

Sunderland City Council

Sunderland City Council - 3 Fenwick Close

Inspection report

3 Fenwick Close, Litchfield Road
Southwick
Sunderland
Tyne and Wear
SR5 2AH

Tel: 01915493875

Website: www.sunderland.gov.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Sunderland City Council - 3 Fenwick Close was a purpose-built bungalow in a residential street. It was registered for the support of up to three people. Three people were using the service.

People's experience of using this service: The outcomes for people using the service reflected the principles and values of Registering the Right Support through promoting choice, involving people in their local community and promoting their independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's care was personalised to their individual needs. Relatives said their family members received good care. People and staff engaged well with each other; there were many positive interactions between people and staff during our visit.

Relatives and staff told us people were safe. Staff understood their safeguarding and whistle blowing responsibilities; they knew how to raise concerns. Staffing levels ensured staff were available to support people with their individual needs. New staff were recruited safely.

Incidents and accidents were monitored effectively; the findings were analysed to check for trends and patterns.

Relatives told us the home was clean and well maintained. Staff completed checks to maintain a clean and safe environment. People received the correct medicines at the correct times.

Staff received good support and completed the training they needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff knew people's needs especially well; this was used effectively to support people to make choices and decisions. People were supported to have enough to eat and drink and to access healthcare services.

Detailed assessments were carried out to identify people's care and support needs; this included considering religious, social and lifestyle needs. The assessment was used to develop individualised care plans. Staff supported people to choose and participate in activities.

Staff and relatives said the home was managed well. The provider was restructuring its services when we inspected, relatives felt this had resulted in high staff turnover. There was a structured and effective approach to quality assurance. There were regular opportunities for people, relatives and staff to give feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection: Good (the last report was published on 26 July 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor this service and inspect in line with our reinspection schedule for services rated good.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Sunderland City Council - 3 Fenwick Close

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out the inspection.

Service and service type: Sunderland City Council - 3 Fenwick Close is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The service had a manager registered with the Care Quality Commission. The registered manager was responsible for the management of all three bungalows at Fenwick Close. 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: We gave the service 48 hours' notice of the inspection visit because it is small. We needed to be sure that they would be in.

What we did: Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed all the information we held about the service, this included notifications of significant changes or events.

We checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We also checked Companies House records.

During the inspection we spoke with the registered manager, a team leader and one care worker. The people who used the service could not verbally communicate with us. So, we spent time with people to observe how they were supported. We reviewed two people's care records, two staff personnel files, audits and other records about the quality and safety of the service.

After our visit we had telephone conversations with three relatives of people who used the service.

We requested additional evidence to be sent to us after our inspection. This was received and used as part of our inspection.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Relatives and staff confirmed people were safe. Relatives commented, "[Family member] is safe... the staff are there to watch out for them."
- The provider continued to investigate safeguarding concerns effectively.
- Staff had a good understanding of safeguarding and whistle blowing, including how to raise concerns. One staff member said, "I have not used it [whistle blowing procedure] personally. I would raise them though. The company are good, if you think something is a concern that is fine."

Assessing risk, safety monitoring and management.

- Health and safety checks and risk assessments were done to keep people and the environment safe.
- Staff understood people's needs well; they used this knowledge to good effect when people occasionally displayed behaviours that challenge. One relative said, "I don't see any distress in [family member] at all."
- The provider had plans for dealing with emergency situations. Personal Emergency Evacuation Plans (PEEPs) had been written to identify the support people needed in an emergency.

Staffing and recruitment.

- There were enough staff on duty to provide personalised support to meet people's needs. One staff member told us, "There are more than enough."
- Relatives told us there was a high turnover of staff. They commented, "I am not happy about changes of staff" and "Staff turnover was high in the past year." However, they stressed the provider maintained safe staffing levels.
- The provider followed effective recruitment procedures, including completing pre-employment checks to ensure new staff were suitable to work at the home.

Using medicines safely.

- The provider continued to manage medicines safely.
- Accurate records were available; these confirmed people received the right medicines at the right times.
- Staff were aware of the national campaign STOMP; they worked with professionals to follow this guidance. STOMP is a national initiative for stopping the over medication of people with a learning disability, autism or both with certain medicines which affect the mind, emotions and behaviour.
- Senior staff completed audits to check staff followed the correct procedures.

Preventing and controlling infection.

- The home was clean, well decorated and maintained to a good standard. Relatives said, "Everything is beautifully clean."
- Regular checks ensured there was a good level of cleanliness.

Learning lessons when things go wrong.

- The accidents and incidents log showed action had been taken to keep people safe.
- The provider had oversight of accidents and incidents; this ensured the correct action had been taken and to identify any lessons learnt.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed to identify their support needs and wishes; this included considering needs related to religion, culture and ethnicity.

Staff support: induction, training, skills and experience.

- Staff were very well supported and received the training they needed. They told us, "I get good support."
- Training, supervision and appraisals were up to date.

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

- People followed a healthy, varied diet that met their individual needs.
- Some people had been referred to professionals for additional advice and guidance; their recommendations were followed.

Staff working with other agencies to provide consistent, effective, timely care.

- People had emergency health care plans and a care passport; these summarised their needs and important information to be shared when people accessed other services.

Adapting service, design, decoration to meet people's needs.

