

Suffolk Mind

13a The Green Rd

## Inspection report

The Green Road  
Sawston  
Cambridge  
CB22 3LN

Tel: 01223839548

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28 August 2018  
25 September 2018

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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

13a The Green Road is a domiciliary care agency (DCA), providing the regulated activity of personal care to people who live in a specialist housing scheme at The Green Road in Sawston. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used at this scheme; this inspection looked at people's personal care and support. The local mental health team supported people who lived there. At the time of this inspection one person was receiving support with their personal care from the agency.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. We have written this inspection report in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

People continued to receive a safe service. Staff protected people as far as possible from discrimination, abuse and harm. The registered manager assessed potential risks to people. They put plans in place so that staff knew how to minimise risk without taking away each person's right to take risks. The provider employed enough staff, who were suitable to work in this service, so that they could meet people's diverse and changing needs. Staff gave people their prescribed medicines safely. The staff team learnt from any accidents and incidents.

People continued to receive an effective service. Staff received training and support, which equipped them to do their job well. Senior staff assessed people's needs before offering the person a service. Staff supported people to eat and drink enough and to maintain their health. 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.

People continued to receive care and support from staff who cared about them. Staff were kind, compassionate and respected people's privacy and dignity. They knew people well and supported people to remain as independent as possible. Staff welcomed people's relatives and visitors.

People continued to receive a service that was responsive to their needs. People were fully involved in planning their care and support. Support plans were personalised and gave information from the person's perspective. Staff arranged outings if people wanted to join in and supported people to join in community activities. The registered manager dealt appropriately with complaints.

The service continued to be well-led, by a registered manager who provided good, hands-on leadership. They monitored all aspects of the service for quality and put actions in place to address any shortfalls. There was an open, person-centred culture. The provider sought the views of people, their relatives and staff and these views were taken into account to ensure continuous improvement. The service worked in partnership

with organisations such as the local mental health trust to provide people with joined-up care.

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?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good

# 13a The Green Rd

## **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. We planned this inspection 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.

This comprehensive inspection took place between 28 August and 25 September 2018. One inspector carried out the inspection. We visited the agency's office on 28 August 2018. We gave the registered manager notice of the inspection because this is a small service and we wanted to make sure that someone would be in the office.

Prior to the inspection we looked at information we held about the service such as notifications. These are events that happen in the service that the law requires the provider to tell us about. We had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information and the report of our last inspection.

During the visit to the office we spoke with the person receiving the service, the registered manager, the provider's representative and four support workers. Following the site visit we wrote to a number of healthcare professionals who the registered manager told us had had recent contact with the service. Four healthcare professionals responded by 25 September 2018 and we have included their comments in this report.

## Is the service safe?

### Our findings

The service continued to safeguard people because there were processes in place to minimise the risk of avoidable harm. One person showed they felt safe with the staff. They told us they felt safe and said, "Staff never hurt me." Staff had undertaken training in protecting people from abuse and knew who to contact if they had any concerns.

The registered manager had completed risk assessments and staff were aware of actions to take to minimise risk, without restricting the person's freedom. A healthcare professional wrote, "[Staff] always have good ideas about how to best support [person] to remain as independent as possible, but balance this so well with providing the right level of support." For example, when a person was at risk from fire, staff had sought advice from the fire safety officer. The provider had installed additional smoke alarms and provided metal waste bins. The fire risk safety plan showed that the provider had changed flooring, bedding, curtains and as many flammable objects as possible to be fire resistant.

The provider employed enough staff to make sure that staff could meet people's assessed needs. This included sufficient staff to enable them to offer flexible support to people, which met daily changes to individuals' needs and preferences. The registered manager followed robust procedures to ensure that new staff were suitable to work at this service. They carried out all the required checks, including a criminal record check.

Staff gave prescribed medicines safely and on time. One person said, "Staff give me my pills. Always on time." Staff stored medicines in a locked cupboard in each person's home and there was clear guidance for staff on their responsibilities around ordering and disposing of medicines. One person's care records included a detailed risk assessment for managing medicines in a DCA setting.

Staff undertook training and promoted infection prevention and control procedures as far as they could. The registered manager ensured there was enough personal protective equipment (PPE) available and that staff used this when they supported people with personal care. People were responsible for keeping their own homes clean and hygienic, with staff support if that was part of their support plan.

Staff knew how to record accidents and incidents. The registered manager responded appropriately to these and took any necessary actions. For example, they arranged the installation of an intercom system following an assault on a member of staff. They discussed incidents with staff so that they could pass on any learning.

## Is the service effective?

### Our findings

The service continued to provide an effective service. Staff from the agency worked with the housing provider to assess each person's needs before they offered the person a place. This ensured that staff could meet the person's needs effectively.

Staff undertook the training they required so that they could do their jobs well. The provider offered training in a range of topics. Staff received regular individual supervision so that they could discuss their performance and development needs with their line manager. Senior staff and the registered manager supervised support staff. The provider expected all staff to work towards a nationally recognised qualification.

One person told us that staff helped them to prepare their lunch. Staff also supported them to do their shopping and tried to encourage them to have a healthy diet. Staff prepared and cooked a meal twice a week in the communal kitchen, which people could eat if they wanted to. People took it in turns to decide on the menu and helped staff prepare the food. This meant that people had at least two good meals a week and it was also a social occasion for people who might otherwise have been very isolated. A healthcare professional praised the staff for providing meals for people who might struggle to buy and cook food.

The service worked closely with other organisations to make sure people received care and support that met their needs. Health and social care professionals told us that staff kept them fully up to date with what was happening with the people they worked with.

