

# Review of compliance

<p>Middlesbrough Borough Council 11a Sunningdale Road</p>	
<p><b>Region:</b></p>	<p>North East</p>
<p><b>Location address:</b></p>	<p>Saltersgill Middlesbrough Cleveland TS4 3JA</p>
<p><b>Type of service:</b></p>	<p>Care home service without nursing Rehabilitation services</p>
<p><b>Date of Publication:</b></p>	<p>August 2012</p>
<p><b>Overview of the service:</b></p>	<p>11a Sunningdale Road is a purpose built home in Middlesbrough. It is registered to provide the regulated activity of accommodation with personal care for 18 adults with mental health conditions. It provides rehabilitation and crisis support for people. The home is set back from the road and blends well with the surrounding properties. There is a small garden to the front and a</p>

	spacious grassed area to the rear.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**11a Sunningdale Road was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 20 July 2012, carried out a visit on 26 July 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

We spoke with six people, and the relatives of one person using the service. These people told us that they valued the service provided by 11a Sunningdale Road. One person told us "The place is really good; it is a really important service for society. I don't know where I would be if it wasn't for this." They also said "The staff talk to me about my care. I feel really involved in the process. I make my own meals, and am supported to be independent."

Another person told us, "I can talk to the staff here, and the crisis team, who are also located here. They work really well together."

One person we spoke with said, "I've been trying to get healthier. Since I've been here, I've lost two stone. The staff help me reach my goals."

### What we found about the standards we reviewed and how well 11a Sunningdale Road was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in

relation to their care.

**Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider was meeting this standard.

People experienced care, treatment and support that meet their needs and protected their rights.

**Outcome 06: People should get safe and coordinated care when they move between different services**

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The provider was meeting this standard.

People were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider was meeting this standard.

The provider had an effective system in place to regularly assess and monitor the quality of service that people receive.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

We spoke with six people who used the service, and the relatives of one person. They reported that they were respected and involved in the planning of their own care. One person told us, "The staff help me meet my goals. It'll take me a long time to be independent, but I am moving towards that. I have little steps to help me get where I want to be."

Another person told us, "The staff talk to me about the care I need. I feel really involved in the process." They also said, "There are regular meetings with the other residents. I've been to one, but wasn't able to stay for the whole meeting as I had to go out. They discussed things such as minutes of the last meeting; and how we can all live together well, such as doing the washing up and making sure it is nice for everyone."

##### Other evidence

During our visit, we saw that there was information on display in the reception area, promoting person centred planning for people who used the service. Person centred planning (PCP) is a set of approaches designed to assist someone to plan their life and support. It is used most often as a life planning model to enable individuals requiring support to increase their personal self-determination and improve their own independence.

We looked at the care records for four people using the service. These also demonstrated that staff had offered people the opportunity to have person centred plans. However we saw that people had declined the opportunity to participate in this approach. We asked the staff about this. They said that people using the service were involved throughout care planning. At the point the person centred approach was introduced in the assessment process, it repeated a lot of information and people could not see the value in it. They now planned to introduce the concept of using the person centred approach from the point the individual was admitted and completed the initial assessment.

However all the care records we looked at demonstrated that people had been involved in the care assessment and planning processes. We saw that people had signed to state they consented to information about them and the care they received being shared with other professionals. We also found that regular review of care planning took place that involved the person using the service. People who used the service understood the care and treatment choices available to them.

We found that care planning was personalised and built upon people's goals, likes and dislikes. We saw that the home promoted independence and self directed care, where ever possible. We saw that people were enabled to make informed choices, even where there were risks involved with the decisions they make. For example, where appropriate people were encouraged to keep hold of and administer their own medication and cook their own meals. This builds on people's independent living skills and helps people work towards their goals of living independently in the community. Therefore we found that people were supported in promoting their independence and community involvement.

The staff we spoke with knew the people who lived there very well and were able to tell us about likes and dislikes, preferences and information about individual's lives.

We also saw the home had an information area, which included a range of leaflets for people using the service to access. We saw this included information on how people could access advocacy services.

