Care and Support Sunderland Limited

Midmoor Road

Inspection report

19 Midmoor Road
Pallion
Sunderland
SR4 6NR
Tel: 0191 510 3612
Website: www.sunderlandcareandsupport.co.uk

Date of inspection visit: 1 December 2015
Date of publication: 02/02/2016

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?	**Requires improvement**

Overall summary

This announced inspection took place on 1 December 2015. The last inspection of this home was carried out on 5 March 2013. The service met all the regulations we inspected against at that time.

Midmoor Road provides care and support for up to six people who have learning disabilities or physical disabilities. At the time of the visit six people were using the service.

The home had a previous registered manager who had been transferred to another service within the organisation. Therefore was not actively managing Midmoor Road. They had however not submitted an application to cancel their registration. We are dealing with this outside of the inspection process. We understand it is the intention of the newly appointed service manager to apply for registration with the Care Quality Commission. The service had a service coordinator who was responsible for the day to day running of the home. Both the service manager and service coordinator were new to post at Midmoor Road but not to the organisation.

Summary of findings

The 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 people who lived at the home had complex needs which meant they were unable to tell us in detail about the service. We spoke to relatives to get their views on the service. Relatives made positive comments about the service and said people enjoyed being at the home. One relative told us "[family member] is happy at Midmoor Road. That is all we want for [family member]."

Staff had a clear understanding of safeguarding and whistleblowing. They were confident that any concerns would be listened to and investigated. Staff told us how safeguarding alerts were managed in the service. One member of staff told us, "I would report it to the manager who would then notify the safeguarding team." Staff were able to give examples of different types and definitions of abuse and how to recognise changes in behaviour.

Staff understood the Mental Capacity Act 2005 (MCA) regarding people who lacked capacity to make a decision. They also understood the Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily.

We looked at staffing rotas both current and historical. There were enough staff employed to ensure people were supported both in the service and when out in the community. Relatives told us they felt the staff were appropriately trained to support their family member. One relative told us, "[family member] settled in straight away, they are out and about with support from staff, it is clear they know how to care."

Recruitment practices at the service were robust, appropriate and safe. So only people suited to the role were employed by the service. Staff told us, the team in the service was stable with some members being long term employees. Staff training was up to date and staff received frequent supervision and appraisal. An annual planner was in place to begin staff appraisals for 2016.

People had individual rooms which were comfortably furnished in accordance with people's choices and preferences. Staff told us that family members brought in personal effects. Equipment was in place to support safe moving and assisting.

People's choices were acknowledged wherever possible. People had a range of activities they could take part in. People were supported to be involved in choosing menus with staff using pictures to check what they liked and disliked. People's dietary needs were respected and were taken into account when the four weekly varied menu was developed. We saw involvement with the Speech and Language Team to support people's health and wellbeing regarding eating and drinking.

Relatives felt involved in decisions about their family member's care and were kept fully informed of any changes. Relatives made many positive comments about the service. For example one relative commented that, they had nothing negative to say about the service. They described the service as being safe for their family member.

We saw genuine relationships between staff and people who use the service. Staff were caring and compassionate. People were at ease with how staff supported them, which was seen by positive body language and facial expressions.

People's care records and risk assessments showed us that people were encouraged to be as independent as possible, with life skills being promoted. People's healthcare needs were regularly monitored and assessed. Contact was made with other health care professionals, such as GPs, community nurses and occupational therapists when necessary. Staff used alternative forms of communication such as pictures and gestures to communicate with people.

We saw systems were in place for recording and managing safeguarding concerns, complaints, accidents and incidents. One relative we spoke to did not know how to make a formal complaint, but told us they would approach the manager.

Relatives and staff told us the organisation was well run and the home was well managed. There were no concerns raised by other health and social care organisations that we contacted before the inspection.

Summary of findings

Staff told us the management was open, supportive and approachable. They acknowledged that there may be changes with new managers being in post but were confident that changes would only improve Midmoor Road.

Policies and procedures were in place to ensure medicines were managed in a safe way. Records were up to date with no gaps or inaccuracies found. A staff signing sheet was available so records could be audited. Staff were trained in safe handling of medicines and received regular medicine competency checks.

The service did not have a process in place for capturing the views of staff, people who use the service, relatives or other stakeholders to monitor the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

The service had safeguarding and whistleblowing policies and procedures in place to keep people safe.

There were enough staff to meet people's needs. An effective recruitment process ensured that only suitable people were employed.

