

Independence-Development Ltd

Sinon House Therapeutic Unit

Inspection report

16 The Terrace
Rochester
Kent
ME1 1XN

Tel: 01634849354

Website: www.independence-development.co.uk

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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

We inspected this service on 29 June 2016. The inspection was announced. The provider was given one working days' notice because the location provides a care service to a small number of people and we needed to be sure that someone would be available at the location to see us.

Sinon House Therapeutic Unit is registered to provide accommodation for young people between the ages of 16-31 who require a high level of therapeutic care and supervision. Support is given to people who have learning disabilities, mental health needs, behaviour that challenges themselves or others and those requiring supervision due to legal cases in court. At the time of our inspection, three people were living at the service.

At the time of our inspection the unit manager had been in post since the previous registered manager had left in May 2016. The unit manager had applied to the Care Quality Commission to become the 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 Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. At the time of the inspection, the unit manager told us that no one living at the service had a DoLS authorisation in place. The unit manager and staff understood their responsibilities under the Mental Capacity Act 2005 and the DoLS. Mental capacity assessments and decisions made in people's best interest were recorded.

People told us they felt safe. Staff had received training about protecting young people from abuse, and they knew what action to take if they suspected abuse. Risks to people's safety had been assessed and measures put in place to manage any hazards identified. The premises were maintained and checked to help ensure the safety of people, staff and visitors.

People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely. Medicine audits were regularly carried out by the unit manager.

There were enough staff with the right skills and knowledge to meet people's needs. Staff received the appropriate training to fulfil their role and provide the appropriate support. Staff were supported by the unit manager and the provider who they saw on a regular basis. Staff worked well as a team and felt supported by one another. Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support.

People told us their privacy was respected by staff. People were treated with kindness and respect. People's

needs had been assessed to identify the care they required. People's individual therapeutic care plans were person centred and gave staff the information and guidance they required to give people the right support. Detailed guidance was available for staff to follow to support people who displayed any behaviour which caused a risk to themselves or others.

People had access to the food that they enjoyed and were able to access drinks when they wanted to. People's nutrition and hydration needs had been assessed and recorded. People were encouraged and supported to be as independent as possible. People were supported to remain as healthy as possible with the support of healthcare professionals.

People were supported to participate in a wide range of activities they enjoyed within the unit and in the local community. People were supported to complete educational courses to develop their skills and confidence. People were supported to gain employment within their local community.

People's views were actively sought and acted upon. Processes were in place to monitor and improve the quality of the service being provided to people.

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.

People felt safe and staff received appropriate training and support to protect people from potential abuse.

There was enough staff to meet people's assessed needs. Recruitment procedures were in place to ensure staff were suitable to work with people.

The premises was maintained to reduce any potential risks to people, staff and visitors.

Medicine management was safe. People received their medicines as prescribed by their GP.

Is the service effective?

Good ●

The service was effective.

Staff were trained to meet people's needs. Staff received support, training and guidance to fulfil their role.

People were encouraged and supported to eat a suitable range of nutritious food and drink.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and used these in their everyday practice.

People were supported to remain as healthy as possible.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness. Staff ensured they maintained people's privacy.

People had access to and were supported by advocates. People were encouraged to maintain and increase their independence.

People's personal preferences were recorded. Staff knew people well and were aware of their likes, dislikes and personal histories.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed, recorded and reviewed on a regular basis.

People were included in decisions about their care.

People participated in a range of activities of their choice. People were supported to increase their skills and knowledge with educational activities.

The complaints procedure was available and in an accessible format to people using the service.

Is the service well-led?

Good ●

The service was well-led.

There were effective systems for assessing, monitoring and developing the quality and safety of the service.

There was a positive and open culture within the service.

The management team were visible and available to offer staff support and guidance. Staff offered to support to one another and worked as a team.

Sinon House Therapeutic Unit

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.

This inspection took place on the 29 June 2016 and was announced. The inspection team consisted of one inspector. The provider was given 24 hours' notice because the service provides a care service; we needed to be sure that the manager was available and someone would be in.

