North Yorkshire County Council

Sunnyfield Lodge

Inspection report

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Date of inspection visit:
11 October 2018
15 October 2018

Date of publication:
10 December 2018

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

Sunnyfield Lodge was inspected on the 11 and 15 October 2018. The inspection was announced on both days. This was the service's first inspection following registering with the Care Quality Commission (CQC) in December 2017. The service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Sunnyfield Lodge is a purpose built 'extra care' housing scheme consisting of 40 flats for adults 55 years old and over. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. At the time of inspection 13 people were receiving a regulated activity from the service. Not everyone using Sunnyfield Lodge receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The house scheme has accessible communal areas. The housing provider arranges for lunches to be are served in the dining room at an extra charge. An accessible bathroom and treatment room is available. The housing scheme includes a shop, run by a local voluntary organisation.

The service provides planned care visits and a 24-hour emergency responder facility to those people living in the flats. The service had very recently started to provide care visits to people living in rural, hard to reach areas.

The service is registered to provide support for people with dementia, learning disabilities or autistic spectrum disorder, mental health needs, older people, people with a physical disability and those with sensory impairment. At the time of inspection the majority of people receiving a service were older people.

Where services support people with learning disabilities or autism we expect them to be developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any other citizen. There were no people with a learning disability or autism using the service when we inspected. Therefore, we were unable to assess and monitor if the service was following this guidance.

There was a registered manager in post. A registered manager is a person who has registered with CQC 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.

Staff supported people to be safe within the service. They responded to accidents and incidents and recorded details of the events. 'Near miss' forms did not always show the support people had received to reduce risks to their safety. Staff knew what potential signs of abuse to look for and how to raise their concerns.

Staff provided support with medicines according to individual's needs and people received their medicines as required. Staff completed medicines training and their competency was regularly assessed. Topical medicine records and 'When required' medicines were not recorded in-line with best practice guidance. We made a recommendation about the recording of 'when required' medicines. The provider's medicine policy was in the process of being updated.

The service worked closely with the housing provider to create a community atmosphere. The registered manager and housing estate manager were clear of their separate responsibilities. They worked closely to assess the needs of people wanting to live in the housing scheme. There was an ongoing dialogue between the services to share information and support people to access events and activities happening within the extra care setting.

People received personalised care. When people required changes to their support arrangements if their health deteriorated or they were approaching the end of their life staff provided responsive, appropriate care. We saw an example of end of life where staff were dedicated to visiting the person outside of their working hours. Professionals praised this approach at going above and beyond their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to live healthy lives and maintain their food and fluid intake. People's consent was obtained prior to them receiving care. The service worked with health and social care professionals to support people's needs.

The service had an inclusive ethos, ensuring people's equality and diversity were respected. Staff were aware of people's emotional needs and provided appropriate support. People's dignity and privacy was upheld. Staff respected people's privacy.

Staff received training to support them in their roles. They had taken on 'champion' roles where they had specific interests in health conditions and wanted to further their knowledge.

The service had a clear management structure. Team leaders and the registered manager had separate responsibilities for auditing and overseeing the service.

Quality visit forms were used to engage people in the service and obtain their views. Staff meetings were used to engage staff in the running of the service and remind them of provider procedures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People received the support they required to take their medicines safely.

Staff completed visual checks of equipment people used to support them.

'Near misses' and accidents were recorded. The provider took action to reduce risks and maintain people's safety.

Safe recruitment processes were followed to reduce the risk of unsuitable staff working with vulnerable people.

Is the service effective?

Good

The service was effective.

The service had positive working relationships with the local authority social care teams and housing provider.

The service worked within the principals of the Mental Capacity Act 2005.

Staff received support to develop and improve their knowledge and skills.

Is the service caring?

Good

The service was caring.

People received emotional support; staff were aware of personal difficulties people were experiencing.

Staff promoted people's independence.

People were treated with dignity. People's requests for privacy were respected.

Is the service responsive?

Good

The service was responsive.

People received person-centred care and staff understood their preferences.

The service worked inclusively, respecting equality and diversity.

The registered manager worked with the housing estate manager to listen to and respond to people's concerns.

