Hightown Housing Association Limited

Sunnybrook Close

Inspection report

6 Sunnybrook Close
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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

This inspection took place on 10 and 11 October 2016. It was an announced inspection. At the time of this inspection the registered manager of the service was on long term leave. The position was being covered by the assistant manager and the operations manager. We needed to be certain someone would be available to give us access to documents and to speak with us. During this inspection the assistant manager was present.

Sunnybrook Close is a bungalow which accommodates three adults with learning disabilities.
There is a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Sunnybrook Close was last inspected in January 2014. It was found to be compliant with the requirements of the Health and Social Care Act 2008 Regulations 2010.

Staff were able to identify indicators of abuse and knew how to report their concerns. Risk assessments were in place to ensure any risks to people and staff were minimised. Where accidents or incidents had occurred, these were documented and actions were taken to minimise a reoccurrence.

People's medicines were stored, administered and recorded in a safe way. People's needs and preferences with regards to their medicines were documented. Staff were trained in how to administered medicines safely. This protected people against the risks associated with medicines.

We observed and staff told us there were sufficient numbers of staff to assist people during the day and night. Staff received supervision, training and appraisals to assist them to perform their role to the best of their abilities. Staff felt supported by the assistant manager and the operations manager. They spoke positively about the culture of the home, stating they felt listened to and any suggestions or ideas were considered and actioned if appropriate.

Care plans documented people's needs and considered people's preferences in how staff should support them. We observed staff had a healthy rapport with people. There were constructive interactions with people and a lot of humour was used to encourage people. Staff displayed a caring attitude towards the people they supported. People responded in a positive way towards staff.

Staff told us the team was productive and supportive towards each other. They communicated well and shared ideas and information. This assisted the service to ensure information was accurate and correct and ensured the delivery of appropriate care.

Safe systems of recruitment were in place, this protected people from the risk of harm. We found one record

that did not appear to have been checked and verified. Following the inspection we received assurances from the provider, that steps had been put in place to prevent a reoccurrence, and in future the necessary checks would be carried out.

Staff were aware of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had taken the appropriate steps to apply to the local authority where restrictions were in place to keep people safe.

People had access to health professionals, and staff were proactive in ensuring people's health needs were monitored. Staff advocated on behalf of people to ensure they as staff got the right support to assist people with their health needs. They were not afraid to challenge health professionals if they felt people's medicines were not having a positive effect on the person. Where medical advice had been sought this was followed through by staff.

People enjoyed participating in a range of activities both within the service and in the community, these included swimming, bowls, holidays and arts and crafts amongst others. People's nutritional needs were monitored to assist people to maintain their health. Where people required food or drinks to be prepared in a certain way, for example a soft diet, staff were seen to comply with this.

We observed staff treating people with respect. The home was comfortable and clean and had a relaxed atmosphere. People appeared to be well cared for and happy living at Sunnybrook Close.

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 provider had systems in place to make sure people were protected from abuse and avoidable harm.

People were supported with their medicines in a safe way by staff that were trained and competent.

Is the service effective?

Good

Staff were suitable inducted, trained and supported to make sure they had the skills and knowledge to provide effective care to people.

People were provided with a varied and balanced diet and support was provided for people who required it to meet their nutritional needs.

Is the service caring?

Good

The service was caring.

Staff were kind, gentle, caring and supportive of people and had a positive and enabling relationship with people.

People's privacy and independence was promoted and they were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care plans were in place which were detailed and specific and reviewed in response to people's changing needs.

People had access to a range of activities including leisure activities. This protected them from the risk of social isolation.

Is the service well-led?

Good

The service was well led.

There were comprehensive quality assurances systems in place to make sure that any areas for improvement were identified and

addressed.

The staff team including senior staff worked well together to ensure the quality of care provided to people met with their expectations.

Sunnybrook Close

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 10 and 11 October 2016 and was announced.

The provider was given 48 hours' notice because we were aware that the registered manager was on leave. We needed to ensure a senior staff member would be available to answer our questions and have access to records.