Before the inspection, we 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 home, what the home does well and improvements they plan to make. We also looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with two people about their experience of the service. We spoke with the unit manager and a member of staff to gain their views. We had previously spoken to the provider of the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at two people's care files, two staff record files, the staff training programme, the staff rota and medicine records.

A previous inspection took place on 11 March 2014; the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. Comments included, "It is really good to live here. It's really nice, open and enthusiastic." And "This is my best placement." People using the service understood what keeping safe meant and regularly talked to staff about their safety whilst within the service and out in the community.

People were protected from the potential risk of abuse. Staff received training in the safeguarding of children/young people and vulnerable adults from harm and abuse. This was confirmed on the staff's individual training matrix. There was an up to date safeguarding policy in place which informed staff how to protect people. Staff were able to describe the potential signs of abuse and what action they would take if they had any concerns, such as reporting it to the unit manager, the police or social services. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

There was enough staff with the right skills on duty to meet people assessed needs. Staffing was planned around people's social and educational activities and records showed that there was a consistent number of staff on duty at all times.

Recruitment checks were completed to ensure staff were suitable to work with people who needed care and support. These included obtaining suitable references, identity checks and completing a Disclose and Barring Service (DBS) background check. These check employment histories and considering applicant's health to help ensure they were safe to work at the service. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained. Staff were given a job description which outlined their role and a contract of employment.

Medicines were managed safely and staff followed a medicines policy. One person said, "Staff always give us our medication on time when we need it." People's medicines were stored securely within the office. Systems were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicines that had been administered. The records were up to date and had no gaps showing and all medicines had been signed for. Any unwanted medicines were disposed of safely. Medicine audits were carried out on a monthly basis by the unit manager. These processes gave people assurance that their medicines would be administered safely.

Staff were trained in the administration and handling of medicines and completed a competency check with the unit manager which included observations before they were 'signed off' as competent. The unit manager completed regular stock checks of people's medicines and random checks of staff's competence. An annual audit by a local pharmacy had been completed in April 2016. This had recommended that two members of staff checked in the medicines which had been actioned. Some people had "As and when required" PRN medicines. Guidance was in place for staff to follow which included the dosage, frequency, purpose of administration and any special instructions.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. Records showed that portable electrical appliances, gas safety inspection and the general electrics were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. A weekly safety check was completed which included a walk around of the building to monitor any safety hazards. A system was in place to monitor and record any maintenance issues that were found within the service. These were acted on and completed quickly once they had been identified. A fire risk assessment was in place and an evacuation plan which was to be followed in the event of an emergency.

Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. For example, risks relating to the management of behaviour, health condition support, the use of technology and kitchen hazards. People told us they were aware of their risk assessments and had been involved in developing these. Each risk had been assessed to identify the groups of people at risk, hazards involved and a score for the severity and likelihood of occurrence. Control measures were then put into place to reduce the risk to people and inform staff how to reduce the risk. Environmental risks to staff had been assessed and recorded which included guidelines for staff to follow. For example, if staff were lone working or the personal protective equipment PPE they should use. A system was in place to ensure these were reviewed on a regular basis. Staff completed training in how to complete risk assessments and the various stages involved in assessing risks. Accidents and incidents were recorded, with the details of the incident, who was involved, the immediate response and then any manager's comments following their investigation. People could be assured that any potential risks to them or others had been assessed and reduced following the control measures.

Is the service effective?

Our findings

People told us they enjoyed living at the service and received the support they required when they needed it.

People were supported to maintain a balanced diet. People living at the service told us they chose what they wanted to eat on a daily basis and staff offered support when they asked for it. One person said, "Staff encourage me to eat healthily." Another said, "Staff are watching us when we cook to make sure we are safe and then help us if we need it. (Staff) makes the world's best lasagne sometimes for us." A meal planner was in place which recorded people's choices. Mealtimes were discussed at the weekly house meetings which were attended by people living at the service and the staff.

