Care and Support Sunderland Limited

Carrdale

Inspection report

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Tel: 0191 512 6058

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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?	Requires improvement

Overall summary

The inspection took place on 7 and 8 September 2015 and was unannounced. This meant the provider did not know we would be visiting. The last inspection was carried out on 19 September 2013. The registered provider met all the legal requirements we inspected against.

Carrdale provides accommodation and personal care for up to six adults who have a learning disability.

The registered manager had left their employment in July 2015. There was an interim manager in place, and a new manager was due to start. 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.

People told us they were happy with their care and the care staff. One person said, "I like it here, I want to stay here." Other comments included: "The girls are lovely,

Summary of findings

they look after us"; and, "They [staff] are kind to me." We observed positive relationships between people and staff. One person told us another person using the service was their best friend.

People received their medicines when they needed them from trained staff. Medicines were stored securely and accurate records kept.

Staff had a good understanding of safeguarding and the registered provider's whistle blowing procedure. They also knew how to report concerns. One staff member said, "I have no concerns regarding safety, people are quite happy." Another staff member said people were, "Totally safe."

There had been no safeguarding concerns about people living in the service in the past 12 months.

Risk assessments had been carried out to help protect people from potential harm. These were reviewed regularly so they remained relevant to each person's needs.

We observed people had their needs met quickly from trained staff. Staff told us staffing levels needed reviewing because the number of people using the service had increased. The interim manager confirmed a review was to be carried out. Recruitment checks were carried out before new staff started caring for people.

People lived in a safe and pleasant environment. One person said, "My room is canny [nice]." One staff member said, "The place is kept clean." Health and safety checks were carried out to help keep people safe and secure. This included checks on fire safety in the home. There were contingency plans to deal with emergency situations.

Staff told us they were well supported to carry out their caring role. One staff member said they had, "Regular one to ones, we discuss anything." Staff said management were approachable anytime they needed help. One staff member commented, "Any issues I can go to the manager. [Manager's name] is very good, if there is anything she can do she will do it."

People were asked for their permission before receiving care. Where people lacked capacity to make decisions staff followed the requirements of the Mental Capacity Act 2005 (MCA). One staff member said, "If I couldn't ask [the person] I would do it in their best interests. I would know what their needs were because we have been briefed and read care plans." Staff used individual strategies to support people with communication difficulties.

People were supported by patient staff to make sure they had enough to eat and drink. One person said, "I am eating well, I get nice meals here." We observed staff followed people's care plans to ensure they provided consistent support with eating and drinking. Staff involved people with meal preparation to promote their independence.

People had access to a range of health professionals when needed, such as GPs, occupational therapists, chiropodists, dentists and speech and language therapists.

Staff had access to detailed information about people's preferences, such as what they liked to eat, family details and a medical history. One staff member said, "I have known people for such a long time."

People had their needs assessed and this was used to develop personalised care plans. Care plans were up to date and included the information staff needed to provide consistent care. Individual care plans had been developed where people had specific medical conditions. People were involved in identifying goals to work towards.

People were able to take part in activities they had chosen. One person told us they liked dancing. Another person said, "We both like colouring and drawing."

People had the opportunity to give their views about the service through attending 'Service user meetings. The meeting had also been used as an opportunity to raise people's awareness of fire safety in the home.

Staff told us the interim manager was approachable. One staff member said, "If I have any problems I talk it out with the manager. [They are] definitely approachable."

There were opportunities for staff to give their views about the service, such as team meetings and 'Vision' meetings. Due to the change in manager the most recent team meeting minutes available were from a meeting held in April 2015.

We observed there was a positive atmosphere in the home. One person said, "Me and [person's name] are best

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friends." One staff member said, I work well with everybody, we get on." One staff member said, "People are happy." Another staff member said, "I like it. Staff get on, they are all professional."

The registered provider carried out a range of checks as part of a quality assurance programme. These included checks of health and safety, medicines, bedrails and infection control. We found the audits had been successful in identifying issues and ensuring action was taken. The registered provider had a system of peer reviews which gave an external view of the quality of care provided at the home. We saw that no concerns had been identified from the last audit in February 2015.