Processes were in place to ensure people's medicines were managed in a correct way.

Good

Is the service effective?
The service was effective.

Relatives felt the service was effective in meeting the needs of people and

staff were appropriately trained.

Staff had a clear understanding how to apply the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily.

People were supported to have a healthy and varied diet.

Good

Is the service caring?
The service was caring.

Staff were seen to be caring and compassionate.

Staff knew how to communicate with people in an accessible way, according to their individual needs.

Relatives were happy with the care their family member received.

Good

Is the service responsive?
The service was responsive.

Relatives felt involved in planning the care for their family member.

People were given choices and supported to take part in activities.

Information about how to make a complaint was in easy read and picture format.

Good

Is the service well-led?
The service was not always well-led.

There is no current registered manager at the service, although a new manager had been appointed, who is yet to register with CQC.

Requires improvement

Summary of findings

Relatives and staff said that management in the home was approachable, open and supportive.

The service did not have an effective quality assurance process to capture the views of people who use the service, relatives or staff.

Midmoor Road

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 1 December 2015 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day, and we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before the inspection we checked information we held about the service and the provider. This included previous inspection reports and statutory notifications sent to us about incidents and events that happened at the service. A notification is information about an event which the service is required to tell us about by law. We also contacted the local Healthwatch, the local authority commissioners for the service, 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 used all this information to decide what areas to focus on during the inspection.

The six people who lived at this home had complex needs that limited their communication. This meant that they could not tell us in detail about living at the service. We asked relatives for their views on the service.

We looked at 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 three staff, training records and quality monitoring records. We spoke to two relatives and two health care professionals who visit the service on a weekly basis.

Good

Is the service safe?

Our findings

Relatives told us they felt the service was safe. One relative told us, "[family member] is safe there, they settled in straight away it. There is just something about the place."

One health care professional who visits the service twice weekly told us, "We have never had any concerns highlighted."

We saw that the service had a range of policies and procedures in place to keep people safe such as accident, incidents, safeguarding and whistleblowing procedures. These were accessible to staff to ensure they had up to date information and guidance. Staff were aware of these policies, and told us how these would be used. Staff told us they would go to the service co-ordinator or the service manager if they had any concerns or issues they wanted to discuss.

Staff told us and records confirmed that staff had completed up to date safeguarding training. Staff were able to recognise signs of potential abuse and knew what to do if they suspected or witnessed any abuse.

The service had current certificates in place in relation to health and safety of the premises. For example, the electrical installation check and portable appliance testingrecords. The service had a range of policies and procedures in place to ensure safe working practices. Maintenance records were in place for moving and assisting equipment including ceiling tracks.

Risk assessments were available to cover work practices within the service. The service co-ordinator carried out health and safety audits.

The service manager told us and records confirmed that people had a personal emergency evacuation plan (PEEP) in place. These gave specific information regarding people's moving and assisting needs. The service had a continuity plan which meant staff would have information available in case of an emergency.

People's care records contained appropriate individualised risk management plans. Staff told us they were able to access these to gain information about identified risks and strategies they could use to mitigate or minimise risk.

We reviewed the most recent rota and some historical rotas. We saw that the service had either four or five support staff on duty, depending on the activities for the day. Staff normally worked twelve hour shifts, however the service manager told us that hours do sometimes change due to the needs of the service. There were two support workers during the night, one waking and one sleeping. Many staff were long standing members of the team. One staff member told us, "There is a good staff team." We observed people had the appropriate levels of staff members supporting them as set out in support plans.

We looked at the records of three support staff. These showed that checks had been carried out with the disclosure and barring service, (DBS) before they were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people. References had been obtained and completed application forms, a detailed employment history and proof of identity was also on file.

Medicines were stored securely in a locked cupboard in the office. There was also a medicine fridge for medicines that required cool storage. Records confirmed that temperatures were checked and recorded daily. Each person had a medication administration record (MAR) which gave detailed instructions of what medication people were prescribed, the dosage and timings. The records were completed correctly with no inaccuracies.

We saw very detailed information about how people are supported to take their medicines. Records confirmed staff had all completed safe handling of medication training and received competency checks.

The service co-ordinator told us the support worker who worked on night duty had responsibility for ordering medicines. We spoke one of the night time support workers and they were able to explain the process used from ordering medication to returning any surplus. The staff member told us the service had a good relationship with the GP and pharmacy.

Good

Is the service effective?