We also saw that there was information displayed promoting equality and diversity within the service. Throughout the inspection, we found that staff treated people with respect and supported people in a friendly and engaging manner. We found that staff were very courteous to people and that support was individualised and tailored for each person. A staff member told us how they ensured they took into account people's cultural, religious and other diversity needs and worked with the person on an ongoing basis to ensure they understood and could plan to meet the person's needs. Therefore we found that people's diversity, values and human rights were respected.

### **Our judgement**

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

One person told us "I've been trying to get healthier. Since I've been here, I've lost two stone. The staff help me reach my goals. The staff have helped me with this; they have helped me improve my diet, with more fruit and veg. They have helped me cook healthy things for myself." Another person said, "The staff look after my medication for me, and they do this well."

The people we spoke with told us that they had plans to move on from the service, and live more independently. People were at different stages in moving towards this. However they all reported that they were actively involved in developing plans and moving towards this. One person told us, "There are steps for me to move into supported living. I've been out to visit where I am moving to, and I know what is happening." Another person said, "I am going back to my supported living today."

One person reported that there were not enough organised activities within the home. However they said that they were supported to have active links with the community and continue with groups they were part of before they moved into 11a Sunningdale Road. Another person said, "There is plenty to do here. There are games, and I've been doing crochet. I've made a blanket and I'm on to my second one now. Last night we watched a film until late. We were all struggling towards the end, but I enjoyed it."

##### Other evidence

We reviewed the care records for four people who were in the home for rehabilitation and two people who were in the home as a result of a mental health crisis. We saw that

the home had detailed care planning and assessments that covered all areas of a person's individual needs. For example, they included details of the person's physical health; medication; personal care; mobility; independent daily living skills and the care needs associated with these. These were evaluated regularly and reviewed with the person using the service on a six weekly basis. Therefore we found people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

One of the care records we looked at identified the person had significant care needs around nutrition. We could see from records that appropriate professional support had been accessed for this person, and that action had been taken to meet the person's needs. We also spoke to the key worker for this person. They were able to describe the care intervention and planning put in place to ensure the person was kept healthy. However we noted that none of this detail was included in their care plans. The manager said they would look at the care records for this person to make sure they reflected the actual care plans in place. However the majority of records we looked at were detailed, accurate and up to date. Therefore we found, care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We saw that care planning reflected on people's individual life goals, detailed the future plans for people and the steps in place to achieve this. The people we spoke with confirmed these plans were in place. Therefore we found that people who used the service had adequate plans in place for when they leave the service and were fully involved in planning for this.

We saw that people were able to lead their own activities, with many people accessing services within the community. Staff told us that activities were led by "what people wanted to do." We saw that opportunities such as a local personal development training course were advertised within the service. Staff told us that people were supported to develop independent living skills. For example, where people were able, they prepared and cooked their own meals. People told us about the arts and crafts activities in the home. Therefore we found the service promoted the health and wellbeing of people using the service, and enabled people to make healthy living choices.

### **Our judgement**

The provider was meeting this standard.

People experienced care, treatment and support that meet their needs and protected their rights.

## Outcome 06: Cooperating with other providers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

### What we found

#### Our judgement

The provider is compliant with Outcome 06: Cooperating with other providers

#### Our findings

##### What people who use the service experienced and told us

One person told us that they thought the staff at 11a Sunningdale Road worked well with staff from the crisis team from Tees, Esk and Wear Valley NHS Foundation Trust. This team are based on the same site as the home. They said that when they were upset, they asked staff at Sunningdale to pass on information to the crisis team, so that they didn't have to go over the same information again. This worked well for them. They said "I can talk to the staff here, and the crisis team. They work really well together."

##### Other evidence

The home delivers services for people experiencing mental health crisis. This is where a person finds their mental or emotional state has marked adverse effects on their day-to-day life to the extent whereby they need urgent help. This service is delivered in cooperation with the crisis team, based on site, provided by Tees, Esk and Wear Valley NHS Foundation Trust.