The inspection was carried out by one inspector. Prior to and after the inspection, we reviewed previous inspection reports and other information we held about the home including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make.

During and after the inspection we spoke with one relative, six staff including the assistant manager, the head of learning and development, the care and supported housing contracts manager, two support workers and a care assistant. We received feedback from one health professional.

We were not able to speak with the people who lived in the home due to communication difficulties. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also made general observations of activities throughout the two days.

We reviewed the recruitment files, supervision and training for three staff. We read two care plans and associated documents related the administration of medicines for three people. We referenced the provider's policies and procedures and viewed audits and records related to the running of the service.

Good

Is the service safe?

Our findings

The opinion of staff, a relative and health worker was that the service was operating in a safe way. The health professional who had worked with the staff team for the benefit of two of the people living in the service told us it was their belief "That Sunnybrook is providing a safe, effective service to the people they were supporting.

We looked at the records related to the recruitment of staff. We found most of the necessary checks had been completed prior to staff's employment. For example, references from previous employers and Disclosure and Barring Service (DBS) checks had been obtained. However, we found the content of one reference had not been followed up with further enquiries. We understood the circumstances around this particular recruitment was unusual, and the checks that would normally have been carried out were over looked. We received assurances from the care and supported housing contracts manager, that in future these checks would be undertaken.

Displayed in the service was a copy of the local authority's process for reporting concerns of abuse. Staff knew how to identify indicators of abuse and what action they should take to report their concerns. The assistant manager knew how to report concerns and how to protect evidence. 80 percent of staff had up to date training in safeguarding adults from abuse. Staff were clear of their responsibilities to report abuse and were confident any such allegations would be properly investigated. They were also aware of the whistle blowing procedure and who to contact outside of the organisation if their concerns were not taken seriously.

Care plans informed staff how to reduce the risk of injury to themselves and to the people they provided support to. For example, the risk of choking on food, slips and falls and leaving the premises unescorted. Where people displayed behaviours that may challenge staff, guidance was recorded to enable staff to support the person in a way that was safe and preserved the person's dignity.

The home had environmental risk assessments in place to address risks to people who used the service, staff and visitors. These were up to date and showed evidence of being reviewed and action taken to minimise the risks identified. Health and safety checks were taking place monthly and fire safety checks, fire drills and servicing of equipment were all up to date and safe to use. Water temperature checks were carried out and thermostatic valves had been fitted to the taps to reduce the risk of scalding. The home had a contingency plan in place which provided guidance for staff on the action to take in the event of a major incident at the home such as flooding. Each person had a personal emergency evacuation plan in place to ensure each person would be assisted to reach a place of safety in the event of an emergency.

Staff knew how to report accidents and incidents. These were audited as part of the peer audits carried out by an external manager quarterly. This helped scrutinise if there were patterns and what actions could be taken to ensure the risks of repetition were minimised.

Where people required medicines these were administered by trained staff. Each staff member had their

competency checked by the registered or assistant manager on an annual basis. Each person had their medicines stored in locked cupboards. Following the administration of medicines a medication administration record was signed. We found these to be up to date and accurate. Three times a day the medicines were counted and checked to ensure the stock tallied with the amount prescribed and administered. We did random checks on medicines for each person and found the amount recorded as held in stock was accurate. Each person had risk assessments in place related to their medicines. Protocols for the administration of 'as required' medicines were available. These protocols provided guidance as to when it was appropriate to administer an 'as required' medicine and ensured that people received their medicines in a consistent manner. The protocols described how a person may demonstrate their requirement for the medicine, so that staff knew when it was appropriate to administer it. As the medicines were being administered to people who may not be able to verbally request the medicine this was important information. We discussed with the assistant manager how these protocols could be improved by giving more detailed information of how people may display a need for their medicines. Work was undertaken during the inspection to improve the details in the protocols.

Staff told us there were enough staff to meet the needs of the people living in the service. According to the assistant manager there were three staff in the morning and two staff in the afternoon and evening. Additional staff would be allocated hours to assist with appointments or activities. During the night one night staff remained awake to ensure people's needs were met. An on call system was available to staff 24 hours a day, seven days a week. Staff told us whenever staff had contacted the on call manager they had responded quickly and appropriately.