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?

Good

The service was safe. Medicines were managed appropriately. People received their medicines when they needed them. Staff had a good understanding of safeguarding and whistle blowing, including how to report concerns. Up to date risk assessments were in place to help protect people from potential harm.

There were usually enough staff to meet people's needs. We observed people had their needs met quickly. The interim manager confirmed a review of staffing levels was to be carried out. Recruitment checks were carried out before new staff started work.

People lived in a safe and pleasant environment. Health and safety checks were carried out to help keep people safe and secure. A contingency plan had been developed to deal with emergency situations.

Is the service effective?

Good

The service was effective. Staff said they were well supported by approachable managers and received the training they needed.

People were asked for their permission before receiving care. Where people lacked capacity to make decisions staff followed the requirements of the Mental Capacity Act 2005 (MCA). People were supported in a person centred way to communicate their needs.

People were supported by patient staff to make sure they had enough to eat and drink. People had access to a range of health professionals when needed.

Is the service caring?

Good

The service was caring. People told us they were happy with their care. We observed positive relationships and good interaction between people and staff. People were cared for by kind and considerate staff.

Staff understood the importance of treating people with dignity and respect. They also knew people's needs well. People were supported to be as independent as possible.

People had access to advocacy services when required.

Is the service responsive?

Good

The service was responsive. Staff had access to detailed information about people's preferences.

People's needs were assessed and personalised care plans written. Care plans were up to date with goals identified for people to work towards. People were able to take part in activities they had chosen.

Summary of findings

People had the opportunity to give their views about the service through attending 'Service user meetings.

Is the service well-led?

Requires improvement

The service was not always well led. An interim manager was overseeing the service until the new manager started in September 2015. Staff told us the interim manager was approachable.

There were opportunities for staff to give their views about the service, such as team meetings and 'Vision' meetings. The last team meeting was held in April 2015.

We observed there was a positive atmosphere in the home. People commented they were happy.

The registered provider carried out a range of internal and external quality assurance checks. The external checks were overdue as the last check was carried out in February 2015.

Carrdale

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 7 and 8 September and was an unannounced. This meant the provider did not know we would be visiting. An adult social care inspector carried out the inspection.

We reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted the local authority safeguarding team, the local authority commissioners for the service, the local Health watch and the clinical commissioning group (CCG). We did not receive any information of concern from these organisations.

We spoke with three people who used the service. We also spoke with the interim manager and five care staff. We observed how staff interacted with people and looked at a range of care records. These included care records for three of the six people who used the service, medicines records for six people and recruitment records for five staff.

Good

Is the service safe?

Our findings

People told us they were happy living at the service. One person said, "I like it here, I want to stay here." They went on to say, "My family visit." Staff told us they thought people were safe. One staff member said, "[Safe] yes, staff are well trained and have a positive outlook." Another staff member said, "I have no concerns regarding safety, people are quite happy." Another staff member said people were, "Totally safe."

Medicines records supported the safe administration of medicines and medicines were managed appropriately. Medicines Administration Records (MARs) were usually completed accurately. Trained and competent staff administered people's medicines. People had medicines care plans and risk assessments to help ensure they received their medicines safely. Medicines risk assessments had been reviewed regularly so that they remained relevant to people's needs.

People received their medicines when they needed them. Some people had been prescribed 'when required' medicines. Specific protocols had been written for most 'when required' medicines to guide staff about how to administer these medicines appropriately. The protocol detailed how and when to administer the medicine. For example, one person who was unable to communicate verbally required medicines when experiencing pain and discomfort. The protocol identified the indicators of pain as wandering, pacing and crying.

Medicines were stored securely inside a locked cupboard in the manager's office. The manager told us none of the people using the service had medicines administered covertly. People had not been prescribed any medicines liable to misuse (controlled drugs). The registered provider carried out a monthly medicines audit, which included a check of medicines records, storage and staff training.

