

Independence-Development Ltd

Sinon House Therapeutic Unit

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

About the service:

Sinon House Therapeutic Unit is a specialist residential care home. It accommodates up to three young people who require support during their transition into adulthood due to a learning disability, autism spectrum disorder, mental health diagnosis or eating disorder. At the time of the inspection there were three young people living at the service between the ages of 17 and 19 years.

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.

People's experience of using this service:

- Young people said that the employment of a new manager had led to improvements in their care and support.
- The manager had been employed in the role for two months and was working towards changing the culture of the service, so it met its aims and values. These were to support young people to maintain and develop life skills and take steps towards their independence. Young people had 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.
- The service was well-led. Young people's views about the quality of care was actively sought. Quality assurance processes had been strengthened and improvements to the service implemented.
- Young people told us they were responsible for meal planning and preparation, budgeting and washing their own clothes. They said they could follow their interests and were able to go out in addition to spending time at the service.
- Staff knew young people well and communicated with them in a kind and respectful manner.
- There were enough trained staff available, so people felt safe and received support when they needed it. Risks to people's safety had been assessed, monitored and managed to make sure people were protected from harm.
- Young people's health and well-being was monitored, and liaison took place with a range of health and social care professionals to support this. People received the support they needed with their medicines.

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

Rating at last inspection: Requires Improvement (last report published 6 April 2018)

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

Follow up: We will continue to monitor this service and plan to inspect in line with our re-inspection schedule.

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 had improved so that it 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 had improved so that it was well-led.

Details are in our Well-Led findings below.

Sinon House Therapeutic Unit

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:

The inspection was carried out by one inspector.

Service and service type:

Sinon House Therapeutic Unit is a 'care home'. People in care homes receive accommodation and nursing or 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.

When the registered manager left the service in January 2019, the provider ensured that a manager at one of their other services immediately applied to be registered at this location. Their application was being processed at the time of the inspection. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse or when a person dies. We assessed the 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 received feedback from a local authority commissioner and representative from the local safeguarding team. We used all this information to plan our inspection.

During the inspection we looked at the following:

- Two young people's care records
- We spoke with three young people
- We spoke with the provider, manager, deputy manager, senior carer and carer.
- Medicines records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports.
- Two staff recruitment files

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The provider held 'Men's group' meetings, where discussions took place with young people about how to keep safe and their responsibility not to make other people feel unsafe.
- Staff responsibilities in keeping young people safe was discussed at team meetings and training so staff knew how to protect people from harm. Staff had access to Kent and Medway child and adult safeguarding procedures. They knew the signs to look out for and to report any concerns to the manager or provider.
- The provider was the safeguarding lead for young people. They were attending designated safeguarding officer training to update their skills, knowledge and understanding of their role and responsibilities.
- Safeguarding concerns had been reported to the local authority safeguarding team and young people's social workers. The provider had followed the advice and guidance given by social care professionals in a timely manner.

Assessing risk, safety monitoring and management

- Potential risks to young people's safety and well-being were identified. Staff followed strategies and guidance about how to manage these risks. This included what to do if a person absconded, to ensure their safety and well-being.
- Some young people presented behaviours that may challenge themselves or others. Staff had identified possible triggers and knew the best way to support the person so there was minimum impact on everyone concerned.
- Potential risk's to young people were being reviewed to make sure they reflected young people's care needs.
- The environment was made safe through regular checks. This included making sure that fire equipment was in working order and that electrical and gas appliances at the service were safe. Staff were trained in how to evacuate young people safely in the event of a fire and there was a programme of fire drills.
- Closed circuit television had been installed in shared areas to ensure young people's safety.

Learning lessons when things go wrong

- Staff made a record of any accident or incident, detailing what had occurred and the action taken to respond to the situation.
- The registered manager monitored and analysed all events and informed the provider, so they had an overview of the service.
- The provider gave several examples of lessons learned and actions taken as a direct result of incidents. This included driving a change in culture of the service to ensure that all staff have the same commitment to the aims of the service and an understanding of their roles and responsibilities; and following disciplinary procedures, when appropriate.

Staffing and recruitment

- Staffing levels were jointly assessed with the local authority when young people first moved to the service. People received the level of support they had been assessed as requiring.
- Young people said that they went out and that staff were available to provide help when they needed it. During the inspection one young person went out and two young people spent time talking and being supported by staff members.
- Recruitment practices helped to make sure that the right staff were recruited to support young people to stay safe. Checks on new staff included obtaining a person's work references, full employment history, suitability to support children and young people and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

Using medicines safely

- Staff were given written guidance, so they knew what medicines young people took, what they were for and any side effects.
- Staff had received training in how to administer medicines and followed the medicines policy when ordering, obtaining and returning young people's medicines to the pharmacy.
- Medicines checks were carried out in line with the provider's policy to ensure there was a clear audit of all medicines entering and leaving the service. An external audit had identified some recommendations which had been actioned.
- Young people's GP's were contacted when there were any queries about young people's medicines to make sure that they received their medicines as they had been prescribed.

