Sunderland City Council

Tavistock Square

Inspection report

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Tel: 01915238250

Date of inspection visit:
05 May 2017

Date of publication:
23 June 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 5 May 2017. The inspection was unannounced. This meant that the staff and registered manager did not know we would be visiting.

Tavistock Square provides personal care and accommodation for up to six people. The service was supporting five people at the time of this inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager oversees several locations as part of their registration with the CQC. During the inspection we were supported by the service coordinator who manages the home on a day to day basis.

During this inspection we found the provider was breaching one of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found medicines were not being managed safely. People who were prescribed topical medicines did not have topical medicine administration charts in place to identify where on the body the cream or ointment should be applied. Boxed and bottled medicines did not have the date of opening recorded. Staff had not countersigned the controlled drug book when checking and administering controlled medicines.

You can see what action we have asked the provider to take at the end of this report.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, two references and disclosure and barring service checks (DBS). These confirmed whether applicants had a criminal record or were barred from working with vulnerable people.

There were systems in place to keep people safe. We found staff were aware of safeguarding and whistleblowing processes and how to raise concerns if they felt people were at risk of abuse or poor practice. Accidents and incidents were recorded and monitored as part of the provider's audit process.

People's care and support needs were regularly monitored to develop staffing rotas, taking into account specific activities and people's holidays. We found staffing levels to be appropriate to the needs of people who used the service.

Environmental risks were assessed and reviewed to ensure safe working practices for staff, for example, to prevent slips, trips and falls.

The provider ensured appropriate health and safety checks were completed. We found up to date certificates to reflect fire inspections, gas safety checks, and electrical wiring test had been completed.

A business continuity plan was in place to ensure staff had information and guidance in case of an emergency. People had personal emergency evacuation plans in place that were available to staff.

Staff training was up to date or planned in for refresher training. Staff received regular supervision and an annual appraisal. Opportunities were available for staff to discuss performance and development.

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. DoLS authorisations were in place for people and care workers supported people to make as many of their own decisions as possible.

People's nutritional needs were assessed and we observed people enjoying a varied diet, with choices offered and alternatives available. People were encouraged to prepare food as part of their living skills. Staff supported people with eating and drinking in a safe, dignified and respectful manner.

People were supported to maintain good health and had access to healthcare professionals when necessary and were supported with health and well-being appointments.

People were supported by kind and caring staff, in a respectful dignified manner. Staff discussed interventions with people before providing support. Staff knew people's abilities and preferences, and were knowledgeable about how to communicate with people. Pictorial information was available for people to meet their communication needs.

Care plans were individualised and person centred focussing on people's assessed needs. Plans were reviewed and evaluated regularly to ensure planned care was current and up to date. Risk assessments were completed for people where necessary with interventions for staff guidance and support to minimise risks. People had personalised activity plans with a range of different activities and leisure opportunities.

Processes and systems were in place to manage complaints.

People who used the service, relatives and staff felt the management was open and approachable. Staff meetings were held on a regular basis.

The provider had a quality assurance process in place to monitor the quality of the care and support provided by the service. We found the quality assurance process had not identified the concerns regarding medicines.

Senior management visited the service on a regular basis. Action plans were in place to drive quality and improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not always managed safely. Topical medication administration records s were not in place for people who were prescribed creams and ointments. Staff had failed to countersign entries in the controlled drug book.

Recruitment processes were robust in ensuring checks were made to ensure prospective staff were suitable to work with people who may be vulnerable.

Staff levels were appropriate to the needs of people who used the service. The registered manager monitored people's needs regularly to ensure safe staffing levels.

Is the service effective?

Good

The service was effective.

Staff were given the training required to support people who used the service. Staff received regular supervision and an annual appraisal to provide opportunities for learning and development.

Staff had an understanding of the Mental Capacity Act (2005) and Deprivation of Liberties Safeguards. (DoLS). People's rights were upheld and protected by the service.

People had access to health care professionals when necessary.

Is the service caring?

Good

The service was caring.

Staff knew people well and had genuine caring relationships with them.

People were treated with respect in a dignified way by staff that supported their independence. Staff used gestures, facial expressions and pictorial methods to communicate with people.

People's rooms were personalised containing items that were important to them.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised and contained information about likes, dislikes and preferences.