Our findings

One relative told us, “Staff are very good and know how to look after [family member].”

We spoke to three staff members who told us they felt the training enabled them to support people effectively. Staff completed an induction when they started in their role, which included a 12 week review to capture their progress. Records confirmed that the induction covered a range of areas, such as health and safety, person centred support and communication.

Staff told us and records confirmed they completed mandatory training in subjects that included, breakaway training, Mental Capacity Act, Deprivation of Liberty safeguards, safeguarding, heathy eating, and autism awareness. This meant staff had the skills and knowledge required to support people effectively. The service co-ordinator told us they planned to update all the staff personal files to improve the format so the information flows from applying for a post through to recruitment, training and personal development. This will also give an opportunity to complete a full review of training.

Staff told us and records confirmed staff received regular supervisions and appraisals. The service co-ordinator told us a new supervision and appraisal planner was set up, as they were new to post. They intend to carry out staff appraisals in January to ensure they are familiar with all staff’s development and training needs as well as their personal development goals. The service co-ordinator told us that by doing this they will be in a position to support development and progression through training, and give staff the opportunity to enhance their knowledge. Staff we spoke to were keen to complete any training and embrace the positive changes that new management can bring. One staff member told us, “There have been some changes, but we all work together.”

The Mental Capacity Act 2005 (MCA) provides 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service co-ordinator manager tracked the DoLS applications and had a log of every person who had a DoLs authorisation in place. The service co-ordinator had recently made five DoLS applications to the local authority, which had been authorised. We saw evidence from the local authority that the applications had been received and authorised, and the service was awaiting hard copies to be sent out.

Records showed the service worked closely with other health care professionals and ensured access to health care was available for people who used the service. We saw information was available from the speech and language therapist to ensure people were assisted in a safe manner with food and fluids. We saw records to confirm that people’s weight was monitored on a regular basis in line with support plans.

People’s care records contained a hospital passport. These records gave information about people’s support needs if they needed to attend or be admitted to hospital.

The menu planner had been developed with the inclusion of people who use the service as far as possible. Staff had used pictures to gather information about people’s likes and dislikes. Relatives were also consulted. We saw people were supported to maintain a varied and healthy diet. Staff were responsible for making the meals, and told us there is always an alternative on offer. We saw people could eat in the dining room or be supported to eat in the communal lounge or their room.

The home was warm and bright, and the communal areas were furnished in a homely manner. Corridors were wide to incorporate specialised wheelchairs. People’s rooms were clean, spacious and individualised, with personal effects on display. Where moving and assisting equipment was required this was in place in each room for individual use.

Good

Is the service caring?

Our findings

Relatives told us the service is very nice and staff are caring and compassionate. One relative told us, "The care is really good, there are no problems." Another told us, "We are more than happy with the way they look after [family member], they are very settled."

We observed staff interaction throughout the inspection. Staff used an appropriate approach explaining what they were about to do. For example, giving clear detail of what they were about to do when getting ready to assist someone to move. Staff sought consent before embarking on support activities. For example, asking people, "Shall we take you for lunch?"

Staff were seen to be caring and compassionate in their behaviour with people, showing kindness and promoting dignity. We saw staff talking to people and they were respectful and polite. It was clear from the observation of people's body language and facial expressions they were comfortable in the presence of the staff. People were supported to eat and drink in a manner appropriate to their needs, with staff taking time to ensure food was swallowed before giving more. Drinks and snacks were available throughout the day for people.

Due to the complex needs of the people who use the service, staff used alternative methods of communication to give information. We saw that pictures, facial expressions, touch and gestures were used.

We saw positive feedback in correspondence from an organisation that provides advocacy services in the home. For example, their written feedback was that they could see a big difference in the number of activities and outings the customer they visit was taking part in. One health care professional that visits the service twice a week told us, "They manage [patient] very well, I am happy with the approach the staff use. It is important for continuity of care."

One relative told us, "I visit every week and [family member] is happy, the food is okay, there are things going on all the time. [Family member] goes out and about and had been to the theatre. I have nothing negative to say about the home."

Staff supported people to be as independent as possible. For example, encouraging people to eat and drink independently, offering support only when needed. People were supported to access the community. For example, one person had been out to the local swimming pool on the day of the inspection, and trips to the theatre were also planned.

Relatives told us they are involved in their family member's care. One relative told us, "They always keep in touch and let us know if [family member] is not well."

Good

Is the service responsive?