Staff were highly committed to supporting people at the end of their life.

Is the service well-led?

Good

The service was well-led.

The service had a clear management structure, where the registered manager and team leaders understood their responsibilities.

Team meetings were an opportunity for staff to be involved in the service and provider procedures to be reinforced.

Audits were used to monitor quality and safety within the service.

Sunnyfield Lodge

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 11 and 15 October 2018 and was announced on both days. We gave the provider 48 hours' notice of the inspection visit, because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection team consisted of one inspector on both days.

Before the inspection we gathered and reviewed information we held about the service. This included statutory notifications the provider had submitted to CQC to inform us of certain events affecting the service. We reviewed the Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually, to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority commissioning and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection.

During our inspection we looked at the care files of four people and three people's medication records. We reviewed documentation and policies relating to the running of the service including staff rotas, team meeting minutes and the safeguarding policy. We looked at the recruitment for one member of staff and the supervision records of three members of staff.

We spoke with four people who used the service and four members of staff. Three professionals spoke with us to tell us about their experience of working with the service. We spoke with four care workers, a team leader and the registered manager.

Good

Is the service safe?

Our findings

People described feeling safe within the service. One person said, "I have my call bell if I need it, I've used it and the carers come." People felt reassured emergency support was available over a 24-hour period should they need it.

Safe medicine management practices were followed. Documentation was in place describing the type and frequency of support people required with their medicines. This was discussed with them and their agreement was documented. People were satisfied with the support they received with their medicines. One person said, "The staff watch me taking my pills, they are quite diligent." Staff undertook training and their competency was assessed annually to ensure they had sufficient knowledge and skills for this role.

Some minor issues were noted for the recording of topical medicines, such as creams. The registered manager informed us the provider was updating their medication policy, which would include new documentation for this. Protocols for 'when required' medicines were completed to guide staff. We discussed with the registered manager that records did not always contain the maximum dose details or how people would communicate if they needed this medicine. The registered manager agreed to review this.

We recommend the service follows current guidance on 'when required' medicines.

Risk assessments were used to assess potential risks for people including environmental risk and moving and handling. Risk assessments were completed when potential risks were noted. They contained relevant information to help staff mitigate risk. Staff completed visual checks of equipment to check it was safe for people to use. These checks were carried out each time the equipment was used. The service had started to complete wheelchair risk assessments to examine the condition of wheelchairs.

Accidents were managed appropriately by the service. Detailed accounts of accidents were recorded. When people sustained injuries or were experiencing pain, medical attention was requested from their GP or emergency services depending on the situation. Staff identified the course of action they would take if there had been an accident. This included contacting the person's representative, informing the duty manager and recording the incident.

'Near miss' forms were used to record minor incidents such as falls where people had not sustained injuries. The form did not refer to actions taken following the near miss or lessons learnt. The forms were reviewed by the provider. One person had sustained a number of falls in a two-month period. The registered manager and person's social care worker told us how the person's risk of falls was being managed. This showed appropriate action had been taken to manage the person's safety. We asked the registered manager to update their documentation to reflect the risk and how it was being managed.

The provider and housing provider held weekly fire drills. The housing provider had an emergency folder in place, which included Personal Emergency Evacuation Plans (PEEPS). PEEPs are records to show the level of

support people require in the event of an emergency. The estate manager told us they complete the PEEPs jointly with the provider to ensure information was accurate and up to date to maintain people's safety.

Staffing levels were sufficient. People received support from a consistent staff team, Staff levels were planned around the care visits the service provided.

Robust recruitment processes were followed to support the recruitment of safe, suitable staff. The registered manager had recruited one new care worker since the service registered. All other staff were in post prior to this. The care worker had been interviewed by a panel using a scoring system to assess their knowledge, skills and experience. References and the staff's Disclosure and Barring Service (DBS) check were received prior to them commencing work. DBS checks help to reduce the risk of unsuitable staff working with vulnerable adults.