Staff had a good understanding of how to protect people from abuse. They were able to give us examples of different types of abuse. Staff were also able to describe potential warning signs. For example, unexplained marks and changes in people's behaviour. Records confirmed staff had completed recent safeguarding training. An information file was available to staff in the home. This included information about identifying abuse and how to report it.

Staff knew how and when to report concerns to help keep people safe. They said they would immediately report concerns to the manager. Staff were also aware of the registered provider's whistle blowing procedure. They told us they would not hesitate to use the procedure if they had concerns about people' safety. One staff member said concerns would be, "Dealt with straightaway." There had been no safeguarding concerns at the service in the past 12 months.

The registered provider was pro-active in identifying and assessing risks. Where potential risks had been identified the registered provider carried out a risk assessment. For example, on lone working and hazardous materials. Risk assessments had been reviewed regularly to make sure they were up to date. The registered provider carried out a range of assessments to help keep people safe from potential risks. This included nutrition and moving and handling assessments. Each support plan incorporated a risk assessment to assess and manage any risks identified through the support planning process.

There were usually enough staff to meet people's needs. The interim manager told us they were aware staffing levels needed to be reviewed. This was due to an increase in the number of people living in Carrdale. The usual staffing levels for the home were three care staff between 8am and 8pm. Overnight two care staff were on duty, one waking night care worker and one care worker sleeping over. Five out of six staff said they felt staffing levels should be reviewed now there were six people living in the house. One staff member said, "Management do their best to make sure there are enough staff. If we are short, people [staff] do extra shifts." Another staff member said, "Management try and get as many staff in as they can."

Recruitment and selection procedures were followed to check new staff were suitable to care for

vulnerable adults. We viewed the recruitment records for five staff. We found the provider had

requested and received references, including one from their most recent employer. Disclosure

and Barring Service (DBS) checks had been carried out before confirming staff appointments.

People were living in a safe and comfortable environment. We observed the home was well maintained, clean, bright and nicely decorated. One person said, "My room is canny

Good

Is the service safe?

[nice].” The interim manager told about plans to refurbish the home in the near future. Staff said the registered provider was pro-active in keeping the environment up to standard. One staff member said, “Jobs are done straightaway.” Another staff member said, “The place is kept clean.”

We viewed records which confirmed the registered provider carried out a range of health and safety check. These included fire safety and emergency lighting. A fire risk assessment had been completed and regular fire drills were carried out. The registered provider had contingency plans to deal with emergency situations. People’s evacuation needs in an emergency had been assessed. Each person using the service had a Personal Emergency Evacuation Plan (PEEP). This provided details of their individual support needs in an emergency situation.

Records confirmed there had been four incidents and accidents since January 2015. We saw these were isolated incidents involving four separate people. The manager told us incident reports were sent to the registered provider’s head office to be monitored centrally.

Good

Is the service effective?

Our findings

Staff were well supported to carry out their caring role. Staff had regular opportunities to discuss their development through one to one supervision and appraisal. One staff member said they had, "Regular one to ones, we discuss anything." Another staff member said they had, "Three monthly one to ones which are private and confidential." Staff also said management were available if they needed advice or guidance. One staff member commented, "[Management were] good, quite approachable if you need them." Another staff member said they were, "Very well supported. Any issues I can go to the manager. [Manager's name] is very good, if there is anything she can do she will do it." Another staff member said, "The core team are very experienced."

Care staff received the training they needed to appropriately care for people. One staff member said there was, "Plenty of training." Another staff member said, "Every year, [I am] doing refresher training." Training records confirmed staff training was up to date. This included training in relation to moving and handling, health and safety and first aid. Staff had also completed specialist training to support people with particular needs, such as epilepsy and autism awareness.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests.' It also ensures unlawful restrictions are not placed on people in care homes and hospitals. We found the provider was following the requirements of the MCA. We saw examples of MCA assessments and best interest decisions in people's care records. For example, for one person a MCA assessment had been completed in respect of their admission to the home. DoLS authorisations had been granted where required. Staff showed a good understanding of MCA. They described how their role in supporting people with making day to day decisions. For example one staff member said, "I take things out of the wardrobe and show them."