People's health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. All appointments with professionals such as dentists, GP's, hospital checks and psychologists had been recorded with any outcome. Future appointments had been scheduled and there was evidence that people had regular health checks. Staff had referred one person to their GP after they had requested support to give up smoking. Information, support and guidance had been given to the person with staffs support. People had been supported to remain as healthy as possible, and any changes in people's health were acted on quickly.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. The unit manager said, "It is very rewarding working here. The company is very good at supporting you." The provider had previously told us they continued to invest in training after staff had completed the mandatory courses to develop staff's knowledge and skills further. Staff we spoke with confirmed they had been able to develop and progress within their career by completing additional qualifications to further their knowledge. For example, completing a vocational qualification in Health and Social Care. The individual staff training matrixes we looked at confirmed that staff had received the mandatory and specialist training for their role which would ensure they could meet people's individual needs. Staff were trained to meet people's specialist needs such as conflict resolution, autism awareness and physical intervention.

Staff told us they felt supported by the unit manager, provider and staff team. Staff received supervision meetings with their line manager, however these were not always completed within the timescales listed the provider's policy. These meetings provided opportunities for staff to discuss their performance, development and training needs. Staff also received an annual appraisal with their line manager. These meetings provided an opportunity to discuss and provide feedback on their performance and set goals for the forthcoming year. New staff worked alongside more experienced staff within the service before working unsupervised. Staff completed an in-house induction plan with the unit manager which was then 'signed off'. The provider was a psychologist who provided the clinical support to the staff and people using the service on a weekly basis. Staff told us and people confirmed the provider visited the service regularly.

The unit manager used a daily diary to ensure communication between her and the staff team. This enabled

staff to have the most up to date information to complete their role. Staff had been given extra responsibilities within the unit to develop their knowledge and skills. For example, completing the fire checks and water temperatures.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff said, "DoLS would be in place when you need to restrict people." The unit manager told us that no one living at the service had a DoLS in place at the time of our inspection.

The unit manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained to understand these and use them in their everyday practise. One staff member said, "It is used when someone who doesn't have capacity and lacks the ability to make choices." Another said, "It needs to be properly assessed and recorded, we go through the five principles of the Act." Records showed that the process had been followed when assessing a person's capacity which included a best interests meeting. People told us they were able to make their own choices as long as it did not affect their safety. Staff explained how they assisted people to make choices and how they offered people choices. For example, choices about food options and what activities they wanted to participate in. People told us staff asked their consent before offering them any support. Staff knew people well with many working at the service for a number of years.

Staff supported people to manage behaviour that could challenge themselves or others. Detailed guidelines were in place for staff to follow to support people with any emotional or behavioural needs they had. Behavioural strategies were completed on an individual basis recording the control measures that were in place. These had been developed with people who had agreed to them.

Is the service caring?

Our findings

People told us the staff were kind and friendly to them. Staff respected people's privacy and dignity. One person said, "No one comes into my room without asking, the staff always knock." People understood that there may be times when their privacy would be infringed. For example, if they were at risk to themselves or others. Staff said, "We give people a choice of what they want to eat and what activities they want to participate in. We do not disclose any information to other people and we respect people choices."

People's individual therapeutic care plan's contained information about their preferences, likes, dislikes and interests. Staff knew people well with many staff having worked at the service for a number of years. Staff knew people's personal histories which had been recorded within their care plans. People living at the service had access to an advocate, this was a person who was independent from the provider and the local authority. Regular meetings took place between people and their advocate. One person said, "Staff will contact my advocate if I need to see them." People were supported to maintain contact with their loved ones. One person said, "We can see our family when we want to, we ask the staff and they will arrange this for us."

People were supported and encouraged to develop and increase their independent living skills. For example, budgeting, cleaning and skills such as food shopping. The purpose of the service was to offer 'A semi-independence training programme for young people.' People had been supported by staff to set goals for themselves. One person's goal was to complete their own laundry and to prepare three cooked meals a week with the support from staff. People living at the service shared space and facilities however, staff were still able to support people with their independent living skills.

People were involved in the planning and delivery of the service they received. People were supported to take part in weekly house meetings within the service. One person said, "We have weekly house meetings with staff and we discuss things that we want to change. I type the minutes up myself." This gave people the opportunity to discuss any areas for improvement within the service and address any issues or concerns people had. For example, the meeting minutes from 21 June 2016 discussed people participating in more activities and reminding people to complete household chores. On the day of our inspection people told us they had been accessing the community for a variety of activities. One person said, "We participate in lots of activities we enjoy for example, the cinema, bowling and tennis."

