. Staff demonstrated their understanding of types of abuse and told us they would not hesitate to report safeguarding concerns.

The provider had taken the responsibility for safeguarding people’s finances for everyday expenses. We saw that processes were in place to safeguard these people from the risk of financial abuse.

Risks to people’s safety and welfare had been assessed and actions taken to reduce these risks whilst supporting people’s choice to take informed risks. Staff understood what measures were in place to mitigate any risks to people’s health, welfare and safety. Risk assessments had been produced for a range of situations. For example, the use of bed rails, the risk of choking, management of people’s medicines, accessing the community and supporting people to mobilise safely.

The provider had procedures in place to guide staff in the event of emergencies. Accidents and incidents were recorded and analysed by the provider. Staff were supported out of hours with an on call duty rota where they could access support and advise when required.

People told us that the staffing levels were sufficient to meet their needs. People were provided with pendant

alarms to wear around their necks to enable them to call for staff support easily. One person told us, “If I need support during the night I don’t have to wait long, they come quickly. There is always someone around when you need them.” Staff told us that there was support from a bank of relief staff and that the service had not had the need to use agency staff for a number of years.

The provider’s recruitment procedures demonstrated that they operated a safe and effective recruitment system. This included completion of either an application form or submission of a curriculum vitae, CV, a formal interview, previous employer references obtained, identification and criminal records checks. This meant that people could be assured action had been taken to check that newly appointed staff had the necessary skills and had been assessed as safe to provide their care and support. However, the manager also recognised that more could be done to evidence identification of gaps in assessing applicant’s employment history. People who used the service told us they had been involved in the recruitment of staff. Their involvement included being part of the interview panel and their views were consulted when choosing who to appoint. This they told us gave them confidence that they would be supported by people they personally felt comfortable with.

People’s medicines were managed safely. Staff who handled medicines had been provided with training and regular competency assessment. People we spoke with were satisfied with staff handling their medicines and told us they received their medicines in a timely manner. Staff maintained appropriate records of administration and regular management audits had been carried out. This assured us that steps were in place to identify and respond to medicines administration errors.

Is the service effective?

Our findings

People told us that the staff who supported them had the right skills and knowledge needed to meet their needs. People told us they had a keyworker allocated to them. These were members of staff assigned to each person, who coordinated their care, liaised with family members and updated care and support plans to ensure they reflected the current care needs of people.

People received their care from staff who had been appropriately supported. Newly appointed staff told us they had been provided with induction training and opportunities to shadow others staff. This they told us supported them to grow in confidence and become familiar with people's care and support needs before they worked alone. Staff were provided with training appropriate for the roles they were employed to perform. Staff were supported with refresher training as part of the provider's ongoing development of staff programme. The manager told us that the provider had a system which flagged up when staff were due to attend refresher training and this was monitored.

Staff received support through one to one supervision support meetings and annual appraisals. These provided opportunities to monitor staff performance and support planning for staff development and identify training needs. One member of staff told us, "We are well supported here with training and supervision. We have opportunities to set objectives and review them. We are well trained. If there is someone with a particular condition we have training so that we know how to care for them well and support them as they need us to."

There were systems in place to ensure important information about people's health, welfare and safety needs were shared with the staff team. This included daily handover and regular staff meetings. We saw from a review of handover records that staff had been supported with guidance to enable them to meet people's needs and evidence when tasks had been completed which also provided an audit trail for management reference.

We checked staff understanding of the Mental Capacity Act 2005 (MCA). The MCA sets out what action providers must

take to protect people's human rights where they may lack capacity to make decision about their everyday lives. Staff confirmed that they had received training in understanding their roles and responsibilities with regards to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Care records showed us that people's capacity to make decisions regarding their health, welfare and finances had been assessed. Where people had made arrangements to appoint a lasting power of attorney this was documented within their care and support plans.

People were supported with their healthcare needs. Care and support plans included details of planning to support people to maintain their health and wellbeing. For example, people with multiple sclerosis had clear support plans to guide staff in how to respond and monitor people to keep them safe. There was evidence of when people had been supported to access advice and support with regular health reviews with healthcare specialists and when they had attended appointments. For example, with their GP, dentist, and referrals to speech and language therapists.

Daily notes recorded the outcome of any recommended treatment or when follow up was required. Health action plans had been produced. These documented people's healthcare needs and important personal information to guide staff in supporting people appropriately and should the person be admitted to hospital.

People were supported to eat and drink according to their dietary needs, choices, wishes and preferences. One person told us, "We sit down each week and plan together what we will eat. We often plan two to three weeks ahead. If you change your mind that is not a problem. We eat what we want. The staff advise us on what is healthy." Weekly menu plans recorded people's choice and when they had reviewed their options and changed their menu according to personal taste. People were supported to maintain as much independence as possible and told us they were encouraged to be involved in food preparation and cooking. One person told us, "I prefer not to get messy and that is respected." Dietary requirements were noted within people's care and support plans. People were referred for specialist dietary advice when this was required. For example, dietician's and speech and language therapists where risks of choking had been identified.

Is the service caring?

Our findings

We received only positive feedback about the service. People told us they were happy with the care and support staff provided. They told us they were treated with dignity and respect and that staff were always kind and caring. One person told us, “They treat you like a person not an object. We choose what we want and when we want to do things. They respect my choices about how I want to live my life in spite of the restrictions placed on me by my condition. I have as much freedom as I can have.”

