

Community Integrated Care Sycamore Drive

Inspection report

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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

The inspection took place on 5 May 2016 and was announced, which meant the provider knew we were coming. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day, so we needed to be sure someone would be in.

The last inspection of this service was carried out on 22 August 2014. The service met the regulations we inspected against at the time.

Sycamore Drive provides care and support for up to four adults with learning or physical disabilities and associated health needs. At the time of this visit four people were using the service. The service is a four bedroom bungalow in a residential area. People had access to two bathrooms, a communal lounge and dining room, kitchen and conservatory.

The service is managed by a registered manager who also managed another similar service nearby. They were present on the day of our visit.

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.

Medicines were managed in a safe way. People received their medicines as prescribed and in the way they needed.

People who were able to communicate their views told us they felt safe at Sycamore Drive. One person said, "I feel safe here as I'm well looked after and I know the staff."

Staff had a clear understanding how to safeguard people, and were able to describe signs of potential abuse and the actions they would take if they had concerns about a person's safety or treatment. Staff felt confident any concerns would be investigated thoroughly and dealt with appropriately.

There was a positive approach to risk assessment which meant people could be as involved as possible in daily activities, without being unnecessarily restricted.

There were enough staff on duty to support people in the way they needed. The service was comfortable and well maintained and had a homely atmosphere.

The provider had an effective recruitment procedure in place. Appropriate checks were conducted prior to new staff commencing work.

Staff training and supervisions happened regularly. Staff told us they had been given more responsibility and additional training where necessary.

People were supported to maintain good health because they had access to health care services. People enjoyed a healthy and balanced diet.

People who used the service told us they were happy living there and that staff looked after them well. One person told us, "I like it here as the staff are nice. I like living here very much." There were positive relationships between staff and people who used the service.

People took an active part in the day to day running of the service, as much as capabilities allowed, and staff encouraged people to be independent. People played an active role in selecting furniture and colour schemes for the redecoration of the service.

Care plans were detailed and showed what care and support was needed to ensure individualised care was provided to people. Staff spoke positively about the impact of person-centred care.

People spoke positively about the management team which consisted of the registered manager and a senior support worker. One person said, "They're lovely, always happy to help."

Staff told us they felt the service was going from strength to strength and spoke enthusiastically about the impact this would have on people who used the service. A staff member told us, "The service is getting better all the time."

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 not always safe. Medicines were not always managed in the right way.

Staff knew how to recognise and report abuse.

Risks to people were managed in a safe way without restricting people's independence.

There were enough staff to make sure people had the care and support they needed.

The premises were clean and well maintained.

Is the service effective?

Good ●

The service was effective.

People's health care needs were assessed and monitored, and the service supported people to attend appointments with other healthcare professionals.

People were supported to have enough to eat and drink, and to maintain a balanced diet.

Staff were trained to ensure they had the skills and knowledge to support people effectively.

Staff understood how to apply Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily, unless it was in their best interests.

Is the service caring?

Good ●

The service was caring.

Care was provided with kindness and compassion by staff that treated people with respect and dignity.

There were good relationships between people and staff.

Staff encouraged people to be as independent as possible.

People who used the service were involved in decisions about selecting items of furniture.

Is the service responsive?

Good ●

The service was responsive.

Care plans were well written and reflected the needs of individuals.

Staff knew people's needs and preferences well.

People were supported to pursue activities and interests that were important to them.

Staff understood people's different ways of communicating.

Is the service well-led?

Good ●

The service was well-led.

People spoke positively about the registered manager.

Staff said the registered manager was approachable and had made improvements to the service.

There were systems in place to monitor the safety and quality of the service.

Staff had regular opportunities to give their feedback.

Sycamore Drive

Detailed findings

Background to this inspection

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

The inspection took place on 5 May 2016 and was announced, which meant the provider and staff knew we were coming. 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; we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before our inspection we checked the information we held about the service and the provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had happened at the service. A notification is information about an event which the service is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

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

During the visit we observed care and support and looked around the premises. We spoke with three people who lived there, the registered manager, a senior support worker, and three support workers. We viewed a range of records about people's care and how the service was managed. These included the care records of two people, medicine records for four people, the recruitment records of four staff, training records and quality monitoring records.

Is the service safe?

Our findings

Medicines were managed in a safe way. We checked four medicine administration records (MARs) for the past three weeks and found no gaps or inaccuracies in relation to prescribed medicines. People's needs around their daily prescribed medicines were detailed in their care records. For example, people's support plans contained a list of their prescribed medicines, what the medicines were for and what the potential side effects were. One person's support plan contained specific guidance for staff, 'Ensure [person] swallows the medicine and drinks sufficient fluid with it.' This meant people received their prescribed medicines as directed and in the way they needed.