The provider had systems and processes in place to manage complaints.

Staff planned regular activities for people to maintain their hobbies and interests and to access the community.

Is the service well-led?

Requires Improvement

The service was not always well led.

There were systems and processes in place to monitor the quality of the service. We found medicine audits had not identified concerns found at the inspection.

Staff felt the service was well managed with a supportive manager and team. Management was described as open and approachable.

The provider submitted statutory notifications in a timely manner.

Tavistock Square

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 5 May 2017 and was unannounced. This meant the provider did not know we were coming.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed other information we held about the service and the provider. This included statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We also contacted the local Healthwatch, the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with four people who used the service. Some people we spoke to we were unable to communicate verbally with us. We saw how people displayed non-verbal signs by smiling and gesturing with their hands. The service coordinator provided us with contact details of relatives who agreed to speak with us by telephone. We spoke with one relative.

We spoke with the service coordinator, operations manager and four care workers who were all on duty during the inspection.

We looked around the home and viewed a range of records about people's care and how the home was managed. These included the care records of two people, the recruitment records of one staff member, training records, and records in relation to the management of the service.

Requires Improvement

Is the service safe?

Our findings

We checked to see if medicines were being managed safely. We found people who had topical creams and ointments prescribed did not have topical medication administration records (MARs) in place. No body maps were in place to demonstrate where the topical medicine should be applied. This meant we could not be sure that people were having their prescribed topical medicine applied in the correct area. We found not all boxed and bottled medicines had the date of opening recorded. This meant we could not be sure that people's medicines were safe to administer in terms of potency. We checked the controlled drug book and found two entries had only been signed by one member of staff, on 30 April and 1 May 2017. Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines or controlled drugs. When controlled drugs are checked and administered, two staff members must sign the book. One, as the staff member who is administering the medicine and one as a witness. This meant we could not be sure that medicines were being managed safely. Medicine audits had not identified these concerns.

These findings demonstrate a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We asked people if they felt safe living at Tavistock Square. One person who was able to communicate with us, said, "Yes I am." Another smiled and nodded. One relative told us, "Oh yes, I think [person] is safe, there is always someone with them when they go out. After a weekend at home, [person] loves to go back, that tells me something."

Staff were trained and had their competency to administer medicines checked regularly. We reviewed three people's MARs. These were completed correctly with no gaps. Guidance for staff for 'as and when' medicines was held in the MAR file. This meant that staff had access to guidance for people who were prescribed this type of administration when carrying out medicine rounds.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, two references and Disclosure and Barring Service checks (DBS). These were carried out before potential staff were employed to confirm whether applicants had a criminal record and whether they were barred from working with vulnerable people.

Risks to people were recorded and reviewed with control measures put into place to mitigate against any assessed risks. For example, moving and handling assessments for mobility. Environmental risks were assessed to ensure safe working practices for staff, for example, to prevent slips, trips and falls. We found the specialist bath had a built in temperature control to protect against scalds.

The registered manager monitored people's needs regularly to develop staffing rotas. We found staffing levels to be appropriate to the needs of people who used the service. Five staff members were on duty during the day and four on an evening, including the service coordinator. Night shifts were covered by one waking staff member and one sleeping staff member. Staff were visible throughout the building supporting

people either in a one to one situation or generalised daily support.

Policies and procedures were in place for safeguarding and whistleblowing which were accessible to staff for support and guidance. Staff received training in safeguarding during induction, with training refreshed on a regular basis.

Staff we spoke with had a clear understanding of safeguarding. One staff member told us, "Someone could have bruises or go in on themselves I would report it straightaway, if I was not happy with the outcome then I would goabove." Another said, "I would report anything to [support coordinator]."

The registered manager kept a safeguarding log containing notifications sent to the Commission. The service coordinator told us, "We always get a call from the safeguarding team to discuss what happened and what we have done, we put things in place internally. Safeguarding then let us know if they are satisfied with our actions. We asked how staff are made aware of lessons learnt. The service coordinator confirmed, "We discuss things straightaway, or through meetings and supervision. We are a small home so communication is good here."

We found the registered manager kept a file containing completed accident and incident records. All records are submitted to the provider's health and safety officer who then contacts the service with any actions required following an analysis of the records. No active action plans were in place at the time of the inspection.

