

Sunderland City Council

# Sunderland City Council - 2 Fenwick Close

## Inspection report

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

Tel: 01915493875

Website: [www.sunderland.gov.uk](http://www.sunderland.gov.uk)

Date of inspection visit:

07 January 2019

11 January 2019

11 February 2019

Date of publication:

21 March 2019

## 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 - 2 Fenwick Close was a purpose built bungalow in a residential street. It was registered for the support of up to three people. Two 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 received a highly personalised service. Relatives gave very positive feedback about the care provided and we observed many positive interactions between people and staff.

Both relatives and staff felt the home was safe. Staff were aware of the safeguarding and whistle blowing procedures and knew how to raise concerns. Previous safeguarding concerns had been dealt with appropriately. Staffing levels were appropriate and new staff recruited safely.

Incidents and accidents were monitored closely and the findings used to identify trends.

Infection control was maintained to a high standard. Relatives gave very positive feedback about cleanliness and the environment. Health and safety and infection control checks ensured a clean and safe environment.

Medicines were well managed to ensure people received the medicines they needed.

Staff received the support and 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 had an excellent understanding of people's needs and used this to support people to make choices and decisions. People were supported with their nutritional and healthcare needs as needed.

In-depth assessments, which included considering religious, social and lifestyle needs, were used as the baseline for developing individualised care plans. People were supported to engage with meaningful activities which matched their interests.

Staff and relatives confirmed the home was well-led. Although relatives did comment that due to the provider restructuring its services, there had been regular changes in staffing. There was a structured and effective approach to quality assurance. There were regular opportunities for people, relatives and staff to give feedback.

Rating at last inspection: Good (the last report was published on 12 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 re-inspection schedule for services rated good. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 - 2 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 - 2 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: We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also 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 both 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 two relatives of people who used the service.

We requested additional evidence to be sent to us after our inspection. This was received and the information was 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 told us the home was safe. They commented, "Everything seems okay", "I have no concerns about safety" and "I think people are safe, we do safety checks."
- Staff had completed specific safeguarding training so they had a good understanding of how to identify and report safeguarding concerns.
- Staff also knew about the whistle blowing procedure. They said they had not needed to use but would not hesitate if needed. One staff member said, "I would use it [whistle blowing procedure], you have to keep people safe."

Assessing risk, safety monitoring and management.

- Health and safety checks and risk assessments were completed. Other risk assessments had been carried out in line with people's specific needs.
- Staff knew people's needs well and supported them sensitively if they displayed behaviours that challenge. For example, staff knew that Christmas time was difficult for one person and had acted to support them through this period with good effect. A relative told us, "[Family member] had a wonderful Christmas, they coped really well."
- The provider had up-to-date procedures to support people safely in an emergency. For example, each person had a Personal Emergency Evacuation Plan (PEEP) which described the help they needed.

Staffing and recruitment.

- There were enough staff to provide people with personalised care. Staff commented: "Staffing levels are ideal at the minute" and "[Staffing levels] are fine. The team are great at being flexible."
- Relatives told us staff turnover had been high. Comments included, "It does change quite often. There is usually the same core staff. They [the provider] keep shifting them about" and "Always seems to be a restructure going on. Staff get moved around because their grades don't match the house."
- The registered manager monitored staffing levels to check they remained at the correct level. Staff were available to provide the care people needed.
- The provider continued to operate safe recruitment procedures. For example, to check whether applicants had a criminal record or were barred from working with vulnerable people.

Using medicines safely.

- The provider continued to manage medicines safely.
- Staff completed safe handling of medicines training; other checks were completed to ensure they were competent to give people medicines.
- People received the correct medicines at the appropriate times. Medicines were received, stored and disposed of safely.

- Audits were completed to check staff followed the correct procedures.

Preventing and controlling infection.

- The home was clean, well decorated and maintained to a high standard.
- Staff followed the provider's infection control procedures to reduce the risk of infections. Infection control audits were in place.

Learning lessons when things go wrong.

- The registered manager maintained an incidents and accidents log which described the action taken to keep people safe.
- Incidents and accidents were monitored to check actions had been effective and to identify 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 assessed to identify how their care should be provided. The assessment considered religious, cultural or spiritual needs people might have.

Staff support; induction, training, skills and experience.

- Staff were well supported and received the training they needed.
- Training, supervision and appraisals were up to date for all staff.

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

- Staff supported people to meet their individual nutritional needs.
- Where required, people were referred to health professionals such as speech and language therapists.

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

- People's care records included an emergency health care plan and a care passport. These gave a summary of their needs and important information when people accessed other services.

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

- The service had been specifically designed to meet people's needs. It was spacious and offered people the choice of having their own personal space, as well as communal areas to spend time with other people.
- People's rooms had been decorated and furnished to their likes and interests. This resulted in a highly personalised environment for people to enjoy. One relative commented, "[Family member] has a nice little apartment there."

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

- People were supported to access health care services when needed.
- People had input from a range of health and social care professionals, such as GPs, dentists, chiropodists, speech and language therapists (SALT) and community nurses.
- Where professionals gave specific recommendations, these were incorporated into people's care plans. This provided guidance for staff about the most effective ways to care for people's specific needs.