Is the service responsive?

Our findings

People told us they were supported to participate in a range of activities which they enjoyed. People were supported to complete a weekly activity planner which contained community based activities and tasks which were to be completed in house. One person said, "Staff are always taking us out and if they see that we are a bit down they will ask us if we want to go and do something, like a drink at Costa." People were supported to follow their interests and take part in social activities of their choice. For example, going for local walks, visits to the cinema and bowling.

People with the support of staff were supported to gain employment opportunities. One person said, "Since living here staff have supported me to get a job at a local cab firm which I work at four days a week." These gave people the opportunity to develop skills including social skills as well as building their confidence. People using the service accessed education services which were on set days and times. People were supported to take part in further education. For example, one person was supported to apply to a local college to complete an IT course.

People's individual therapeutic care plans had been developed with them from the initial assessments from the local authority and the assessments completed by the provider. One person said, "I know my care plan and what is in it. It changes when I need it to." Care plans contained detailed information and clear guidance about all aspects of a person's health, social, behavioural and any personal care needs, which helped staff to meet people's needs. Staff knew about people's needs, their backgrounds and the care and support they required. People's care plans were person centred, they detailed what people could do for themselves and what support they required from the staff. People were supported and encouraged to be as independent as they were able to.

People's individual therapeutic care plans were reviewed with them and their circle of support on a regular basis, changes were made when support needs changed, to ensure staff were following up to date guidance. People told us they were fully involved or supported by staff to be involved in the development and review of their care plans. Regular placement reviews had taken place with people and the local authority. People's healthcare plans had been reviewed with the relevant healthcare professional. For example, a review of people's medicines had been completed with the relevant health care professional.

The provider had a complaints policy and procedure in place which outlined the process people could follow and the stages any complaint would go through. There had not been any formal complaints made in the last 12 months. People using the service had opportunities on a regular basis to discuss any concerns they had with the staff that supported them. People told us that they would talk to any of the staff or the provider if they were unhappy about something.

Is the service well-led?

Our findings

The service had a unit manager in place who had applied to become registered with the Care Quality Commission. People told us the unit manager was supportive and helpful. One person said, "The manager is really nice she has helped me save for an xbox." The unit manager was supported by the provider who visited the service on a weekly basis. They said, "(Name) is very supportive and we see him often." Staff understood the management structure of the service, who they were accountable to, and their role and responsibility in providing care for people.

Staff told us there was an open culture within the service where they could make suggestions to improve the service. Staff said the management team were visible and available when they were needed. The provider was the clinical lead for the unit offering support and guidance to the unit manager and the staff team. The unit manager used team meetings as a way to give staff the opportunity to make suggestions about how the service could improve. These meetings discussed working practices, training, safeguarding and any service user updates. Staff told us they felt involved in the development of the service and felt their ideas were listened to and acted upon.

Everyone we spoke with felt the staff worked well together as a team and offered support to one another. The unit manager worked alongside staff as part of the care staff team, this enabled them to monitor the culture of the service. The unit manager told us that they gave staff feedback over the phone and at their supervision following observing their practice. The unit manager understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, if a person had died or had had an accident. There had not been any notifiable incidents within the past 12 months prior to our inspection.

The provider had a set of aims and objectives for the unit which were outlined in their ethos and philosophy. These were described in the service user guide, outlined on the provider's website and within the staff handbook. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed.

Systems were in place to monitor the quality of the service that was being provided to people. Audits were completed by the unit manager on a monthly basis, including medicines management and an audit of the daily reports. An 'internal audit of quality' was completed by the unit manager on a quarterly basis. This audit followed a 'mock inspection' style system which covered auditing of all systems, files and records. These audits generated action plans which were monitored and completed by the unit manager and the provider. The last audit was completed in April 2016, we saw that the action that had been identified had been completed. For example, an updated certificate of the provider's insurance was on display. Feedback and actions from the audits were used to make changes and improve the service provided to people. Records were up to date stored securely within lockable cabinets and were located quickly when needed.