Estuary Housing Association Limited

Sydervelt Lodge

Inspection report

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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

Sydervelt Lodge provides accommodation and care for five people who have a learning disability. The four people living at the service on the day of our inspection had lived in the service for some years. One of these people was currently in hospital for assessment. The premises are a two storey residential style house in keeping with the other houses in the area. There is street parking locally and an accessible garden to the rear for people's use.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good and was meeting the fundamental standards.

At the time of this inspection a registered manager was not in post. The registered manager had recently left the service. The current manager had recently been appointed and confirmed they would be making an application for registration with the commission as required. 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 service was safe. People were protected from the possible risk of harm or abuse by staff who were knowledgeable about identifying abuse and how to report it to safeguard people. Recruitment procedures were satisfactory. Risks to people had been assessed and managed appropriately to support their safety. There were also processes in place to manage any risks in relation to the running of the service. Staff deployment was suitable for people's needs and people's medicines were safely managed.

The service was effective. People were supported by skilled staff who worked as a team and supported people to exercise choice where possible in their daily lives. People's nutritional and health care needs were met. People's health care needs were assessed, reviewed and delivered in a way that promoted their wellbeing and improved their quality of life.

The service was caring. Observations and information provided by relatives confirmed that people were supported by kind and compassionate staff. Staff knew the needs and preferences of the people using the service. People's dignity and privacy was promoted. Relationships were supported and relatives felt welcomed.

The service was responsive. People's care needs had been assessed with them and their relatives. Care plans were person centred and reflected what was important to the person. People received care and support which was personalised and took account of their likes and dislikes. The service had a complaints policy in place and people felt able to complain if they needed to.

The service was well-led. A recently appointed manager was in post who was being supported in their role.

The service had a positive and supportive culture. The provider had established systems in place to check on the quality and safety of the service and to put action plans in place where needed for the new manager to complete.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Sydervelt Lodge

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 was undertaken by one inspector on 29 June 2017 and was unannounced. We also carried out telephone interviews with relatives and a healthcare professional on 4 July 2017.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

People using the service had complex needs that meant we could not obtain their full verbal comments on the service. We spent time sitting with people and listening to and observing their interactions with and responses to staff. We also spoke with two people's relatives and with a healthcare professional by telephone.

During the inspection process, we spoke with the provider's representative by telephone and with three members of staff working in the service. We also spoke with the manager of the service. We looked at two people's care and medicines records. We looked at recruitment records relating to two staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Good

Is the service safe?

Our findings

At this inspection we found that people continued to receive a safe service. Relatives told us they felt that people were safe living in Sydervelt Lodge. One relative said they felt this because they observed that staff were catering to people's welfare all the time and another relative told us that they could drop in at any time, which helped them to feel reassured that people were safe.

The manager and staff had a good understanding and knowledge of how to keep people safe from the risk of abuse. The provider had acted promptly where a concern was raised and provided staff with additional training. Staff had attended training in safeguarding people. They knew how to report any suspected abuse and confirmed they would do this without hesitation to protect people.

People had their individual risks assessed and this gave staff guidance on how to support people safely. The manager told us that they would now be reviewing the assessments to ensure they remained current. This would include ensuring that changes to people's needs were included, such as in relation to pressure areas. We saw there were processes in place to manage risk in connection with the operation of the home. Fire and water risk assessments were in place and regular checks were carried out to ensure that risks were managed. Generic risk management plans were also in place such in relation to household tasks and laundry.

Safe recruitment processes were in place to ensure that staff were suitable to work with people living in the service. There had been limited external candidate appointments to the service for some time, with most new staff having already worked for the provider in other services. Records showed that the required references, criminal record and identification checks were completed before staff were able to start working in the service and staff confirmed this. Records also showed that suitable checks had been completed for bank agency staff who work in the service.

There were enough staff available to meet people's needs safely. The manager confirmed the staffing levels in place and rotas sampled showed that these were consistently available. Staff and relatives of people living in the service confirmed that there were enough staff available to enable people's needs to be safely met.

The provider had systems in place that ensured the safe receipt, storage, administration and recording of medicines. Medication administration records were consistently completed and tallied with the medicines available. The service had procedures in place for receiving and returning medication safely when no longer required. Staff had been provided with medicines training and competency assessment.