Records showed people's health needs had been assessed and risk assessments were in place. People's health needs were monitored and where advice was required by specialist professionals these were sought. Where people needed care to prevent injury or illness we saw these were documented and carried out by care staff. For example, where one person required a soft diet this was prepared in line with the speech and language therapists' advice.

Staff told us they were kept informed of any changes to people's immediate care needs during the shift handover where a verbal handover was received. Other information was documented in the communication book, which staff read when they came on shift. This was to ensure care was appropriate and safe. If people's care plans were up dated or changed for any reason, a note was placed in the communication book directing staff to read the care plan and the updated information.

Good

Is the service effective?

Our findings

A health professional and a relative told us the staff were competent to carry out their roles. The health professional told us when they conversed with staff about people's needs they appeared well trained and informed.

When new staff started employment they completed an induction course, this included training sessions and further observations of their work and knowledge. On completion staff were awarded the care certificate. This provided staff with the necessary knowledge and skills to work in the care sector. Additional training in areas such as dementia awareness and epilepsy were offered to staff. Plans were in place to arrange specific training for staff working in the service to meet the individual behavioural needs of one individual. Training was provided online or through classroom teaching. When staff required refresher training, this was flagged by the training department to the staff member and the line manager a month before the date the training was due. This ensured the staff had the necessary skills to ensure people's needs were met and were kept up to date with current practice.

Staff received supervision and support from their line manager. Documents showed the supervision addressed with staff their strengths and any areas of work that could be improved. Staff members told us they found supervision sessions useful, comments included "I always come out feeling listened to." "If I have concerns I can talk it over with her." And "We discuss any issues in the home. I like to plan things and discuss ideas. She has a very open ear to my suggestions." Staff were also able to seek support and information through the staff meetings. Annual appraisals were held for staff, which enabled aims to be set for the following year. This enabled staff to be clear of the expectations of their role, whilst improving the service to people.

We discussed with staff how they communicated with people. They were knowledgeable about how they interpreted people's body language, facial expressions and behaviours. For example, one staff member told us how they offered people choices by holding out different items of clothing, and the person took the item they wanted to wear. They told us they used simple language and objects of reference to assist the person to communicate with them. Care plans guided staff on the most useful way to communicate with people and how to understand their communication style.

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 are called the Deprivation of Liberty Safeguards (DoLS).

At the time of our inspection there were two DoLS in place with a third application pending. This was because the premises were secured by a locked door. This was to prevent a person from leaving the home

without the staff's knowledge. This had been approved by the local authority as the least restrictive measure and in the person's best interest to keep them safe. Another person had an advocate in place, this was to establish if living at Sunnybrook Close was in the person's best interest. During the time of our inspection we saw the person was very happy and engaged well with staff. Staff had received training in MCA and DoLS and had an understanding of the Act, and how it applied to the people living in the service and their role as staff.

People had access to health professionals to meet their specific needs. We saw health passports were in place. This is a record of the person's needs, including their current medication and their health needs. This enabled medical staff to understand the person's health history in the event that they required a hospital admission. All staff were enabled to arrange GP appointments or to call emergency services if required. People's health needs were monitored. Staff worked well with health professionals, one told us "In my experience the staff at Sunnybrook have engaged well with Learning Disability Services." We saw that where required, specialist advice was sought, and staff followed the guidance given. We also found staff knew people well, and where medical advice had been sought, if this did not appear to be in the person's best interest, staff advocated for the person. For example, one person had recently had a medicine change. Staff were concerned the person was experiencing side effects from the medicine. They were going to discuss their concerns with the prescribing professional.