Staff had access to mobile telephones whilst out in the community as part of the lone working policy. The provider carried out Driver and Vehicle Licencing Agency (DVLA) checks on staff members who were able to drive the provider's vehicle. Insurances were in place for staff to drive the vehicle.

The registered provider ensured the maintenance of equipment used in the service and health and safety checks were in place. We found up to date certificates to reflect fire inspections, gas safety checks, electrical wiring test had been completed.

The manager had a business continuity plan, up to date personal emergency evacuation plans (PEEPs) for people using the service. PEEPs were reviewed regularly and set out how to communicate with people as well as mobility needs. This meant that staff and members of the emergency services had information and guidance in case of an emergency.

Good

Is the service effective?

Our findings

We asked people if the staff knew how to support them. One person smiled and nodded. Another said, "Yeah". "Relatives we spoke with felt the staff were well trained. One relative told us, "Absolutely, you can tell by the way they look after [person], they definitely know what they are doing."

Staff were well supported in their role and felt their training was effective. One staff member told us, "My training is up to date, you can also learn a lot when working on the floor with others." Another commented, "Training is on-going in here." A third commented, "I love learning new things, I have done a qualification in medicines." Staff completed essential training such as safeguarding, personal care, health and safety and positive behaviour support. The provider used a mixture of face to face and distance learning training. Staff had recently completed work books for Mental Capacity Act as a refresher, these were due to be signed off by the service coordinator.

The service coordinator told us, "I receive emails about what training is available, I can then book staff on the courses. They do fill up quickly so we may have to wait for the next round." We found several staff were booked on to refresher training courses, for example, first aid, infection control and health and safety.

We found records to demonstrate staff received their appraisal and had supervision on a regular basis. Supervisions are regular meetings between a staff member and their manager to discuss how their work is progressing and to discuss training needs. We reviewed supervision records which showed discussions covering a range of areas including training, specific issues or concerns, praise and encouragement, duties and knowledge of people's needs.

Staff had a supervision agreement in place which was signed by both parties. Staff received a copy of their supervision notes for reference. One staff member told us, "I have supervision every two months, I can ask to have one anytime if I need to." Another said, "I do have supervisions but can speak to [service coordinator] anytime." A third told us, "We discuss what my achievements are, recent training and anything I need help with."

The Mental Capacity Act 2005 (MCA) providers a legal framework for making particular decisions on behalf of people who 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where people lacked capacity to make decisions MCA assessments and best interest decision meeting records were available. The registered manager kept a record of all DoLS applications made along with

copies of authorisations. Staff clearly understood the importance of empowering people to make as many of their own decisions and choices as possible. These included explaining options to people and anticipating needs for some people by observing facial expressions and body language. We observed staff supporting people to make decisions regarding meal choices and attending activities. Staff had been issued with pocked sized guides which set out the principles of the MCA for guidance.

We found people were offered a varied and nutritious diet and during our observation we could see by people's empty plates and facial expressions they enjoyed their meals. Staff checked where one person had stopped eating, prompted them with a smile and a friendly reminder to eat a bit more of their toastie.

There was a weekly menu available. The service coordinator told us, "People are involved in the menu planning, we have takeaway nights as well. They [people] enjoy those." We observed people in the dining areas and saw staff supporting people in a safe manner, people were not rushed and were offered a choice of meal. One staff member told us, "We have the menu but always ask what they want, just in case." We asked if alternatives are available. One staff member told us, "There is always plenty of food in, we all go shopping. [Person] really enjoys going to the shops." We saw people were supported with drinks and snacks throughout the day.

Care records confirmed people had access to external health professionals when required. One person had recently been referred to the speech and language team, and was awaiting a home visit. Staff had also referred them to occupational therapy (OT) as the person preferred to have a bath rather than a shower. Staff felt the person needed an assessment by the OT team. We found daily records to demonstrate that people attended appointments to opticians and hospital. People were supported to have regular health checks for example, blood tests. One relative told us, "I always get a call if [person] is not well, they make sure he sees the doctor."

Tavistock Square was spacious with ample space for people who used wheelchairs. Communal areas were set out with easy chairs, sofas, televisions and, or radios were available for people to watch/listen to. Corridors had several pictures of people who used the service taken during activities or whilst on holiday.