Agency staff were used at times to ensure sufficient staffing levels were maintained. The registered manager and team leaders checked agency staff profiles to consider their suitability and skills prior to them working in the service. Agency profiles demonstrated relevant pre-employment checks had been completed and the worker had the required knowledge and skills for the role. The registered manager advised agency staff worked alongside their own staff and received an induction. They agreed to look at keeping an induction record to evidence this.

A safeguarding policy was in place. Staff had completed safeguarding training, including safeguarding adults and safeguarding against radicalisation. Staff understood potential signs of abuse and what actions to take to safeguarding people from potential abuse. One care worker described a safeguarding issue they had identified and discussed with the person's social care worker. The provider had a whistleblowing policy in place. The staff we spoke to recognised how to escalate issues to the registered manager and within the provider organisation. They were aware of the policy and how to access this.

Staff understood infection control practices. Personal protective equipment was available for staff to use. Staff correctly identified to us when they would wear personal protective equipment. They told us of additional precautions they would take if a person was unwell to help prevent the spread of infection.

Good

Is the service effective?

Our findings

The provider completed an assessment prior to people receiving a service to discuss their personal needs and preferences. The registered manager told us staff had started to jointly meet new prospective tenants with Hanover Housing Association (the linked housing provider). They felt this was a valuable way of meeting new people and assessing their care and support needs.

The service had a strong working relationship with the housing provider. Many of the people we spoke to could not distinguish between the care and housing services at Sunnyfield Lodge. This demonstrated the services worked seamlessly together. The housing estate manager told us, "The thing I am most proud of here is the positive working relationship with the care side." Formal monthly meetings were arranged with the housing provider and care service. We observed that there was a constant dialogue between the two services.

The staff worked closely with social care staff from the local authority. One social care worker told us, "Sunnyfield Lodge give me feedback on how people are, they help inform my assessment."

Staff recognised the importance of seeking consent before each care intervention. Signed consent forms were in place for the use of photographs, medication and receiving care. One care worker told us, "We ask people's permission before we do things and check their file to make sure they have capacity."

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 with appropriate legal authority. In a community setting people can only be deprived of their liberty if it is authorised by the Court of Protection.

We checked whether the service was working within the principals of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The service had not completed their own MCA assessments. The registered manager advised they were looking at doing their own MCA assessments. Care files had copies of local authority capacity assessments in place.

One person had been referred to an Independent Mental Capacity Advocate (IMCA) to represent their views on their oral care. IMCAs represent people's views where they lack capacity for a specific decision. The registered manager understood the role of advocates.

Observations were used to check and monitor staff practice. The registered manager informed us observations were completed when new staff started working alone or annually for other staff. If issues were

identified with staff practice, an additional observation would be carried out. We saw one care worker's observation record, which referred to evidence of good practice.

New staff received an induction to introduce them to the service. A care worker felt their induction and shadowing had been beneficial. They told us, "This helped me know how people like things done and helped me understand their communication." Probation reviews were used to check staff suitability for their role and support their development.

Staff received regular supervision to support their professional development. Supervision records showed they had the opportunity to seek advice on supporting people and reflect on their learning. One care worker told us, "Supervision is helpful, I'm told other ways of approaching things."

Staff completed mandatory training on areas such as dementia awareness and emergency first aid. The registered manager used a matrix to monitor staff training and ensure this was kept up to date.

Care workers had the opportunity to become 'champions', developing their knowledge of particular aspects of care or health conditions, such as multiple sclerosis and glaucoma. Care workers told us they chose these roles based on their personal experiences and interests. One member of staff described using their knowledge of strokes to help them understand a person's frustration when they could not make themselves understood by others. The care worker said, "We never talk for people that have had strokes, we give them time." This demonstrated staff used their knowledge to inform their practice.

People received support from staff to maintain a balanced diet and have a sufficient food and fluid intake. Care plans included details of people's preferences. One person's care plan documented that they liked to have a glass of cranberry juice and cup of tea left with them in the morning. One person told us, "I like a touch of salt in my porridge and they do this for me." Staff described taking action if they had concerns about a person's food or fluid intake. One care worker said, "If we are worried we document what they have had to eat and drink. We go back between calls if we know there is a problem to encourage them to drink."