People's nutritional needs were considered as part of the care provided by the service. People's dietary likes and dislikes were investigated by staff, through the use of taste, pictures and objects of reference. Where people required their diet to be altered, for example for staff to support them with a soft diet, this was carried out. Where people required thickeners to be added to their drinks to prevent choking, staff knew how to prepare the drinks. People were offered a choice of meals, depending on their preferences. We observed one staff member ask a person what they wanted to eat. They offered a choice and the person made a selection. The staff member returned to the person three times, to ask what additional food they wanted with their selection. Each time the person answered. The person was encouraged to participate in the preparation of the meal, which they appeared to enjoy. We observed the person enjoyed their meal and it was prepared in a way that was safe for them to eat.

Good

Is the service caring?

Our findings

A relative told us they thought the staff were caring. They told us the staff never rushed the person, and when the person wanted to display affection this was received appropriately by staff. Throughout our inspection we observed staff interacting with people in a positive, caring and professional way. It was evident from listening to the staff they knew people well and their ability to engage with people, allowed people to be relaxed in their company. We saw and heard much laughter and joking with people. Where people needed encouragement this was carried out in a fun way, which people responded to positively. A health professional told us the staff team were stable with few changes, "Which means that the residents have in my view developed good relationships with the care staff." We verified this was the case through our observations and through discussions with staff.

Staff were able to discuss with us the needs of the people living in the service. They were well informed and knew how to support people in a way that each person was comfortable with. They were aware of people's preferences and strived to ensure where possible, people's chosen lifestyle was facilitated. For example, one person enjoyed going to the shop to buy the daily newspaper, the same person also preferred to lie on the couch rather than sit on it. Staff respected and supported the person to feel at home in the service.

Records showed when staff had concerns about a person's health needs they had responded appropriately and quickly. One person's link worker told us how they had attended a couple of training sessions on epilepsy this had increased their awareness. They were more aware of things that could trigger a seizure for a person including loud noises and flashing lights. They tried to minimise the person's exposure to such situations.

Where people's behaviour was challenging, staff used distraction techniques. For example, one person became "over friendly" with staff and visitors, staff used distraction techniques to take the focus off the staff member onto subjects the person was interested in. We observed this being carried out on numerous occasions during our visit. The person genuinely appeared to enjoy the distraction, and the behaviour diminished.

Each person had their own room, which meant when they wished for privacy or time alone, this was available to them. Before we visited each person's bedroom their consent was sought. We found the rooms to be clean and personalised with the things the person was interested in and enjoyed. This promoted each person's sense of comfort and security.

Staff knew how to protect people's privacy and dignity. They told us how they knocked on people's doors before entering, one staff member told us "I respect their wishes and beliefs and I am polite to them." Another told us "I speak quietly to them, I tell them what I am doing so they feel comfortable." This was corroborated by our observations.

Staff understood the importance of encouraging people to be as independent as possible. They told us how they offered people choices in what to wear, what to eat and assisted them to be as independent as possible

with personal care. One staff member described how they showed the person what they wanted them to do when washing themselves and the person copied them. Another told us how they were trying different methods to encourage one person to maintain their independence. This was because their health needs were deteriorating and strategies were being trialled to ensure the person's communication skills could be maintained as much as possible.

Good

Is the service responsive?

Our findings

One relative told us they were involved in the planning and review of the person's care. They told us "They (staff) tell me what is going on…they tell me everything." They told us they visited regularly and they felt comfortable discussing the person's care needs with the staff at the service.

People's care plans reflected people's individual preferences and interests. For example, one person liked to go swimming, shopping, and going out for lunch. Photographs around the home showed people engaged in activities and on holidays. A holiday was arranged each year for people living in the service. The photographs showed people relaxing and having fun. One staff member told us "I absolutely love going on holiday with the residents. I go every year…If you manage to try something new and the person enjoyed it, it makes me happy. It's an achievement and that is why I am working here."

We saw there was a timetable of activities for each person; in house activities included hot stone massage and arts and crafts. Another person enjoyed visiting windmills so trips were organised for them. Other activities included ten pin bowling, day trips to the seaside, pedicures and visiting the cinema. People were encouraged to maintain relationships with those people who were important to them. Relatives were able to visit at any time. One relative told us how the person was encouraged to be involved in activities and how staff encouraged them to listen to music which the person greatly enjoyed. This protected people from social isolation and enabled them to follow their own interests and hobbies.