The service had recently been decorated. We found some communal areas appeared bare with no soft furnishings. The service coordinator told us, "We are still putting things back together. I need to get some bits and pieces to go in the lounges and dining room." We found a well-stocked activity area, complete with desk, chairs, boxes of pens and pencils, crayon, colouring books and arts and crafts. A TV and DVDs were available for people to watch. People had access to an enclosed garden with tables and chairs. The service coordinator told us, "The garden is something I am keen to look at, I feel we could do more with it. Hopefully we can get everyone involved in some way."

Good

Is the service caring?

Our findings

We asked people if they felt they were well cared for. One person told us, "Yeah", and smiled at staff, holding the staff member's hand. Another person gestured to give staff a kiss. Relatives gave us positive views when we asked about the care provided in the service. One relative told us, "[Person] is absolutely fine here, and very settled. At first [person] used to spend a lot of time in their room, but slowly now prefers to be with staff."

Staff showed affection throughout their interactions with people showing genuine relationships. They were friendly, caring and warm in their conversations with people, using gestures and touch to communicate. When communicating with people we saw staff waited patiently for people to respond. Pictorial information was available for people. We saw one person's personal planner which set out their morning routine. Pictures were also used on the notice board in the person's bedroom and staff went through the pictures with the person so they knew what they were going to do.

Staff clearly explained options which were available to the person and encouraged them to make their own decisions. For example, whether they wished to go out. We observed a happy environment with lots of laughter and chatter between people and staff.

People were cared for by staff who knew their needs well. People were treated with dignity and respect. Staff told us they ensured people had privacy when receiving care. For example, keeping doors and curtains closed when providing personal care, explaining what was happening and gaining consent before supporting them. One staff member advised, "I would say to [person] when washing their hair, are you ready to close your eyes I am going to rinse off the shampoo."

Staff supported people to meet their choices and preferences. People were supported to be as independent as possible. Staff said they encouraged people to do as much for themselves as possible. For example, getting washed and dressed. One staff member told us, "[Person] is great, when we do the washing, I fold up the clothes and they go and put them away." Another told us, "[Person] makes a sandwich with support." One relative told us, "[Person] is a lot more independent here, pushing the trolley when shopping and putting it away."

We joined people in the dining room at lunch. We observed staff treating people with dignity. Where necessary staff asked if one person wished to have protection for their clothes during lunch. Staff encouraged people to eat and drink at a pace appropriate to their needs which ensured people were supported to be as independent as they could be. Meal time was not rushed.
People who used the service had access to advocacy services. The service coordinator told us, "No one has an advocate at the moment, if need be we would get in touch with social workers."

People's rooms were comfortable, some with pieces of their own furniture and items which were personal to them and each room reflected the person's interests and character.

Good

Is the service responsive?

Our findings

Each person had care plans which were personal to them, which included information on maintaining people's health, likes, dislikes and their daily routines. These included identifying potential risks to the person with management plans devised to minimise these risks such as, mobility and behaviours that may challenge. We found care plans were reviewed on a regular basis so staff had detailed, up to date information to support people. Staff acted as key workers for people, updating care plans and supporting people with their wishes and goals. Key workers are responsible for the coordination or care and support for the person and included the person in planning that support. For example, holidays and trips out.

Staff told us they felt there was sufficient information and guidance to be able to support people safely and in the way they wished. Examples included, '[person] takes medicines from a pot, likes a glass of water' Another plan advised, 'When [person] feels poorly, they say, 'want to go to bed.' This meant people were being supported and cared for in an individualised way with their preferences being acknowledged. One staff member told us, "We read care plans so we know if there are any changes, but we are told anyway at handover."

Relatives felt the service provided personalised care and that the staff were skilled. Relatives told us they were involved in their care planning and that staff were responsive to their family member's needs. One relative told us, "Oh yes, I am always involved in [person's] care, I know about everything, and I can pick up the phone too."

We found people's living skills were incorporated in care plans. For example, emptying the dishwasher. One person enjoyed some light cleaning and this was built into their support. We observed staff supporting the person with this, it was clear by the person's smiles they enjoyed the activity. Another person attended a local church were they attended cooking lessons. Staff confirmed that the person then cooked their own lunch before staying on at the church for a disco session. We spoke to the person about their attendance and whether they enjoyed it. They gestured by clapping hands which was a sign they were happy.

