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Sansigra Care Home

Inspection report

Sansigra Care Home
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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

We inspected Sansigra Care Home on 7 December 2015. This was an announced inspection. We told the provider two days before our inspection visit that we would be coming. This was because we wanted to make sure people would be at home to speak with us. The service was last inspected on 23 May 2014. During that inspection visit we found the service was meeting regulations.

Sansigra Care Home provides care and accommodation for up to eight people who have a learning disability or autistic spectrum disorder. There were six people living at the service at the time of the inspection visit.

The service is situated in a rural setting on the outskirts of the city of Truro. It is a small holding with two horse's, chickens and some cattle. There are transport vehicles to support people to use community facilities.

The service had 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.

Some people were able to verbally communicate with us but others were not, therefore we observed how people interacted with each other and with staff. We observed that people were relaxed, engaged in their own choice of activities and appeared to be happy and well supported by the service.

People were supported to lead full and varied lives and staff supported them to engage in a wide variety of activities. People told us, "I like the horses and we go to the garden centre sometimes. We do a lot of things here" and "I go to (relative name) for holidays. I like football so I go and watch It with (staff name)".

People told us they felt safe living at Sansigra. One person said, "Yes, I always feel safe here, they (staff) are kind". Arrangements were in place to protect people from abuse and unsafe care.

The service was meeting the requirements of the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards.

People had a choice of meals, snacks and drinks, which they told us they enjoyed. There was flexibility in what people might want to eat.

The environment was of a homely nature. Rooms were personalised where people had wanted to include their own items.

People had individual support plans, detailing the support they needed and how they wanted this to be

provided. Professional we spoke with told us the staff team were responsive to people's needs and made changes where necessary.

Care records were detailed and contained specific information to guide staff who were supporting people. Life history profiles about each person were developed in a format which was more meaningful for people. This included large print and pictorial information. This meant staff were able to use them as communication tools.

Risk assessments were in place for day to day events and to support people's life choices. For example going out into the community. This information was included in people's care documentation.

Medicine procedures were safe. Medicines were administered as prescribed and at the times prescribed. Records were accurate and audited regularly.

There was a system of quality assurance checks in place. People and their relatives were regularly consulted about how the home was run. Relatives said, "I am confident (persons name) is very well cared for and happy living at Sansigra" and "I am always kept informed and updated about (persons name). I think they are good at keeping us up to date".

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. Procedures were in place to protect people from abuse and unsafe care.

People's medicines were managed safely and there were safe.

There were sufficient staff to meet peoples care needs.

Is the service effective?

Good ●

The service was effective. People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

Sansigra worked with other services and health professionals to ensure people's care needs were met.

Staff were supported through a system of supervision. Staff training was available to ensure people were cared for by staff who were competent in their roles.

Is the service caring?

Good ●

The service was caring. People were treated with respect and their independence, privacy and dignity were promoted.

People and their families were included in making decisions about their care and support.

Staff spoke about people fondly and demonstrated a good knowledge of their needs.

Is the service responsive?

Good ●

The service was responsive. Care plans were detailed and informative and regularly updated.

Peoples' interests and social activities were clearly documented and people were supported to engage in activities that were meaningful to them.

There was a system to receive and handle complaints or

concerns.

Is the service well-led?

Good ●

The service was well led. There was an open and relaxed atmosphere at the service.

There was a system of quality assurance checks in place. People and their relatives were regularly consulted about how the service was run.

The staff team were positive about how they were supported by the registered manager and the organisation generally.

Sansigra Care Home

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 checked 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 7 December 2015 and was announced. The inspection was carried out by one inspector. Before the inspection we reviewed previous inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

We spoke with six people who lived at the service in order to find out their experience of the care and support they received. We also spoke with the registered providers and manager. Following the inspection visit we spoke with two relatives and two professionals.

We looked at three people's care records, medicine records and other records associated with the management of the service including audits.

Is the service safe?