People who were able to communicate their views told us they felt safe at Sycamore Drive. One person said, "I'm safe as I feel really settled in my home." Another person told us, "I feel safe here as I'm well looked after and I know the staff."

Systems were in place to reduce the risks of harm and potential abuse. Staff told us, and records confirmed, they had completed up to date training in safeguarding vulnerable adults. One staff member told us safeguarding issues had not always been dealt with appropriately in the past. The staff member said this had improved in recent months and they felt confident the registered manager would deal with safeguarding issues appropriately. Records showed the registered manager had dealt with safeguarding concerns appropriately and in a timely way. For example, by investigating the incident and making immediate contact with the safeguarding team at the local authority.

Staff told us they felt confident approaching the management team if they had any safeguarding concerns. One staff member said, "I know the manager or the senior would deal with safeguarding issues properly, no doubt about it. I would be confident going to them and knowing it would be followed through. All the staff also know about our whistle blowing policy." Staff could describe signs of potential abuse such as people flinching when others went near them, not eating or being lethargic. One staff member told us, "We know people well so we would pick this up straight away." This meant staff knew the signs of potential abuse to look out for and the procedure to follow.

Staff rotas for the previous and current week were as described by the registered manager and assistant manager. People who used the service had been assessed as needing high levels of staff support to keep them safe. Our observations were that when people were in the home there were three staff on duty. At night time there was one staff member on sleep-in. The registered manager and senior provided on-call cover. Where people who used the service needed two to one support to access the community, the rota reflected this.

There were enough staff on duty to meet people's needs. The registered manager told us they had recently changed staff shift patterns to better accommodate the needs of people who used the service. For example, additional staff had been brought in until 10pm on Thursday and Saturday evenings so people who used the service could attend a local disco.

A thorough recruitment and selection process was in place. This ensured staff had the right skills and experience to support people who used the service. Staff files contained relevant information such as previous experience and background checks. These included references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people. The registered manager told us it was the provider's policy to repeat DBS checks every three years which was good practice.

Each person had a personal emergency evacuation plan (PEEP), which had details about the specific needs that each individual had. This meant people could be evacuated safely in the event of a fire, according to their individual needs.

Risks to people's health and safety were appropriately assessed, managed and reviewed. Risk management plans were in place for daily activities such as washing, dressing, and using household equipment. This meant people could be as involved as possible in daily activities, with the right support to minimise the risks.

Accident and incident forms were completed accurately and logged straight on to the provider's computer system. These included falls and episodes of behaviour that might challenge others. The provider analysed these records for trends. There was evidence of follow up action for staff and people who used the service.

Regular planned and preventative maintenance checks and repairs were carried out. These included daily, weekly, quarterly, and annual checks of the premises and equipment, such as fire alarm system, emergency lighting and window restrictors. External contractors also carried out required inspections and services including electrical and gas safety. The records of these checks were up to date.

The service was clean, comfortable and well maintained. The registered manager told us a refurbishment programme was underway, and improvements had already been made by the time of our visit. Photographs of people who used the service were on display throughout the service which gave it a homely feel.

Is the service effective?

Our findings

Staff told us they received relevant training to meet the needs of the people they supported. One staff member we spoke with said, "We've had loads of training now, but I'll do any training to improve as you can always learn new things." Another staff member said, "We have more responsibility now but there's always plenty of training." Staff told us they received classroom based training and computer based training which is known as e-learning.

The provider had a comprehensive training programme in place. New staff received a comprehensive induction training programme that included the service's policies and procedures, managing behaviour that may challenge, and health and safety. Training records showed all staff members had completed up to date mandatory training in areas such as safeguarding vulnerable adults, epilepsy awareness, managing actual and potential aggression and medicines administration.

The organisation used a computer based training management system which identified when each member of staff was due any refresher training. The registered manager had access to the training system so they could check which staff members were up to date with their training. The purpose of supervisions was to offer support, promote best practice and highlight any areas for development.

Staff told us supervision sessions had taken place more often since the arrival of the registered manager in January 2016. Records confirmed staff supervisions were up to date and were scheduled for the rest of the year at regular intervals. Notes of supervisions were detailed and meaningful. This meant staff at frequent opportunities to discuss the people they supported and their own professional development. Records of annual appraisals were also up to date. Staff we spoke with said they would go straight to the senior or manager if some things couldn't wait until the next supervision.

Staff told us the service had improved since the registered manager had been in post. One staff member told us, "I feel fully supported by the registered manager, things are so much better now."