We found that the home had access to the electronic records kept by the crisis team on their IT system, PARIS. We saw evidence that staff at 11a Sunningdale Road added daily information about the person to these records. This provided the home with detailed information about the person, their care planning and treatment. The home also had their own records which supplemented these electronic records. The staff told us that these arrangements worked well, and that information was shared appropriately between the two services, and this supported the care and treatment of people. We saw that people who used the service had signed a consent form to show they consented to information being shared in this way. Therefore we found that the provider

cooperated with others involved in care, treatment and support where the responsibility was shared.

We found evidence within care records that the home had involved other health care professionals as appropriate. We saw evidence people were supported to access care and treatment from GPs, District Nurses, hospital specialist's and other professionals. We found clear evidence of collaboration with other health care professionals and that this was well recorded within peoples' care records.

**Our judgement**

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

We did not speak with people directly about this outcome. However people said they were able to raise any concerns with staff, "I can talk to the staff. If I had a problem or any concerns I would talk to them."

##### Other evidence

We spoke with the three staff on duty about safeguarding of vulnerable adults. They were all aware of the different types of abuse and said they were confident they would be able to identify the signs of abuse in people who used the service. The staff told us they would know what to do if they saw any behaviour, which concerned them. Staff were able to tell us what would constitute an incident of abuse and said they would have no hesitation in 'whistle blowing' (telling someone) if they saw or heard anything inappropriate. The manager understood when they would need to notify the safeguarding team from the local authority and the CQC.

We looked at training records and spoke with staff about personal development. We found that all staff were up to date with their safeguarding training and that refresher training had been organised for those staff that needed it. Therefore, we found that staff understood what to look out for and what action they needed to take if they suspected a person had been subject to or was at risk of abuse.

We looked at the incident book for the home. We found there were no incidents recorded that might have indicated that people were at risk of abuse. However we found that the home had not notified CQC of two incidents which had been reported to,

or investigated by police, as they are required to do. However we did find that all other action taken in relation to these incidents was appropriate. When we alerted the manager to this, they put in place immediate improvements to ensure staff did this in future. However we have not been able to test the sustainability of this process.

From what we saw and were told we found that people who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

**Our judgement**

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

## Outcome 14: Supporting workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting workers

#### Our findings

##### What people who use the service experienced and told us

People reported that they got on well with staff. One person said, "The staff are knowledgeable; they know what they need to know."

##### Other evidence

We spoke with three members of staff. They all reported that they had good access to training, and that they attended mandatory training. We reviewed the training records for four staff members, and the staff training matrix, forwarded to us following the visit. These confirmed that staff had access to appropriate training. We also found that over the previous year staff had completed a variety of additional training around meeting people's specific care needs.

The three staff members we spoke with said they had received regular supervision and had an appraisal, which they found useful. They also told us that they attended regular staff meetings, which were helpful and assisted them to explore their practices.

The manager showed us the planned schedule for supervision and appraisal, and we also looked at staff supervision and appraisal records. These confirmed that staff received regular supervision. We saw that the home had set up new appraisal records for this year, and that these contained four objectives based on the key aims of the home. Staff reported that they were able to access the manager and deputy managers for support at any time.

Therefore we found that staff received appropriate professional development.

**Our judgement**

The provider was meeting this standard.

People were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

One person told us, "They do ask my views here. As I am leaving they have asked me to fill in a questionnaire with my views. I can see the improvements since I was last here. The decoration has improved and the new shower is really powerful."

##### Other evidence

The manager showed us a range of documents they completed around quality assurance, which we found covered all areas of practice. For example, quality audits relating to care planning, health and safety, the environment and maintenance.

We found that people who used the service, their representatives and staff were asked for their views about their care and these were acted on. We saw the results and analysis of quality assurance questionnaires for people using the service. We saw that this resulted in an action plan, which was followed up and implemented.

Staff told us that the team had regular weekly meetings and these were used to discuss how people had been and how the service could be improved. They gave us examples of areas where practice had improved on their suggestion. All the records we reviewed confirmed that staff took action to make any required changes in a prompt manner. We found that the staff and manager fully understood the quality assurance processes, identified areas for improvement and took action to ensure they continually developed their practices.

#### Our judgement

The provider was meeting this standard.

The provider had an effective system in place to regularly assess and monitor the quality of service that people receive.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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