Our findings

People using the service told us they liked living there and felt safe. Comments included, "It's very nice living here with (names of other people using the service)" and "We are looked after very well". Relatives told us, "(Name of person) is very well looked after I have total confidence in the staff there" and "Yes, I feel (name of person) is very safe living at Sansigra. When people returned later in the day they moved around the service freely and were seen to be comfortable and relaxed in their surroundings.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us if they had any concerns they would report them to the registered manager and were confident they would be followed up appropriately. It was clear they understood what the principles of abuse were and how to respond to keep people safe. The service worked closely with the safeguarding authority where necessary.

People's money was kept securely. Records for each individual were kept detailing money received and spent along with any receipts. These records were monitored by the registered manager. We reviewed two people's accounts and found all transactions tallied with receipts. There was a small over balance on both records we looked at. The registered manager told us this was due to 'rounding up' to simplify arithmetic. However, the provider recognised the importance of maintaining accurate financial records and said accurate financial records would be maintained in future.

Care plans contained detailed information to guide staff as to the actions to take to help minimise any identified risks to people. Staff told us they worked with people to keep them safe while allowing them to try new experiences and increase their independence. Risk assessments were specific to the needs of the individual. For example we saw assessments had been completed regarding people's safety in the community due to their vulnerability. Where issues had been identified risk had been reviewed and measures put in place to protect the person. Risk assessments were reviewed and offered clear guidance for staff on how to minimise identified risks. This demonstrated that the service protected people from risk whilst supporting them to lead full lives.

Most people attended day support centres during the week; however where people stayed at the service staff were available to meet their needs. Staffing levels met people's needs and were based upon dependency levels. The registered providers worked in the service every day. Staff rotas identified when staff were working however two staff worked flexibly as and when they were required. This was not identified on a day to day basis. We spoke with the registered manager about this and they recognised the need to include specific hours being worked so there was a clear audit of staff on duty at any time. There was evidence all the relevant recruitment checks had taken place to show people were suitable and safe to work in a care environment.

The service had procedures in place to record accidents and incidents. When we undertook this inspection visit there had been no accidents or incidents affecting people using the service recorded.

There were storage facilities available for all medicines being used in the service. Medicines Administration Records (MAR) were completed appropriately. We checked the number of medicines in stock for one person against the number recorded on the MAR and saw these tallied. Creams, ointments and liquid medicines were dated when opened. This meant staff would be aware when medicines were likely to become less effective or contaminated. Systems were in place for the storage and administration of homely remedies although there were none being used at the time of the inspection visit.

The service did not use any moving and handling equipment such as hoists. This was because people were mobile and could be supported independently.

The exterior and interior of the building was clean and tidy. Equipment was being serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use.

Is the service effective?

Our findings

People were supported by skilled staff with a good understanding of their needs. The registered manager and staff spoke about people knowledgeably. They provided a good insight into the individual levels of support people required. This demonstrated a depth of understanding about people's specific support needs and backgrounds. Staff told us, "We are very family orientated. It's a small home so we get to know what people like and we do our best to support them". Relatives said, "Staff know them inside out and they always let us know if (persons name) has been to the doctors or anything like that".

The registered manager and the staff were aware of the Mental Capacity Act 2005 (MCA). People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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. The registered manager and the staff were aware of the requirements of Mental Capacity Act 2005 and had consistently followed its principles. Where people had been assessed as lacking the capacity to make specific decisions we found these decisions had been made in the person's best interests. Mental capacity assessments had been carried out and applications had been submitted to the local authority for authorisation.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service had correctly identified that some people's care plans were restrictive and had made appropriate applications under DoLS.

People had good access to a range of health support services. Each person had a health plan in place which covered the person's physical health and mental welfare. The health plans were detailed and identified if a person needed support in a particular area. People's care records contained easy read, health action plans which outlined what support people needed in an accessible format as well as details regarding other health professionals and their contact details. Records showed individual appointment and visit records which included reasons for visits and actions to be taken. The registered manager told us how the service dealt with people's changing health needs by consulting with other professionals where necessary. This meant the person received consistent care from all the health and social care professionals involved in their care.. Multi-disciplinary meetings were held as necessary to help ensure all aspects of people's needs were taken into consideration when planning care. An external professional told us the service worked well with them and acted on guidance they provided.