Good

Is the service effective?

Our findings

People continued to be supported by staff who were trained and provided with opportunities to maintain their knowledge. Staff confirmed they were provided with training when they joined the organisation, and they operated a system which reminded staff when their training needed to be updated. While the service had not employed any new or inexperienced staff recently, the provider's current policy clearly supported a formal induction to an industry recognised standard. Agency and bank staff records confirmed that they had received a basic induction to the service and maintained up to date training. A relative told us, "Staff know what they are doing."

The provider had a clear system of formal staff supervision and annual appraisal in place. Records showed that the supervisions had been completed regularly, though had lapsed recently in some cases while there was no permanent manager in the service. Staff told us they felt well supported. The manager told they would now be recommencing the supervision programme and showed us that dates were already booked to plan for this year's staff appraisal programme.

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 are called the Deprivation of Liberty Safeguards (DoLS). We found that the service was working within the principles of the MCA.

Staff confirmed that they had received MCA and DoLS training. Staff demonstrated a good understanding of MCA and DoLS and when these should be applied and about gaining people's consent. People's capacity to make day to day decisions had been assessed and records confirmed that decisions were made in people's best interests. The manager told us that new DoLS applications had been submitted by the previous manager where existing authorisations had been due to expire. The manager advised of plans to update the records to clearly show that anyone making decisions on behalf of people living in the service had the legal right to do so.

People were supported to eat and drink well so as to maintain a balanced diet that met their needs. Care plans showed the support people needed as well as their preferences and dislikes. Staff confirmed that people's preferences were accommodated within the planned menu. We noted that there was an ample supply of drinks and foods available, including fresh salad, vegetables and fruit. Staff were knowledgeable about people's nutritional needs and any associated risks. This included the use of thickener in drinks and the consistency that foods should be served following an assessment by specialist healthcare professionals.

People's health was monitored and healthcare professionals were contacted when people's needs required this. People's care plans contained guidance for staff on people's individual health conditions. We noted

that staff carefully monitored a person's condition, and based on staffs' detailed knowledge of the person, took appropriate action to request medical attention for them. A comment in a survey completed by a healthcare professional in the past year included, "Staff always very welcoming and the manager is very efficient and acts on all recommendations given."

Good

Is the service caring?

Our findings

At this inspection we found that people were supported in a caring and friendly way. This was identified by our observations during the inspection visit and through our discussions with staff and people's relatives.

Relatives confirmed that they were involved in decisions regarding people's care and treatment. A healthcare professional told that people were always involved in planning and reviews about their care. One relative told us that care plans were shared with them and that their views were taken into account when decisions were being made about the care plan. One relative said, "They are very caring and make us feel part of it." Another relative told us of the discussions about the care planning, including end of life care, to make sure that everything was in place.

Staff clearly knew people well and we saw that staff spent time engaging people and talking with them. Staff addressed people by name and people responded to staff in a comfortable way. Relatives told us that they felt there were good relationships between staff and people using the service. One relative told us that despite the person having some specific behaviours that may have challenged staff in the past, staff actually really liked the person and likely even more so because of those particular personality characteristics. Another relative told us that relationships had had time to build up because the staff team had worked in the home for a long time.

A relative told us that they felt that staff were caring and compassionate and this was shown in the way that staff spoke with people, or in the way staff had behaved in recent bereavement in the service. They said, "I can honestly say that in all the time [person] has been at Sydervelt Lodge, we considered it their home. It was like visiting a family home, for example, with people and staff sitting down to eat dinner together, and we were invited to join in." Records showed, and relatives confirmed, that people were supported to maintain contact and relationships. Relatives confirmed that they always felt very welcome to visit the service at any time.

Understanding dignity and respect when supporting people was a core aspect of the training care staff received and it was also clearly included in care planning. We observed that staff spoke to people respectfully and encouraged people to maintain their dignity, such as by reminding them to close the door when using the bathroom. An unobtrusive system was in place which used a different colour thread stitched into the label of people's clothes. Staff told us this was to ensure people always had their own clothes while being more respectful and less institutional practice than writing people's names there instead. Relatives told us that they felt that people in the service were treated with respect. One person said, "Staff treat people with respect one hundred per cent." One relative told us that they noted that staff spoke to people before carrying out any care tasks, explaining to them about what was to happen and treating them with respect and courtesy.