Our findings

We looked at the care records for two people. Care plans were written in a person centred way, with clear details of how to support the person with their health and wellbeing. The service co-ordinator told us they intend to review all care plans to support staff with person centred planning using the new documentation the service is introducing. Although staff are involved in the planning of care, the service co-ordinator told us they were looking to develop the staff team further to be even more involved, and felt this was a good way of using the skills and knowledge they have about the people who use the service. Wherever possible people were involved in planning their care. The service co-ordinator was also keen to improve the input of people even further.

Care records identified behaviours that may challenge and contained risk assessments and support plans on how to manage these. Staff told us and records confirmed, they had received 'breakaway training' to enable them to respond to such events. Records also confirmed the service is responsive to people's health needs, with contact being made with other health care professionals when necessary. We observed the service had a therapist who visits every week to carry out hand and foot massage with people. They told us, "This form of therapy assists in managing people's behaviours and can help with relaxation."

Each person had an activity planner, which set out their preferred social and leisure activities. Staff supported people to access the community. The service had already started planning for Christmas with a decorated tree and festive decorations around the home. A Christmas meal at a local venue had been booked, and four people were going to the theatre. Staff were observed carrying out craft activities, even though the person they were supporting could not physically participate, the staff member spoke with them and showed them how the Christmas decoration was coming on. It was clear the person was enjoying the interaction. The organisation was holding a competition for the best decoration so staff were including people in the activity, so they could be part of the whole experience. The service co-ordinator told us that people would be involved in what the money would be spent on if they won. The service was due to receive a sum of money to spend on equipment for use in Midmoor Road from a previous competition that they won for designing and making a Christmas card.

Information about how to complain was available in the reception area. The service also had information in pictorial form. One relative we spoke to did not know how to make a complaint. They told us, "I have never needed to, but if I did I would go and talk to the manager, who is very nice." There had not been any complaints made to the service over the last year.

The service manager told us a leaflet had recently been developed by the organisation called 'Tell us what you think'. It is hoped this will capture more feedback from people who use the service, relatives, staff and other stakeholders. This will be available in pictorial format for people who use the service.

Staff were able to discuss people's care needs and had an understanding of the importance of person centred care. One member of staff told us, "We always offer choice. I have been here for a long time and know what people enjoy, so I can offer different things which I know they like, such as organising trips out to the theatre and listening to music, we know people very well here."

Requires improvement

Is the service well-led?

Our findings

A relative told us, “The manager is very nice.” Another told us, “We know we can speak to the manager about any concerns.”

We examined policies and procedures relating to the running of the home. Records showed that staff had signed to confirm they had read the documents.

The previous registered manager was no longer managing the service, however at the time of the inspection they had not submitted their application to de-register. We are dealing with this outside of the inspection process. A new manager had started but was not yet registered.

The organisation had created a new post in the home for a service co-ordinator. The service co-ordinator was responsible for the day to day running of the home, and was on duty at the time of the inspection. The service co-ordinator was not new to the organisation and had a wealth of experience in supporting people with complex needs. The organisation had a service manager, who was also at the home on the day of the inspection. They told us they were in the process of applying for registration with the Quality Care Commission to become registered manager.

The service did not have clear systems in place to capture the views of people who use the service, relatives, staff or other stakeholders. The service manager felt that to develop Midmoor Road further stakeholders views were vital. The service manager confirmed they were to include a survey of staff, relatives and other stakeholders as part of the development plan for the service..

The service has a system in place that ensures regular audits are carried out for example, we saw audit records for fire safety, infection control and medicines to demonstrate the service was monitoring performance and quality. The service co-ordinator told us they want to review the auditing system in the service. They told us this was to ensure a more robust evidence gathering process to support the development of the service.

Staff told us they felt the service was well run by the service co-ordinator and service manager. One member of staff told us, “I love working here, it is a privilege to look after these people. The service co-ordinator is open and honest and is helping us with the changes. We get lots of training.”

Another staff member told us, “We are a team, I feel that management listen to any suggestions staff have.”

We saw records to show the service co-ordinator held regular meetings with staff. The most recent staff meeting was held in November 2015. Relatives contacted the service co-ordinator when they have issues or concerns.

There was a nice atmosphere in the home and we saw people looked happy and content. Staff told us they were happy in their work and felt supported by the management in the home. Relatives told us the service was good and that staff were caring. Staff told us visitors can come at any time, which was confirmed by relatives.