People were asked for their permission before receiving care. Staff said they always asked people first before delivering care. They said most people were able to respond verbally. One staff member said they would ask the person first. They then said, "If I couldn't ask [the person] I would do it in their best interests. I would know what their needs were because we have been briefed and read care plans." Staff said if a person refused care they would, "Leave and go back again later."

People were supported to communicate their needs and wishes. Staff said most people were able to communicate their needs verbally. Where people had communication difficulties staff used individual strategies to help them make choices and decisions. One staff member described how they supported one person with communication difficulties to choose clothes. They said they would use pictures or hold up objects, such as tea or coffee. Care records contained guidance for staff about how to support people with speech and communication. For example, one person needed staff to allow time for them to respond.

People were supported to make sure they had enough to eat and drink. One person said, "I am eating well, I get nice meals here." We carried out an observation over the lunch time to help us understand people's experiences. We saw people were able to eat and drink independently. We found staff followed people's support plans. For example, one person was provided with the specialist equipment they needed as detailed in their support plan. Staff also offered the recommended prompts and practical help to cut the person's food up into small bite sized pieces. Staff were present throughout the lunch time to assist and keep people safe. Staff always asked people what they wanted before supporting them. We heard staff asking one person if they wanted their custard warm. They asked another person if they would like a chocolate mousse.

People had access to a range of health professionals when needed. One person had regular appointments with an occupational therapist. This was part of their rehabilitation programme to help them regain their mobility. A speech and language therapist has assessed another person who had experienced swallowing difficulties. Care records showed people had regular contact with the chiropodist and the dentist. Each person had a 'hospital passport' in their care records. This provided a summary of each person care and support needs should they need to go into hospital.

Good

Is the service caring?

Our findings

People told us they were happy with their care. One person said, “I don’t want to shift away. [Staff] look after me great.” They went on to say, “It’s great.” We observed good relationships had developed between people using the service and staff. We sat with two people whilst they coloured in together and looked happily through a holiday brochure. One person told us the other person was their best friend.

People were cared for by kind and considerate staff. One person said, “The girls are lovely, they look after us.” They then said, “They [staff] are kind to me.” We observed throughout the inspection numerous examples of positive interaction between people and staff. We heard one staff member ask a person if they would like to go for a walk to the park. The person agreed and left happily holding the staff member’s hand. When we looked at the person’s care plan we saw a short walk each day was recommended to help with the person’s wellbeing. People actively sought out staff when they needed help.

Staff understood the importance of treating people with dignity and respect. Staff gave us examples of how they aimed to provide care in a dignified and respectful way. These included making sure they were prepared first, closing blinds, talking through with the person what they were doing, not rushing people and understanding their needs.

Staff had a good understanding of people’s needs. All of the staff we spoke with were knowledgeable about the people they were caring for. They could describe in detail people’s individual needs and preferences. They gave us examples of specific requirements people had, such as how one person preferred to be supported with getting out of bed. We saw staff were kind and caring whilst attending to people’s needs.

People were supported to be as independent as possible. One person told us about their plans for a holiday they were planning with support from staff. Staff told us people were making progress within the service. They told us about how one person was now able to do more of their own care, such as going to the toilet and dressing independently. One staff member said, “We try our best to get people to do things themselves.” We heard staff asking one person if they would like to help with lunch. The person agreed and staff supported them to make a sandwich. The person commented to us how much they had enjoyed helping. Staff asked other people what they would like in their sandwich. They brought a selection of sandwich fillings to the table to allow people to choose what they wanted.

Information about other sources of help and advice was promoted. People had access to advocacy when required. We saw one person had an advocate to help and support them with decisions about dental treatment.

Good

Is the service responsive?

Our findings

Staff had access to detailed information about people's preferences, such as what they liked to eat. One staff member said, "I have known people for such a long time." They also said information about preferences were, "Recorded in care plans." We viewed examples of care records and saw they provided details of people's likes and dislikes. For instance, visiting family, having lunch out, chatting with people, trips and holidays and spending time in their bedroom.