Information about people's health needs were recorded within people's files and staff had an understanding of these. One person's care plan documented they experienced seizures. The care plan included the person's preferences as to how they wanted to be supported should they have a seizure and how the person may present following this.

Care workers offered people support to arrange and attend health appointments, if required. Hospital passports were in place to share information with healthcare professionals about people's needs should their care transfer to a different environment.

Good

Is the service caring?

Our findings

Staff understood the importance of people's emotional wellbeing and provided emotional support. One person described the support care workers had provided them following family bereavements. They told us, "Staff ask how I am and know about my family situation."

People consistently described the caring approach staff had. One person told us, "The care workers joke with me and understand my humour." One social care worker felt this came naturally to the staff and said, "They do it without thinking." Staff referred to people in caring ways. A care worker commented, "We genuinely care about people, we can give them the best care by knowing them and their needs." Staff spoke of the privileged position they were in with people allowing them into their lives and considering them to be friends.

People were supported to express their views. Their communication needs were documented in their care files. One person's record stated, 'I need care workers to be patient and allow me to express my needs.' One care file referred to a person needing hearing aids and written communication in large print. This demonstrated the service understood how to make information accessible to enable them to express their views.

Some people required support to articulate their views and make decisions. One person's support plan recorded that they preferred a friend supporting them with more complex decisions.

Staff understood the value of independence to people. One person's support plan stated, 'I am a very motivated person and determined to complete tasks for myself.' The care plan described which tasks the person could complete for themselves. A care worker said, "It's important not to take things away from people if they can do it; we promote independence." They gave the example of one person lacking confidence to do a task themselves. With support and encouragement, they did this and experienced a sense of achievement. One social care worker told us, "Sunnyfield Lodge definitely helps people to be in their own flats as long as they can."

Staff treated people with dignity and respect. We observed one person contacting the care office to request that they were not disturbed. This was passed on to other staff to respect the person's wish. Staff described how they would maintain people's dignity, including using towels to protect people's modesty. One care worker said, "We explain what we are doing and speak to people in a private space if we need to." A person told us, "Staff help carry my dinner so I don't drop it and fall, they treat me with dignity and respect."

People's personal records were stored securely in a locked office. Team meeting minutes showed staff were reminded of data protection requirements.

Good

Is the service responsive?

Our findings

People received person-centred care. Support plans showed where people had identified goals they wanted to achieve. One person's support plan documented that a fall had affected their mobility. The person wanted to rebuild their social life and access the community independently in an electric wheelchair. We saw evidence of the person going out into the local area. People signed their care plans to acknowledge their involvement in writing them. Reviews were completed to ensure information was up to date.

The service managed issues of sexual orientation and gender assignment well and respected people's choices in this. An example was told to us by the staff, which demonstrated they understood people and their specific needs and enabled them to realise their preferences. The person's social care worker told us, "The staff have embraced the person's gender identities." The housing estate manager said, "I wrote an inclusivity article in our newsletter, the care team and I have worked really well together to integrate people into the scheme."

Staff knew people's backgrounds. This information was reflected in support plans, including details of their former occupations. Personal issues were addressed sensitively in care plans. One person had a mental health diagnosis but did not wish for this to be mentioned in their support plan. We spoke with the registered manger about staff needing some record of this to inform how they met the person's care needs. They advised they would re-write the person's care plan jointly with them.

People's choices were respected. People told us staff asked about their preferences when receiving support. One person said, "They ask me how I want things done." Some people had preferences about which staff supported them. The registered managers and team leaders were aware of these and tried to meet these preferences where possible.

The service worked flexibly to accommodate variations and changes in people's support needs. One person's support plan detailed additional support they may require with their mobility if they were tired and unwell. The person said, "I wasn't feel well the other day and the care workers brought my lunch up for me." The person's care plan included details of the different support they would need if they chose to have a bath or shower.

A social care professional described a person in the service that had needed increased support as their health deteriorated. They explained, "Staff have enabled [person] to stay here and have their lifestyle, which they couldn't have had in another environment." This showed the service was responsive to changes in need.