People, told us they liked the variety of meals prepared for them. One person said, "I like my food and they

(staff) make it for me". Another person told us they had drinks and snacks when they asked for them. The service was flexible in its approach to meal planning and did not work to a set menu. People had access to a range of hot and cold drinks, snacks and fresh fruit whenever they wanted. One person told us they took a pack lunch to a day support centre another told us they liked to buy their lunch at a day placement because they liked choosing something different every day. Mealtimes were usually taken together in the dining room but people had the choice to eat elsewhere. One person showed us they were ready for their evening meal in front of the television as this was their choice and staff respected this.

The registered providers/manager worked in the service on a day to day basis. A staff member told us they felt well supported by the registered manager and regularly discussed how they provided support to help ensure they met people's needs. There was a programme of supervision which was not just task orientated and provided staff with an opportunity to discuss their role and development and training. Staff told us supervisions were useful for their personal development as well as helping ensure they were up to date with current working practices. This showed staff had the training and support they required to help ensure they were able to meet people's needs.

Training was available to support staff. This included, vocational training as well as practical and theory based training in areas such as moving and handling, food hygiene, safeguarding and first aid. Staff also told us that further training was provided, to enable people to be supported by skilled and knowledgeable staff. For example effectively managing behaviour which might challenge for de-escalation techniques. Staff training was regularly reviewed to ensure all staff were up to date with current good practice and guidance. This helped ensure people received effective care that met their individual needs. There had been no staff recruited since April 2015 when the new training system had been introduced which was in line with the Care Certificate framework. This replaced the Common Induction Standards with effect from 1 April 2015.

The environment was of a homely nature. Rooms were personalised where people had wanted to include their own items. One person told us, "I like my room and there are photographs of me and (relative's name)". The service was a small holding on land around the house. There were horses, chickens and cattle on the land. People told us they loved the animals. One person said, "I help with the horses, I love them".

Is the service caring?

Our findings

We spent some time in communal areas observing interactions between staff and people who lived at the service. Staff were respectful and spoke to people with consideration. They were unrushed and caring in their attitude towards people. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter. People told us they felt very happy and wouldn't receive better care anywhere else. One person said, "I love living here, we are all friends". Two relatives told us they would not wish (the person) to live anywhere else. They told us, "I am very happy with Sansigra for all it does" and "We think (person name) has the best care and does so many things like going to football. Couldn't wish for a more caring home".

It was clear staff understood people's individual needs. For example one person had not felt well on the day of the inspection visit so staff had encouraged them to stay at the service instead of going to a day care facility so they could check on their welfare.

We observed the routines within the home were relaxed and arranged around people's individual and collective needs. We saw people were spending time doing what they wanted to. People were in the lounge chatting and watching a quiz programme. This had generated a lot of conversation and laughter between them.

Daily records were being maintained and demonstrated how people were being supported. The records communicated any issues which might affect their care and wellbeing. The registered manager told us this system made sure they were up to date with any information affecting a persons care and support.

A member of staff told us how they maintained people's privacy and dignity when assisting with personal care, although most people living at Sansigra were independent and required minimum personal support. A staff member told us they gained consent before providing care. They told us they felt it was important people were supported to retain their dignity and independence.

Sansigra had a domestic environment and people had freedom of movement around the service and were able to make decisions for themselves. There were no restrictions in place but people were supported by staff when going in areas where animals were kept for their safety.

People's care plans showed their styles of communication were identified and respected. Some people required more support to communicate. There were pictorial information formats for people who had a limited understanding of written literature. There were posters and care plans with picture symbols used as a visual tool to assist people.

Staff knew the people they supported well. Care records contained information about people's personal histories and detailed background information. This helped staff to gain an understanding of what had made people who they were today and the events in their past that had impacted on them.