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 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

DoLS applications had been made to the relevant local authorities for every person who used the service.

This was because they needed support from staff to go out and because people needed 24 hour supervision. DoLS applications were person-centred and contained people's individual needs and circumstances. Best interest meetings had been carried out when needed, to make a decision on a person's behalf if they did not have the capacity to make that decision. For example, best interest meetings had been held about a person's mobility which resulted in them moving to Sycamore Drive as the building is a bungalow. Staff understood how to apply Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily, unless it was in their best interests. This meant staff were working collaboratively with local authorities to ensure people's best interests were protected.

People were supported to have enough to eat and drink, and to maintain a balanced diet. There was a good choice of healthy foods available, as well as drinks and snacks. Individual needs and preferences were noted and staff were able to discuss these in detail. For example, the speech and language therapy team advised that a person needed thickened drinks. Staff told us about this and the advice was followed. This meant staff had a good understanding of people's specific nutritional needs and individual preferences.

People's food and fluid intake was monitored daily and weights were recorded monthly, so action could be taken to address any weight fluctuations. Where people needed support to eat this was done in a sensitive, encouraging and respectful way.

The service had links with health care professionals such as the dentist, podiatrist, speech and language therapist, and optician. This meant people were supported to maintain good health because they had access to healthcare services.

Is the service caring?

Our findings

People who used the service told us they were happy living there and that staff looked after them well. One person told us, "I like it here as the staff are nice. I like living here very much." Another person said, "I like it here but I would like to live on my own in the future. [Staff member] is nice, I get on well with them. I get well looked after here and the staff are caring. Staff know what I like to do."

On the day of our visit staff communicated with people in an appropriate manner according to their understanding and ability. Staff spoke to people in a kind and supportive way. This meant staff knew how to support people in the way they needed. People were comfortable with staff which meant the service had a relaxed, homely atmosphere. One staff member said, "Staff are caring and we have a good rapport with people we support. I'm privileged in my job as staff are like people's family. I enjoy making a difference to people's lives."

Staff felt their colleagues treated the people who lived at the service with respect. Staff told us how they made sure people's privacy and dignity was maintained. For example, closing bathroom doors when people were receiving personal care, and not going in people's rooms if they were out. One staff member told us, "Staff have a nice manner when supporting people."

People's independence was encouraged as they made choices about what to wear, what to eat and what activities to participate in. People also took an active part in the day to day running of the service, where capabilities allowed, and were supported to do cleaning and other household tasks such as the laundry.

Information about access to independent advice and assistance such as an advocate was available in different formats. Several people used advocacy services to help them make decisions.

Staff told us how important it was to encourage people's independence. One staff member said, "Staff are caring and we ensure people's needs are met, but we also encourage people to be more independent." Another staff member told us, "I like working here because I like enabling people to go out and about and enjoy themselves. I'm amazed how much time I can spend with people. We give people choices and can meet their needs as individuals."

Staff told us that people's independence had been encouraged more since the appointment of the new registered manager. One staff member told us, "I've got more purpose now as I'm helping people to be more independent and have more choices. The people we support now have more confidence and a voice so they tell staff when they want to go out."

On the day of our visit support staff took some people who used the service to a local DIY store to select items of furniture. This meant people were involved in decisions about the service. There was a buzz in the service whilst people got ready to go out, and people told us they were happy going shopping and to be involved in this way. One person spoke enthusiastically about their plans for renovating the garden which they were going to start soon, with staff support.

Is the service responsive?

Our findings

People needs were assessed before they began living at the service and were set out in care plans. Care plans were detailed and showed what care and support was needed to ensure individualised care was provided to people. The care plans contained guidance for staff on personal care, people's preferred method of communication, their likes and dislikes and their ability to make decisions. For example, one care plan stated, 'People need to begin interaction with me by addressing me by my name.' This meant all staff had access to information about how to support people in the right way.

Care plans contained one page profiles which covered 'what people like and admire about me, how best to support me and what's important to me'. This gave staff a useful overview of each person who used the service. They also contained a document titled 'my life in focus' which covered 'all about me, my best ever day, my worst ever day, my favourite food, people most important to me, my preferred name, things people love about me, favourite things, and annoying things. For example, one person's care plan stated their favourite food was 'salad, buffet food and pomegranate' and their most annoying thing was 'other people going out instead of me'.

Staff were able to describe the impact of person-centred care. For example, staff told us that one person could not walk when they first came to the service but now they were able to walk short distances. A staff member told us, "[Person] couldn't walk when they first came here, but now they can. They're going from strength to strength and doing things they enjoy." Staff were clearly delighted with the progress this person had made.