- The home had been purpose built specifically to meet people's needs; there were communal areas so people could spend time with others.
- People were supported to personalise their rooms to suit their preferences and interests. One relative commented, "They have just done [person's] room. They have a lovely bedroom in there."

Supporting people to live healthier lives, access healthcare services and support.

- People had access to external health care services in line with their individual needs.
- Relatives said staff were quick to respond when their family member was feeling unwell. One relative told us, "They ring me up and say they are calling the doctor as [family member] doesn't seem very well. They don't hesitate."
- Health professionals' recommendations had been incorporated into people's care plans; this ensured staff were following best practice guidelines.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS authorisations had been approved; the registered manager monitored DoLS applications to ensure they remained valid.
- MCA assessments and best interests decisions were in place where any restrictions were placed on people.
- Staff knew people's communication needs well; this meant they were effective in supporting people with making daily living choices. One staff member commented, "The way we speak to people is very different depending on their individual needs."

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Positive and caring relationships had developed between people and staff; people were relaxed with the staff team and there was a good atmosphere. One relative commented, "The staff are like family now. They know [family member] better than I do. [Family member] goes to places where I couldn't take them. They are great."
- Although relatives felt the staff team was regularly changing, they told us their family members received good care. They said, "[Family member] gets all the care he needs. I can't fault the staff in any way", and "[Family member] is happy there, as happy as he could be. They [staff] are all lovely, I can't fault them."

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

- The provider strived to make information available to people in ways they could understand it, to comply with the Accessible Information Standard. For example, visual information using pictures, symbols and photos was used effectively to help people communicate.
- Staff showed an excellent understanding of people's communication needs; they supported people well to express their choices and make decisions. One relative told us, "They know [family member] a lot. [Family member] has very little speech. [Family member] can make himself understood, staff can understand [family member]. They know [family member] to a tee now."
- Staff creatively used an electronic tablet to support one person to communicate, make choices and engage with relatives about what the person has been doing.

Respecting and promoting people's privacy, dignity and independence.

- Relatives said their family members were treated with the utmost dignity and respect. They commented, "[Family member] nails are always cut, they always smell fresh. [Family member] is really well cared for."
- Relatives described how their family members independence had developed and progressed. They told us, "[Family member] has progressed a lot. They can do things which I couldn't." One relative described how with the support and encouragement of staff their family member was a lot more independent. They said, "Progress has been wonderful. "[Family member] lets you know what they want. [Family member] is now very independent, they point to what they want. [Family member] amazes me."
- Relatives advocated for people; they told us the provider was good at keeping in touch and involving them in decision making. One relative commented, "[Registered manager] rings to let us know what is changing."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People had individualised care plans; they were detailed and written in an easy read format.
- Care plans covered all aspects of people's needs including specific health conditions.
- Care plans were reviewed to make sure they were relevant to people's current circumstances.
- People were proactively supported to participate in activities that matched their interests. They had personalised visual activity planners to help them understand what they would be doing that week.
- People had plenty of opportunities to take part in activities and to access the local community. One relative commented, "[Family member] goes to football matches, they love the atmosphere. They take [family member] swimming, [family member] has a holiday. [Family member] does a lot of things. They love being out and about."
- People were supported to visit family members and to spend time with the people living in the other bungalows at Fenwick Close.

Improving care quality in response to complaints or concerns.

- Relatives said they would have no hesitation to raise concerns if required. They told us, "[I have] no complaints, none whatsoever. I would complain though if needed" and "I can't fault them."
- The provider dealt with complaints robustly in line with their complaint procedure.

End of life care and support.

- Staff had sensitively supported people living at all the Fenwick Close bungalows to understand and cope with their grief when a person passed away.
- People could discuss their future care wishes if they chose to. These were then detailed in care plans for future reference.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The provider and staff worked to a set of values based around being customer focused, providing quality services and respecting people and staff.
- Staff confirmed they were valued and respected.
- There was a friendly, homely and welcoming atmosphere; staff said morale and teamwork were good. Staff members commented, "Everyone who comes in says the atmosphere is amazing. It is always buzzing in here."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Relatives told us there was a regular turnover of staff due to a planned restructuring of the provider's homes.
- The registered manager was pro-active in submitting the required statutory notifications to CQC following significant events at the home.
- The registered manager monitored the home to ensure people received good care; they carried out observations to check staff followed safe practices.
- The registered manager was supportive and approachable. Staff said, "If [the registered manager] isn't here you can just ring. If you are stuck [registered manager] is there for you. For higher management, you just email and they get back to you."

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

- People and relatives had regular opportunities for sharing their views; they could attend regular 'customer meetings' and meet up with relatives of people from the provider's other services.
- Staff could also give feedback about the home and people's care. One staff member said, "We have weekly meetings about each person [to discuss their care]."

Continuous learning and improving care.

- The provider continued to operate a structured approach to quality assurance; these had been effective in identifying and addressing issues.
- The registered manager completed monthly checks focussing on quality and safety; action plans were developed to address any issues identified.
- The provider's quality assurance systems incorporated independent oversight of the home; this meant a

manager from another home completed some peer audits.

Working in partnership with others.

- The provider held annual reviews involving people and other important people in their lives, such as relatives. One relative commented, "They always take views on board." This provided a chance to discuss what was what was working well and where improvements were needed.
- The provider engaged with local commissioners to promote positive outcomes for people.