We observed people to be at ease and comfortable when staff were present. The atmosphere was relaxed, warm and friendly. It was noted that staff were not rushed in their interactions with people. People were treated with warmth, kindness and staff had time to sit with people and chat to them. One person said, “We all get on well here. We have fun and staff have time for you.” Another told us, “If you want to be alone then this is respected. If you want to be with people there is always someone around.” Throughout our visit we observed a warm friendly atmosphere where staff supported people in a kind, caring and dignified way.

Support plans contained specific guidance for staff in how best to deliver care in a respectful and dignified manner. People had been involved in planning their own care. This

included what activities they chose to be involved in. Care plans described how people chose to spend their day. For example, care plans gave guidance for staff in, ‘what makes an ordinary day for me and a good day’.

People told us they were treated with dignity and that their privacy was respected by staff. Comments included, “The staff all treat me well, they help me with my washing and dressing and do this whilst respecting my dignity.”

People had access to advocacy services when they needed them. Advocates are people independent of the service who help people make decisions about their care and promoted their rights. People told us the support they received helped them to be as independent as possible. One person told us, “I go out to work. It is voluntary and staff support me to do this and I love it.” People also told us they were supported, where necessary with daily living tasks and were encouraged to do as much as possible for themselves in supporting them to be independent and become more confident in their abilities.

People’s personal histories and life stories were documented within their care and support plans. People were supported and encouraged to maintain links with their family, friends and the local community. One person who had expressed a wish to attend a particular church had been supported to do so and the friends they had made there visited them regularly.

Is the service responsive?

Our findings

People who used the service and, where appropriate, their relatives had been involved in the development and review of their care plans. Care plans were detailed and informative. These provided staff with the guidance they needed setting out people's choices and preferences, providing a clear picture of how each person wished to receive their care and support. One person told us, "The support I have been given here has improved my quality of life. I am much more independent and happy than I was before I came here." Staff had been provided with guidance as to each person's likes, dislikes and what action to take if they became distressed by situations and others.

Support plans had been developed from the information people provided during their initial assessment process and had been updated regularly according to people's changing needs. This meant that information was accurate, relevant and up to date.

Care and support plans documented the support people required and how they wished it to be provided, including how they wished to be supported with their personal care and how people liked to take their medicines were noted. Care plans included information to enable staff to provide care effectively and encourage people to be as independent as possible. This provided staff with the guidance they needed to support people in accordance with their wishes.

People told us they were supported to follow their own interests and hobbies. Staff supported people to go on holiday to a place of their choosing and with activities which enabled them to develop their independent living

skills. For example, with food preparation, choosing their weekly shopping for food and accessing work. People told us staff supported them to access and be involved in the local community. One person told us how they enjoyed meals out and were supported by staff to attend a local church where they had made friends. Another told us they had been supported to attend musicals in London and enjoy concerts as they had a particular love of classical music.

None of the people we spoke with had any complaints about the service they were provided with. People were aware of how to make complaints should they wish to do so. We saw the provider had a complaints policy and detailed the procedure for logging a complaint, available for people to view. People told us they were able to speak to staff or the management team openly and confidently with any concerns they might have. One person told us, "I have no complaints and if I did have I would speak to any of the staff and the manager. They would sort things out for you."

Group meetings took place regularly for people living at the service. There were also regular relatives meetings. We saw from a review of meeting minutes that people were provided with opportunities to air their views with regards to dignity and respect for each other and how staff supported them. Also discussed was the planning of activities and events. Care review meetings took place on a six monthly basis. This provided people with the opportunity to review their care and support plans as well as an opportunity to discuss any concerns they might have. These meetings enabled people to have other people important to them to attend to provide additional support if they wished to do so.

Is the service well-led?

Our findings

People consistently told us how happy they were with the service they were provided with. One person said, “I could not be happier living anywhere else.” Staff morale was high and the atmosphere was positive, warm and supportive of people and of each other. The culture of the service was centred on the needs of people who used the service. Staff told us issues were openly discussed and the focus was always on the needs of people who used the service and meetings used in planning how to promote their quality of life.

People and staff were positive about the management of the service. One person told us, “The staff and the manager are all very good. I am confident with the management here; they listen to us and sort out anything we are concerned about.” People had been involved in making decisions about how the service was run. For example, in the planning of how they lived their daily lives as well as being consulted and involved in the recruitment of staff.

Observations of how staff interacted with each other and the management of the service showed us that there was a positive, enabling culture. Staff were clear about their roles and responsibilities as well as the organisational structure and who they would go to for support if needed. Staff told us the management team were supportive and approachable should they have any concerns. There were clear communication systems in place such as handover

meetings and communication books. The provider had systems in place to support staff and monitor performance such as, supervision, appraisal and staff meetings. Staff told us they were actively encouraged to question practice and make suggestions for improvements and their ideas were listened to.

The provider had a formal complaints policy in place with appropriate time scales for responding to complaints. People told us that they had been able to raise concerns and had confidence in the management to address issues in a timely manner.

Records were well organised and staff were able to easily access information when this was requested. Risk assessments had been produced and regular health and safety audits were carried out to ensure people lived in a safe and secure environment free from hazards. There was an emphasis on striving towards continuous improvement of the service. The team leader and manager told us that there were regular quality audits carried out and following our visit copies of these were sent to us. We noted that where shortfalls had been identified and where improvements could be made, improvement action plans had been produced which clearly detailed the actions that would be taken and timescales for these actions to be completed. For example, where a need for more regular fire drills highlighted and an identified need for a staff member to complete training to become an infection prevention and control link for the service.