We found people had health passports in place, these contained specific information on how to support the person. For example, communication and mobility needs. Health passports are used to help with the sharing of information between those who support the person and health care professionals. For example, if the person was admitted to hospital.

Records were in place to show that staff worked with people and relatives to ensure people have a quality of life based around their hobbies and interests. For example, two people had been on a holiday abroad together. Another person enjoyed going to the swimming baths. We found people had access to the community and enjoyed individualised activity plans. One person enjoyed days out at the beach, and trips to the local park.

We found the provider had a process in place for people, relatives and visitors to complain or raise issues. The complaints procedure was available in different formats to help with people's understanding. No

complaints had been made to the service. Everyone we spoke with said they felt they would be able to complain to staff or managers if necessary.

Requires Improvement

Is the service well-led?

Our findings

We asked people if they were happy living at Tavistock Square and if they felt the home was managed well. One person clapped their hands, another gestured with a smile and a nod. Relatives we spoke to told us the service was well led. One relative told us, "It's a nice place, the staff are lovely, I am happy with everything."

Staff told us they felt the service was well managed and the registered manager and service coordinator were approachable. One staff member told us, "[Manager] visits regularly, he's really nice." Another told us, "The [service coordinator'] is really good and understanding too, he is the type of person you can talk too."

The registered manager had several years' experience of managing a residential setting and had completed a Diploma in Management and Leadership at Level 5. The service coordinator also had experience in managing services. We found they had received the 'High Flyer Award.' This is awarded to the employee of the month by the provider in recognition for their work and commitment to the service.

Two staff members had been awarded the, 'Doing the right thing award.' This award was given in recognition of providing excellent care and support to enable a customer to fulfil a dream of having a holiday.

The provider issued a monthly newsletter containing information about the organisation with updates for staff on issues such as changes in workforce, and up and coming events. The service coordinator attended monthly meetings with senior management, then information was disseminated to staff during team meetings. Minutes were available for review by staff.

The provider had systems and processes in place monitor the quality of the service. However we found there were areas that needed further development in relation medicine management audits.

We recommend the provider reviews the audit process in relation to medicines to cover the areas highlighted during the inspection.

The service used various methods of gaining feedback from people who used the service. The service coordinator told us that they gauge how people feel about the service by monitoring body language and gestures. We discussed this with the service coordinator to suggest such observations could be formalised and used to develop the service.

We saw the provider had, 'Tell us what you think cards' which were available for staff, relatives, visitors and stakeholder to give their views and opinions. The service coordinator told us, "We don't get many completed, I am always about so they can speak to me direct about anything. Relatives and staff felt comfortable to approach the service coordinator or registered manager to give their opinions and views."

The registered manager completed a service management audit which generated an action plan for Tavistock Square. The action plan was forwarded to the support coordinator to action. We found evidence

to suggest actions were completed. For example, planned training and decoration.

The service coordinator completed a checklist on a monthly basis covering personal plans, complaints, health and safety and staff files. The completed audit was forwarded to the operational manager and used as part of the organisation's overall audit. The provider kept a performance outcome spreadsheet, this document brought together every audit including identified actions and outcomes.

We found one person who used the service completed the infection control checks with a staff member. This meant people were involved in the quality assurance process.

During the inspection we met with the operations manager who told us about the changes the provider was making in relation to documentation. Care records were being reviewed to make them more focused and personalised. Some policies relating to managing behaviours that challenge were also being reviewed so staff had up to date guidance available to them.

We found staff meetings were held regularly and minutes were made available for anyone who could not attend. The service coordinator and staff held monthly customer meetings, however due to the service being small, these were often informal chats. The service coordinator told us, "I have had meetings with relatives but anyone can pop in at any time."

The service coordinator ensured the service maintained links with local services such as cafés, shops and the local gym and swimming pool. The service user guide used pictures to show what was available to people living at Tavistock Square.

Statutory notifications were submitted to CQC in a timely manner. Personal records were held in line with the Data Protection Act.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure medicines were being managed safely. Topical medicine administration records were not in place. Boxed and bottled medicines did not contain a date of opening. Regulation 12 (2) (g)