Preventing and controlling infection

- Staff undertook training in infection control and were provided with guidance, so they understood how to maintain standards of cleanliness and hygiene.
- Young people told us about the new laundry room which contained two washing machines. One person told us, "It is good as if someone is doing their laundry, you can use the other machine".
- Personal protective equipment was available to staff to help prevent the spread of infection.

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

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

Staff support: induction, training, skills and experience

- At the last inspection on 24 January 2018, we recommended the provider seek national guidance on inducting new staff. This was because staff induction had not equipped all staff with an understanding of their roles and responsibilities and the individual needs of the young people they supported.
- At this inspection on 1 April 2019, the areas covered in staff induction had been extended. New staff said their induction was set at the right pace, so they got to know young people's individual needs and important information about the running of the service.
- Young people said staff had the knowledge and skills to support them. One person told us, "The staff do a good job". Another person said, "Staff help me when I need it".
- Staff received ongoing and specialist training which the provider had identified as relevant to their roles. This included therapeutic care for young people and giving positive support for people in situations when they may become anxious or agitated. Staff said that this training had helped them to understand the reasons why people acted in certain ways.
- New staff were assessed against the standards of the Care Certificate and then encouraged to take a level two Diploma in health and social care. These qualifications set out the learning outcomes, competences and standards of care workers.
- Staff were given opportunities to review their work and development needs through individual supervision sessions, team meetings and staff appraisals. Supervision and appraisals are processes which offer support, assurances and learning, to help staff development.

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

- At the last inspection on 24 January 2018, we recommended the provider seek national guidance to ensure healthy eating was consistently promoted throughout the service.
- At this inspection on 1 April 2019, consideration had been given to how to promote a culture of healthy eating at the service. Young people were given information about a balanced diet in a way they could understand so they could make an informed decision about their own diet. Staff understood the challenges of changing the eating patterns and food choices of young people who had a history of unhealthy eating.
- Young people had been asked about their food preferences and were supported to plan, shop and prepare their own meals.
- Young people were protected from the risk of poor nutrition as staff knew which young people they needed to make sure had enough to eat. Young people's weights were monitored and advice from health care professionals sought when people's weights changed significantly.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- Young people's physical and emotional needs were identified and monitored by staff through observation and discussion. A record was made of all medical appointments and outcomes, so young people's needs could be met. Psychological input could be accessed directly via a psychologist employed by the provider.
- Staff said that training had helped them to recognise changes in young people's mental health so that medical assistance could be accessed in a timely manner.
- Young people were supported to access health care services when they were needed. Advice from health professionals had been sought when there had been a significant change in people's behaviour and well-being.

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

- Information about young people's support needs and future goals was obtained from the local authority before young people moved to the service. This information was used to assess if the service was suitable to meet the person's individual needs.
- Consideration was given to the compatibility and matching of interests between young people currently using the service and potential applicants, including any cultural or religious 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).
- Young people aged 16 and 17 years are presumed by law to be competent. They are able to give consent or refusal to medical treatment after being informed of the options. If a 16 or 17-year-old does not have capacity to consent, they may be treated without their consent under the MCA as long as the treatment does not involve a deprivation of liberty.
- 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.
- Staff understood that the young people they supported had the capacity to make daily choices and decisions. They understood that sometimes young people's choices may appear unwise and that it was their responsibility to provide them with the necessary information, so they could make informed choices.
- Best interest meetings were held when it had been assessed that young people did not have the capacity to make a specific decision.
- The manager understood to submit DoLS applications in accordance with legal requirements.

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

- Young people told us about the changes to their home which benefitted them. One person told us, "There is a new laundry room and new cupboards in the kitchen".
- One person showed us their bedroom which had been personalised with things important to them.
- Young people could move freely around their home and had access to a lounge and kitchen/dining area. There was also a small garden with a seating area.

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

Good: 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

- Young people were at ease in the presence of staff and sought their company. Conversations indicated that staff knew young people well including their likes and dislikes.
- Staff chatted with young people and took an interest in what they had to say whilst making sure young people were clear about agreed rules and boundaries.
- Young people were supported in a sensitive way with regards to their disability, gender, culture, beliefs, sexual orientation and sexuality.