Each person had a document titled 'Essential information about me' in their care records. This provided important information about the person, such as family details and a medical history. Staff also had access to information about people's care and support preferences. For example, one person's records stated, 'nervous when mobilising.' The records went on to state for the person to feel safe they liked to link a staff member's arm when out.

People had their needs assessed before and shortly after they accessed the service. The assessment considered what people were able to do independently and areas where they needed support. For example, one person wanted staff to support them to visit family members. Another person required support from staff with eating and drinking. The initial assessment and background information was used to develop people's support plans.

Person centred support plans covered a range of needs, such as personal care, eating and drinking, communication and activities. Some people had support plans to guide staff about specific medical conditions they had, such as epilepsy. Support plans included details about people's needs and the planned support to meet their needs. Care plans were evaluated monthly with any variations from the care plan recorded. For example, when people were agitated or upset including the action staff took to support them. People took part in monthly reviews of their care and support. This included identifying and reviewing people's goals. For instance, one person stated they wanted to go to the pub, go out for lunch and a trip to the coast.

People were able to take part in activities they had chosen. One person told us they liked dancing. Another person said, "We both like colouring and drawing." They went on to tell us, "I baked a cake the other day." One staff member said, "We try to get people out as much as possible." Another staff member said people, "Love going to the garden centre." Staff gave examples of activities people enjoyed, such as colouring in, cooking, helping in the dining room, baking cakes shopping and walking.

People were provided with information about how to complain in a format which suited their needs. For example, information was available in easy read and pictorial formats to help with people's understanding of the complaints procedure. There had been had been no complaints made about the service in the past 12 months.

People had the opportunity to give their views about the service. Service user meetings were held regularly. A pictorial agenda was used to help with people's understanding of what was to be discussed. We viewed the minutes from the last meeting. Items discussed at the meeting included holidays, menus and activities. The meeting had also been used as an opportunity to raise people's awareness of fire safety in the home.

Requires improvement

Is the service well-led?

Our findings

The registered manager had left the service in July 2015. Interim arrangements had been put in place until the new manager started in September 2015. A registered manager from another of the registered provider's homes was looking after the service in the meantime. The interim manager told us they visited the service every day. Staff told us the interim manager was approachable. One staff member said, "If I have any problems I talk it out with the manager. [They are] definitely approachable."

There were regular opportunities for staff to give their views about the service. Staff members said they could attend regular team meetings. One staff member said, "Staff meetings were held every month." Due to the change in manager the most recent team meeting minutes available were from a meeting held in April 2015. We saw staff meetings were used to raise awareness of important topics and procedures in the home. For example, fire procedures, health and safety and medicines management. Staff from across the organisation could meet up with senior managers to provide feedback about the service.

There was a positive atmosphere in the home. We saw people were calm and relaxed. They also talked about how happy they were living at Carrdale. People regularly approached staff for help and support. Staff responded to people's needs with kindness and consideration. One person said, "Me and [person's name] are best friends." One staff member said, I work well with everybody, we get on." One staff member said, "People are happy." Another staff member said, "I like it. Staff get on, they are all professional."

Staff were unable to tell us about the registered provider's vision and values. Some staff members said the registered provider did have a set of values. Staff we spoke with were unable to tell us what these were. One staff member said, "I haven't read them." We asked another two staff members what the registered provider's values were. They both commented, "Not sure."

The registered provider carried out a range of checks as part of a quality assurance programme. These included checks of health and safety, medicines, bedrails and infection control. We found the audits had been successful in identifying issues and ensuring action was taken. For example, ensuring a gas safety cert was available for the service, clearing the outside access area to prevent accidents and repainting of the home. We saw these had been followed up at subsequent audits and signed off as complete. The interim manager told us the audit process was changing to ensure it remained up to date with legislative requirements.

The registered provider had a system of peer reviews which gave an external view of the quality of care provided at the home. The 'monthly home audit of compliance' reviewed the quality of care plans. It also looked at complaints/ compliments, the safety of premises, people's finances and medicines management. Interactions between people and staff were observed. We saw that no concerns had been identified from the last audit in February 2015. The interim manager was unable to show us any more recent audits. They commented this was due to the change in manager.