Anecdotal information and records indicated that people were supported effectively at the end of their life. Staff told us they had good relationships with the palliative care team and of how staff had worked together as a team to support a person through the end of their life in a caring and respectful manner. People's care

records identified if people had any specific end of life wishes, plans and religious customs, and how these were to be achieved effectively.

Good

Is the service responsive?

Our findings

People were supported with their care and staff were responsive to their needs. People's family customs were supported and continued. As an example, one person's family visited routinely and shared a favourite meal as this was a family tradition.

People's care was planned however we noted that some care records had not been reviewed recently in line with the provider's timescales. The manager told us that this would be addressed without delay as part of the provider's action plan for the service. Consideration was also to be given to including additional areas such as preventative pressure area care and management of a health condition to one person's care plan.

Staff did know people's needs and their individual risks and how to support these in a way that provided the person with the care they needed. One person had a sight impairment and staff were aware of the importance of not changing things in their environment as this could create difficulties and risks for the person. Another person, despite have being provided with a very low bed, liked to spend time lying on a mattress on the floor when they were unwell. This was confirmed by a health professional who told us that the staff responded really well to the person's needs when the person seemed to be feeling posturally insecure. We observed that staff sat on the floor next to the person, talking to them, or when offering support with food and fluids.

Staff, records and relatives confirmed that people had opportunities for social activities that people's individual needs. One relative said, "[Person] has a better social life than anyone in the family as well as regular trips out and holidays. They have a wonderful life there." Another relative told us that some of a person's activities were more curtailed but only due to their increasing frailty. The relative said, "[Person] still go out most days and sometimes goes to the theatre and swimming. There are in house activities such as the music man, which [person] loves and massages that really help [person] to relax so [person] must enjoy them."

The provider had a clear system in place to record and manage complaints and to show they were responded to. The manager told us that no complaints had been received about the service since the last inspection. This meant we were unable to assess the procedure's effectiveness at this time. Information on how to raise any complaints was available in suitable formats and displayed in the service. Relatives told us they would able to raise concerns with the manager and felt they would be listened to. A relative said, "We could complain but we have never had to. We would have no reservations and could approach them. We have always been given the impression that if we had any concerns we were to feel free to talk to them about it."

Good

Is the service well-led?

Our findings

The service continued to be well led. A registered manager was not in post as they had left the service recently. The provider had arranged for senior staff from the organisation to support the service while there was no permanent manager working in the service. Ongoing support was also in place to support the new manager since taking up the post.

The current manager had very recently been appointed and commenced their induction programme to the organisation and to the service. The manager had an understanding and awareness of our new approach to inspecting adult social care services, which was introduced in October 2014. The manager confirmed that they were well supported by the organisation and told us that the staff team had been more than supportive, especially recently during a difficult and transitional time in the service. The manager told us that they would be reviewing all aspects of the service so that they could reassure themselves that all records and procedures were in place and that the service was well run for the people who lived there.

Staff told us they felt supported as they were a strong, stable team and that two managers from the organisation had been available in the service, with assistance available by telephone at all other times. Staff and relatives told us that they were pleased to have the manager in post to provide more stability. Both relatives we spoke with were already aware of the new manager's name. One relative added, "The staff have done well with all that has happened. [Previous manager's name] was a good manager. I have had limited contact with [new manager's name], however they seem equally as good. I am very impressed with the new manager, who is very professional."

A satisfaction survey of relatives and professionals involved with the service during 2016 produced two responses, which were positive. Relatives and a professional we spoke with as part of this inspection expressed positive views as to the effectiveness of the service in providing people with suitable and safe care. One relative said, "[Person] is getting good care there. Staff are fantastic. We are happy with the overall quality of the service and it is the next best thing to being at home."

The provider had established systems in place for monitoring the quality and safety of the service including a number of audits and checks. While some of the records were not fully up to date, the provider had identified this and put an action plan in place, which the new manager will now address. Records overall were organised. We were unable to access some required records on the day of our inspection, however these were subsequently made available to us.