Prior to and following this inspection visit we received information from other professionals who had some responsibility for the wellbeing of people who lived at the service. Links with these professionals were generally positive. They told us they worked closely with the service to encourage and maintain positive outcomes for people.

Is the service responsive?

Our findings

The service focussed on the importance of supporting people to develop and maintain their independence. People told us they were encouraged to pursue personal interests and had no restrictions placed upon them with their daily routines. People using the service attended various day support placements during the week. One person told us, "I like going to (name of centre). I have friends there". Relatives said, "(Name of person) is always doing something they have an excellent choice of activities" and "(name of person) loves horse-riding, football and socializing and does all those things".

People were supported to maintain relationships with their friends and family members. For example one person spent week-ends and holidays with members of their family. A relative told us they felt they could visit anytime and were always warmly received.

Rather than bring entertainment into the service staff supported people to engage in community links, for example going out for meals, going to local pubs and attending events of people's choice. These were usually as a small group or on a one to one basis. The service had its own vehicles to enable people to use community activities.

Care plans were structured and detailed the support people required. The care plans were person centred identifying what support people required and this would be delivered. Where possible relatives or advocates were involved in the care planning process and were kept informed of any changes to people's needs. A relative said, "Always told about any changes and what is happening. We live a long way from the home and it makes us feel included". For example staff advised a relative about a person's change of risk level and how that was being managed and monitored. Life history profiles about each person were developed in a format which was more meaningful for people. This included large print and pictorial information This meant staff were able to use them as communication tools.

In addition to care plans each person living at the service had daily records which were used to record what they had been doing and any observations about their physical or emotional wellbeing. These were completed regularly and staff told us they were a good tool for quickly recording information which gave an overview of the day's events.

There was a policy and procedure in place for dealing with any complaints. An easy read version was available for people which used pictorial symbols alongside simple and limited text. No complaints had been reported. Relatives told us they had not needed to complain but would not hesitate to do so if necessary. They told us the registered manager was approachable and they were confident any concerns would be acted on.

Is the service well-led?

Our findings

Staff told us of the open and supportive culture promoted by the registered manager at Sansigra. Staff told us they loved working at the service. Comments included, "It's a job I love doing. We all work well together and get good support". Another said, "Great place to work because we work well as a team and we have time to make a difference to people's lives".

External professionals told us they had confidence in the service, telling us the staff worked in the 'best interests' of people who lived at Sansigra. They told us the service listened and responded to their advice.

There was a clear focus on what the service aimed to do for people. The emphasis was the importance of supporting people to develop and maintain their independence. It was important to the staff team that people who lived there were supported to be as independent as possible and live their life as they chose. This was reflected in the care planning documentation.

Day to day communication systems ensured any issues were addressed as necessary. Staff told us they felt confident they were listened to and their views were respected and acted upon. For example how changes to a person's support was communicated to the family. The registered manager, who also lived alongside the service and was aware of what went on at the service on a day to day basis. The registered manager was always available and also supported people.

Staff told us the way information was shared was informal. It occurred through day to day communication and any issues were addressed as necessary. Staff told us they used the open communication as an opportunity for them to raise any issues or ideas they may have. They felt confident the registered manager respected and acted on their views. The registered manager took an active role on the day to day management of the service. Staff told us, "It's good that he [registered manager] is always available especially if there is a problem. We do feel supported" and "It's a small service so we don't really do things too formally, because we can share information every day and nothing gets missed".

People living at the service and where applicable their relatives or advocates, were consulted about what was happening in the service both formally and informally. People talked together frequently to discuss any plans or changes. Decisions were made individually and as a group about holidays, outings and meals. This showed people living at the service were provided with as much choice and control as possible about how the service was run for them. The views of people using the service were regularly surveyed. Relatives told us they were actively encouraged to approach the manager and staff with any concerns or ideas they might have.

The registered providers/manager oversaw quality assurance systems to drive continuous improvement within the service. Policy and systems audits were carried out annually or if guidance changed. There were more regular audits for systems including medicines, accidents and incidents and maintenance of the service.