The housing provider and tenants committee arranged activities at the housing scheme, such as visits from a local secondary school and a film afternoon. Staff were aware of activities happening within Sunnyfield Lodge and reminded people about these should they wish to attend. Staff provided assistance to help people access activities.

The provider had a complaints procedure in place. This showed how complaints could be escalated and who would be responsible for addressing the complaint within the provider. The service had not received any complaints since registering. The registered manager and housing estate manager recognised there may be times where they received complaints about aspects of the service they did not have responsibility for overseeing. Both managers said they would listen to the issues and share these with the relevant party to follow up. The estate manager said, "People ought to be able to approach any one of us with any issues."

One person recalled raising concerns with the service when there had been delays in their emergency call bell being responded to. They said, "In the past staff weren't very responsive to this. They had a meeting about this and it improved." This showed people's concerns were addressed.

The service provided end of life care. One person was in hospital receiving end of life care during our inspection. Staff visited them in their own time to support the person with their personal care. One care worker said, "I've helped the person with their grooming and massaged their hand. Their social care worker thought it would be nice if there was a face they knew seeing them." The registered manager recognised the commitment staff had shown through the support they had provided. A social care professional said, "Receiving this support from Sunnyfield Lodge has been the most valuable thing at their end of life stage, the staff go above and beyond for everyone when they need it."

Good

Is the service well-led?

Our findings

The service had a clear governance structure. The registered manager managed two extra care services, dividing their time between the two services. The registered manager was supported by two team leaders. An extra care service manager oversaw the service from the provider. Staff told us they enjoyed working at the service and felt supported. One care worker said, "I like a lot of advice and ask a lot of questions, they are always happy to help." We saw staff regularly speaking with the team leaders and the registered manager about the day to day running of the service.

The provider used quality visit forms to seek the views of engage with people who used the service and their relatives and monitor the standard of care people were receiving. The registered manager told us across the year all the people that used the service would be consulted to consider their views. The forms we saw showed people felt the on-call service was responded to, although at times it was affected by staff being busy. The registered manager said they would analyse the forms on a quarterly basis to consider any themes and actions required. At the time of the inspection they had yet to be analysed.

The service worked closely with the housing provider to create a welcoming, thriving community. They worked together to engage with people and their representatives. The housing provider held a monthly 'tenants meeting'. Representatives from the service occasionally attended to share updates. They also had the opportunity to contribute to the housing provider newsletters.

Staff attended regular team meetings. Records showed feedback from the quality questionnaires was shared with staff at team meetings. At another meeting staff were asked to include people when writing their daily care notes. Staff were also informed of issues identified from audits, such as missed signatures found in medication audits. Provider policies and procedures were discussed within team meetings, reminding staff of these. Staff described team meetings as a positive experience. This showed staff were kept informed about the service and work done by the managers.

Monthly team leader meetings took place with team leaders from the other service the registered manager had responsibility for. These meetings were an opportunity for team leaders to share practice and learning. For example, the outcome of a recent local authority quality assurance visit to one of the services was shared at the meeting for staff to reflect on and learn from. Changes to the provider's support plan documentation were discussed in another meeting, giving team leaders the opportunity to look at how this would be used in practice.

The registered manager attended monthly provider meetings. These meetings were an opportunity for them to discuss best practice and provider procedures. The registered manager told us the meetings were very beneficial.

Audits were completed by the registered manager and team leaders to monitor and maintain quality within the service. Team leaders completed monthly audits of people's contact sheets. These are records staff used to document people's care visits. The contact sheet audits commented on whether the records were

personalised and showed people had been treated with dignity and care. Team leaders completed monthly file audits. These were used to check if people's care files were accurate and reflected their current needs.

The provider had completed one audit of the service. The registered manager had recently received this when we inspected and was in the process of reviewing it to identify resulting actions.

Medication Administration Record (MAR) were audited on a monthly basis. Where issues were identified, such as variable doses of medicines not being recorded, action was taken to address these. For example, raising this at a team meeting. A record of medicine errors was kept. The registered manager kept a log of medicine incidents to help identify patterns or trends from MAR audits and medicine errors.

The staff worked in partnership with other services run by the provider. During our visit staff from the provider's reablement team assisted with providing support at the service.