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 ensured they were renewed on-time so they remained valid.
- MCA assessments and best interests decisions had been made before any restrictions were placed on people.
- Staff had completed training and demonstrated a very good understanding of the MCA. They had an in-depth knowledge of people's preferred communication methods and provided the support people needed with making daily living choices.

# 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.

- There were very good relationships between people and staff. People were relaxed around staff and there was a calm atmosphere.
- Although relatives described how the staff team was regularly changing, they still felt their family members received good care at the home. They commented, "Oh yes, I am really happy [with the care]. They are really, really good" and "Everything seems okay. [Family member] likes it there. As long as [family member] is happy, I am happy."

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

- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. For example, pictorial meeting minutes, individual activity timetables and visual menus and shopping lists. These were used to good effect when we visited the service.
- Staff showed a good understanding of people's preferred communication methods.
- People were supported to express their choices and make decisions. For example, pictures and photographs were successfully used to help people make decisions about their shopping list and choosing an activity. One person proudly showed us their activity planner and how they used it to choose activities.

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

- Relatives confirmed their family members were treated with dignity and respect. They commented, "Just normal [the way family member is treated], like part of the family. They laugh with [family member], joke with [family member] ... Like another member of the family" and "All the staff are spot on with [family member]."
- People were supported to be as independent as possible. One relative described how their family member's life had been transformed. They said, "[Family member] is not the same person. [Family member] does stuff now that I never thought he would do. [Family member] has overcome fears, [family member] was so fixated. They couldn't cope with any change." This had enabled staff to support the person to achieve their aspirations. For example, visiting London to see Buckingham Palace and going to the Edinburgh Military Tattoo.
- Care records were detailed and personalised. They provided staff with information about people's preferences and their life history. This is important to help staff gain a better understanding the people they care for.
- Relatives advocated on behalf of people and were involved in making decisions about their family member's care.
- The provider was pro-active in maintaining contact. Relatives commented, "They ring me up when

anything is changing" and "If there are any issues, they are straight on to let us know."

## 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 personalised care plans. These clearly described how they wanted to be supported to meet their needs.

- Care plans covered a range of needs such as physical health, personal care and communication.

- Care plans were evaluated regularly to make sure they reflected people's current needs.

- Staff supported people to engage with meaningful activities tailored to their individual needs and interests.

For one person this was based around accessing the community to go to the cinema or visit a café. For another person activities were focused around the home, such as arts and crafts, listening to music and watching movies. Relatives commented, "They have got [family member] doing arts, crafts and baking. They are tailored towards [family member]. They have the choice of what they want to do." One relative told us about how staff were trying to arrange for a person to come along to the home and play the bagpipes for Burns' night.

Improving care quality in response to complaints or concerns.

- Relatives knew how to raise concerns if required.

- Information about the complaints procedure was available in various formats, such as easy read and pictorial.

- The provider had an effective procedure to deal with complaints if needed.

End of life care and support.

- Staff had sensitively supported people living at all of the Fenwick Close bungalows to understand and cope with their grief when a person passed away.

- People had the opportunity, if they wanted, to discuss their future care wishes. These were recorded in people's care plans to raise awareness of preferences.

# 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 members. Staff felt valued working for the organisation.
- There was a friendly and welcoming atmosphere with staff describing morale and teamwork as good. Staff told us, "There is a really nice atmosphere, relaxed." and "The atmosphere is great."

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

- At the time of this inspection the provider was restructuring its services. Relatives said this resulted in regular staff changes with familiar staff coming and going. Although they stressed they felt the family members were still well cared for.
- The registered manager was pro-active in meeting their regulatory responsibilities. For example, they submitted statutory notifications on-time to CQC following significant events at the home.
- The registered manager made sure people received good care. For instance, they carried out regular observations of medicines administration to check this was done correctly.
- Relatives and staff had positive relationships with the registered manager. They described them as supportive and approachable. One staff member described the registered manager as providing "great support".
- The staff team had received recognition from the provider for its work in building positive relationships with people. They had been nominated for the provider's 'outstanding service of the year award'.

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

- People and relatives were provided with opportunities to share their views. For example, they could attend regular 'customer meetings'. Relatives met with relatives from other services by attending the provider's family forums.
- Staff shared their views and suggestions. For example, at staff meetings their views had been raised and discussed.

Continuous learning and improving care.

- The provider continued to operate a structured approach to quality assurance; a range of checks were in place to ensure people were safe and received good care. These were effective in identifying and addressing any issues.

- The registered manager completed monthly checks looking at areas such as health and safety, medicines management, quality of care planning and infection control. Action plans were developed to drive through improvements to the service.
- The provider's quality assurance systems ensured independent oversight took place.

Working in partnership with others.

- An annual review took place involving people and other important people in their lives, such as relatives. People's care was discussed at great depth including a review of what people had achieved in the previous year, their future wishes and identifying areas for improvement. One staff member commented, "There is a lot of family input."
- The provider worked alongside local commissioners to promote positive outcomes for people.