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

- Staff gave young people information and guidance to help young people make daily choices such as how to spend their time and what to eat and wear.
- Care plans contained information about young people from their point of view to indicate their involvement in their preparation. Young people were regularly asked for their views about their care and support at keyworker and service user meetings.

Respecting and promoting people's privacy, dignity and independence

- The culture of the service was changing. Young people were being encouraged to take responsibility for their own independence rather than staff doing things for young people.
- Young people told us they did their own washing, cooking and shopping. One person gave a detailed description of the meal they had prepared for the whole household. Another person showed us a folder containing photographs of meals they had prepared as part of a certificated training course in cooking.
- Staff promoted an environment where everyone was treated with dignity and respect. An area where one person could be better supported to maintain their dignity and hence improve their self-esteem had been identified. Staff were working with the person towards this goal.
- Young people were able to maintain relationships with identified family members and make friendships. Some young people could go out independently to see friends and other young people required staff support to do so.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery of care.

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

- Care plans contained detailed information about young people's likes, dislikes, routines, personal history, cultural and religious needs. A one-page profile gave staff a clear summary of the most important things they needed to know about each young person. Staff knew about young people's interests and preferences which helped them to provide care in a personalised way.
- At regular meetings with young people, discussions took place about how things were going, progress towards goals and what they wanted to achieve. Monthly reports were sent to the local authority gave an overview of young people's care and treatment.
- Young people were supported to follow their interests and to be involved in the local community. Staff understood that there were often challenges in supporting young people to follow their interests in a healthy way. One person told us about their journeys by train and proudly explained how they had announced the arrival and departure of trains at a railway station. They had joined a local church and took part in services and social events. Another person said staff were supporting them to find some voluntary work.
- The communication needs of young people had been identified, recorded and highlighted in care plans in accordance with the Accessible Information Standard. These needs were shared appropriately with others. The complaints policy and Service User Guide were written using pictures and simple sentences to help young people understand their content. Young people also had visual timetables.

Improving care quality in response to complaints or concerns

- The complaints procedure set out how to make a complaint about the service and how the provider would respond, including agreed timescales.
- The provider had spoken to each young person about how to make a complaint to make sure they knew how to do so. They also explained their role and responsibilities so that young people felt confident that if they made a complaint, it would be acted on.
- Young people were asked about their well-being and if they had any issues or complaints at formal meetings.
- Complaints raised had been addressed to young people's satisfaction and had resulted in improvements to the environment.

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

Good: 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

- At the last inspection on 24 January 2018, we recommended the provider sought national guidance on maintaining an environment which benefited young people.
- At this inspection on 1 April 2019, young people had been consulted about the decoration in the lounge and changes made according to their wishes. Improvements had been made to the environment. New kitchen units had been installed to replace previously damaged cupboards. Young people had been provided with a separate utility room.
- The manager was working towards changing the culture in the service so that young people were supported to be independent rather than staff doing things for young people. They understood that changing the culture of a service was challenging and would take time to be fully implemented.
- One person told us, "It has changed a lot here since the new manager. It is more organised".

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

- The manager managed this and another of the provider's services. They divided their time between the two locations and delegated responsibility to the deputy manager and senior staff in their absence.
- The aims of the service were to provide a therapeutic service where the reasons for young people's behaviours were explored and for young people to participate in a variety of leisure activities and build social skills, team spirit and peer development. The manager was clear about these aims and was working towards ensuring they were fully understood by the staff team.
- The manager understood their roles and responsibilities and had notified the Care Quality Commission about all important events that had occurred.
- The programme of internal audits had been expanded to ensure their effectiveness. The provider also employed an external consultant who assessed if the service was safe, effective, responsive, caring and well-led. The last report in March 2019 identified areas for improvement in the environment and in risk assessment which either had or were being implemented.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their rating at the service and on their website.

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

- The views of young people were sought through individual keyworker meetings and service user meetings. At these meetings young people were encouraged to talk about things that were important to them and to make sure they understood their responsibilities in the day to day running of their home.
- Feedback from one visiting professional had been received since the last inspection and this was positive about the care and support provided by the staff team.
- Staff were kept up to date with changes in practice through staff meetings and regular communications. Staff felt listened to and supported by the management team.

Continuous learning and improving care

- Information gathered from audits, incidents and complaints was used to make improvements to the service.
- The manager kept up to date with guidance, advice and information for health and social care professionals through reading publications and attending events. They were attending training to improve their effectiveness as a manager and an eight-week course on supporting young in a therapeutic way.
- Staff were supported to undertake a rolling programme of training to support young people. continuous learning to pursue a fulfilling career.

Working in partnership with others

- The provider worked in partnership with other agencies to enable young people to receive 'joined-up' care. This included working with commissioners, social workers and GP's and community mental health services.