Care plans also reflected each person's individual needs. Records showed that prior to moving into the home an assessment of need was carried out to ensure the service was a suitable place for the person to live and their needs could be met. Care plans described each person and what their needs and preferences were. They were updated regularly, and because the service was so small, staff had close contact with people on a daily basis. Changes to people's needs were quickly identified, and where necessary care plans were adapted to meet people's changing needs. Staff who may have been absent from the service during the time a care plan was changed, were alerted to the changes via their colleagues and a message in the communication book, requesting them to read the new care plan. This minimised the risk of the person receiving inappropriate care.

Although people were not able to make formal complaints, it was evident that when a person showed displeasure this was acted on by staff. For example, one person who was living with dementia had repeatedly stated they wanted to move out of the home. Although this was considered by staff to be a historic behaviour found in previous placements, it had been taken seriously by the staff. The person was linked to an advocate and a DoLS had been applied for and granted. At the time of our inspection the service was working with the local authority, legal services, the person and their advocate to ensure any decision made about the location of the person's living accommodation was made in their best interest.

Staff knew how to manage complaints and the deputy manager was aware of the need to record and report any complaints that were raised. At the time of our inspection no complaints had been received.

Good

Is the service well-led?

Our findings

Everyone we spoke with during the course of the inspection told us they felt the home was well managed. One relative told us one person who had moved into the service recently was well presented and they had noticed a difference in their demeanour. They told us the person "Is always very smart and now appears to be a lot calmer."

When discussing with staff the running of the service, it became apparent that they believed they worked very well as a team. Comments included "We have an experienced staff team, who have worked here for a long time. Everyone knows what needs to be done, as a team we work rather well together." "Communication is very good here. It is a lovely team, very helpful. Some staff have worked here for 14 years. As a new comer they help you to fit in. They show you how to do things." The deputy manager told us "Staff are very good at supporting each other"

Communication between the management and the staff members was enhanced by shift handovers and the use of a communication book. This relayed important information for all staff to be aware of. Staff meetings were held regularly and gave staff the opportunity to discuss the welfare of the people in the service and any other relevant information. Staff felt able to feedback suggestions and ideas to assist in the improvement of the service.

Staff spoke positively about the senior staff and the support staff received from them. They told us they felt supported and listened to. In discussion with the deputy manager, we found that decisions that affected the people living in the service or the staff were discussed as a team. One staff member told us "If I had any concerns I would talk to them (senior staff) or pick up the phone, if they could help in any way they would." When describing the current management of the service one staff member told us "You have someone who comes in and picks up where previous managers have left off. They make sure staff and service users are happy." Another said "(The assistant manager) has a lot of input. She has a good way of interacting with staff and residents. She can inspire people not to be complacent. All our paper work is more or less up to scratch."

Staff told us there was an open and honest culture in the service. Where mistakes were made they were shared and learnt from. The assistant manager told us they wanted the staff to feel appreciated. "I tell them all the time what a good job they are doing. I want it to be a happy place to come to." This was in line with one of the providers values "We value our staff who are key to delivering an excellent service."

A number of audits had taken place at the home; these were carried out by another of the provider's managers from a different service. The audits included accidents and incidents, health and safety and care plan audits amongst others. The auditing manager did two subsequent checks on the findings of the audits to ensure any actions or required improvements were completed. Documents showed they had been completed. Checks were also completed on the equipment used in the home to ensure people's safety was protected.

All the staff we spoke with told us they would be happy for a loved one to be placed at Sunnybrook Close. When asked what the best thing about working in the service was, they told us "The service users are really lovely and we have great team work." Another told us "When you walk into the building it feels very homely. It is their home and it should have that feel to it." We found the service to have a very relaxed atmosphere. The focus was to provide a safe and comfortable environment for people. Staff supported people to feel secure in their own home.

The provider has a legal duty to inform the CQC about changes or events that occur at the home. They do this by sending us notifications. We had received notifications from the provider regarding changes and events at the home.