Each person had an activity planner which was available in written and picture format. These contained activities for mornings, afternoons and evenings, and the level of staff support needed. For example, one plan stated 'outdoor walk with two staff to support' and another stated 'accompany one member of staff to do household chores'. Activities included cooking, swimming, crafts, board games, going to the theatre and shopping. One person told us, "I enjoy being busy."

There were clear examples of staff responding to people's needs. Staff told us how one person had not been to church for a while due to sleeping in. Staff supported the person to buy an alarm clock and they were now attending church regularly again which they enjoyed. Staff also told us how another person liked cats so staff suggested they attend a local 'cat café'. A staff member told us, "They get such pleasure from cats so they love going. They've got a purpose now." Another staff member said, "People's needs always come first. For example, one person we support has depression so we encourage them to get up at a reasonable time as lying in bed all day doesn't help them. We've also given them a different room which gets the sun more as this makes them feel better." Staff knew how to communicate with people and knew their needs and preferences well.

People were involved in decisions about the redecoration of the service. People had been given responsibility for one room, and staff had supported them to go shopping for furniture and accessories. Staff helped people create mood boards for the rooms they were responsible for. One person told us their room

was due to be redecorated and they had already chosen the paint and furniture they wanted. People also chose which cleaning products were used at the service. People told us they enjoyed being involved in this way.

A staff member told us, "Everything the manager and senior do is for the benefit of the people we support. We have good links with the provider's other services in the area so we have joint parties now. The people we support have more friends now."

The provider had a complaints and compliments policy which was available to people, relatives and stakeholders. A residents' guide which contained details of how to make a complaint, was usually given to families, although an easy read version was also available for people who used the service. One complaint had been received in the last 12 months which had been dealt with appropriately.

People who used the service could give their views at monthly house meetings. Minutes of the most recent house meeting held on 4 May 2016 stated that the agenda included fire safety, safeguarding, the redecoration project, complaints and holidays. The minutes were available in written and picture format and were easily accessible for people. The most recent meeting discussed how some people who used the service were unsure what to do in the event of the fire alarm sounding. It was agreed that one person who used the service would be supported to attend the local fire station to enquire about a fire safety dvd for everyone at the service to watch.

People's feedback was also sought from an annual satisfaction survey which was due to be distributed soon. People completed these by themselves or with support from family members, friends, an advocate or staff. This meant people had regular opportunities to give their feedback on the service.

Is the service well-led?

Our findings

People spoke positively about the management team which consisted of the registered manager and a senior support worker. One person said, "They're lovely, always happy to help."

The service had a registered manager who had been registered with the Care Quality Commission since January 2016. They were supported by a senior support worker. Staff said they felt the new management team were approachable. A staff member said, "The manager and senior support worker are so approachable we can go to them at any time for advice."

Staff spoke positively about the improvements the registered manager and senior had made in the service. One staff member told us, "The service has improved 100% because of the dedication of the manager and senior support worker. Everything that needed improving is in hand and being done. I can see improvements here every day. I've got confidence in the manager and senior support worker." Another staff member said, "Everything is falling into place now we've got new management. Things are really picking up now. We involve people we support in decisions about the service, and the management team involve staff in making decisions. The manager and senior support worker have made such a difference in the short time they've been here. Things are so much better now and it's a pleasurable place to work."

The registered manager made sure systems were in place for recording and managing accidents, incidents, complaints and safeguarding concerns. We saw detailed records were kept which logged what immediate action had been taken, and what measures were being put in place to reduce the risk of them happening again. The registered manager had notified the CQC of all other significant events which had occurred in line with their legal responsibilities.

There was an effective quality assurance system in place to monitor the quality and safety of the service. The registered manager and provider carried out regular audits of areas such as care plans, health and safety, safeguarding and complaints. A detailed 'service quality and assessment tool' was completed annually. Records of audits showed areas of improvement were identified and acted upon, and had a timescale for completion. For example, a recent audit identified the need for positive risk management so people were not unnecessarily restricted. This had been put in place by the time of our visit.

Staff meetings were held regularly, but staff told us they didn't wait until staff meetings to raise issues as they would go straight to the registered manager or the senior support worker. Minutes of staff meetings were detailed and contained actions to be taken and timescales for completion.

There was a stable team of support staff at the service. They told us how things were "much better now" and how they enjoyed going to work. Staff told us how they had been given more responsibility for certain areas such as house meetings, and they felt this was positive as this helped them with their professional development. Staff told us they felt the service was going from strength to strength and spoke

enthusiastically about the impact this would have on people who used the service. A staff member told us, "It's a good team now as we're honest with each other. The service is getting better all the time."