Staff worked with people to encourage them to maintain their health. If the person wanted them to, staff supported them to make and to attend health appointments. A healthcare professional wrote, "Staff do follow my guidance and are very careful with medication advice in particular."

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. We checked whether the service was working within the principles of the MCA. Staff had received training and had a good understanding of the ways in which this legislation related to their everyday work. They gave people choices in as many aspects of their lives as possible and asked consent before providing care and support to the person. The local authority had appointed an Independent Mental Capacity Advocate (IMCA) who had been involved in making decisions in the person's best interests. An IMCA is an independent person who will help the person to make decisions, represent their views and act in the person's best interests.

## Is the service caring?

### Our findings

The service remained good at caring for people and staff showed they genuinely cared about the people they were supporting. People told us they liked the staff. One person said, "They do their job properly. They're professionals." A family member had completed a quality survey and had written, "Staff are amazing. Thank you for all the good work and taking so much care looking after my relative." A healthcare professional wrote, "The staff have always been very proactive, supportive and caring...[they] are exceptional and provide excellent care."

People and staff all got on well together. The relationships between them were friendly, caring and supportive, while staff remained professional at all times. Staff showed when they were worried about a person's well-being and responded to the person's needs as far as they could. A healthcare professional wrote, "[Staff] are really helpful and passionate individuals who always want to do right by [people]. ... [People] always talk positively about the staff support." Staff respected people's privacy and dignity and supported people to retain their independence for as long as possible.

Few people had family but staff supported people to maintain any contacts they did have. Staff welcomed people's families and friends and updated them with their relative/friend's progress if the person wanted them to. People were fully involved in making their own decisions about their care. People invited their relatives to reviews of their care but only if they wanted them to be involved.

Staff had worked at the service for a long time, some since it started eleven years ago, and few staff had left. This meant that people and staff knew each other well. Staff could recognise quickly when people were not well and provided additional support including involving other professionals if required. A healthcare professional wrote, "What impresses me most is that despite the frequent challenges...the staff invariably remain calm and make sensible decisions... Their actions have the effect of improving the crisis rather than adding fuel to the fire." Another wrote, "Staff are quick to get in touch if they have any concerns."



## Is the service responsive?

### Our findings

The service continued to provide care and support that was responsive to people's needs and people were fully involved in planning their care and support. Support plans broke down each aspect of the care and support the person wanted. This was so that staff had detailed, personalised guidance on what the person wanted to achieve, the support they needed and how they felt about it. Staff undertook formal reviews of support plans every six months.

Staff knew people well and there were enough staff for people to change their preferences on a daily basis. For example, staff offered to assist one person with a shower. If the person refused, staff returned later. A healthcare professional told us that staff had supported one person with an aspect of their personal care that the person had neglected for several months. They wrote, "This took about two hours of real patience and care to make this happen."

Staff worked hard to arrange opportunities for people to be involved in meaningful activities and outings. One person told us how much they wanted to go back to Felixstowe because they had enjoyed the last trip there.

The provider had a process in place so that people could raise their concerns if they wanted to. Healthcare professionals said people were happy with the service. Their comments included: "[Person] always talks positively about the staff support"; "[Person] always tells me he likes living there and appreciated the support"; and "[People] I work with are very happy there and they have never voiced any concerns or reservations." The person using the service had not raised any complaints. Neighbours living near the flats had raised all the complaints received. The registered manager had dealt with these in line with the provider's policy.

The provider had not set up the service to specifically provide end-of-life care. However, there were policies and procedures in place that staff would follow if required. Each person had an advanced decision in their support plan, which identified their current wishes.

# Is the service well-led?

## Our findings

The service continued to be well-led and there was an open, person-centred culture. One person told us, "It's lovely really. Paradise." Healthcare professionals praised the service. One wrote, "In my opinion the service is an excellent service." Another wrote, "The staff... always go over and above to ensure that [people's] needs are met." The provider had a clear vision and strategy and staff were fully involved in working to support people to lead as normal a life as possible.

There was a registered manager in place. 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 they run the service.

The registered manager was a hands-on manager who led by example. In this way they were able to pick up any issues and deal with them quickly. They knew people well and knew when staff were under pressure. The registered manager was leaving the organisation three days after our inspection. They had worked with people and staff to make sure that other staff were able to take on their role while the provider appointed a new manager. They told us, "Over the last decade the service has demonstrated that it provides an outstanding service to the people that live here." They were confident that the staff team was committed and strong enough to continue to provide the best service possible. They said, "I'm very proud of the service and how it's seen by professionals."

The provider had a system in place to ensure that staff delivered a high-quality service, which met people's needs and kept them safe. They sought the views of people, relatives and staff in a number of ways. Staff chatted daily to people while they were supporting them. Each person had a named staff member (key-worker) who met with them weekly to discuss their care and support and to find out if they wanted to see any improvements. Staff reviewed support plans every six months and the provider sent an annual satisfaction survey to everyone involved with the service.

Senior staff carried out audits on various aspects of the service, such as medicine management, care plans and health and safety, to check that staff were following the correct procedures. External members of the provider's staff carried out regular visits to the service and wrote a report of their findings. This ensured that the service continued to learn and improve.

People were involved in the local community. It had taken a lot of work to get the service accepted and to get people integrated into the community. People used local shops and other village facilities such as the medical centre. Staff had supported people to run a stall at the village fete.

The service worked in partnership with other agencies, particularly the local mental health trust, to provide joined-up care to people.