

Mrs Jennifer Grego

Sapphire House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Sapphire House is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Sapphire House accommodates up to 5 people who have a learning disability, in one adapted building. At the time of our comprehensive announced inspection on 22 January 2019 there were 4 people living in the home.

There was a registered manager in post. 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. This was the first comprehensive inspection of this service.

At this inspection we found the provider to be in breach of four of the regulations.

Risks around fire safety were not appropriately managed. One person did not have a personal emergency evacuation plan and fire drills were not carried out. This meant the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

A further breach of the regulations was found, this was because there were gaps in staff training and staff did not attend training in infection control and food hygiene. Therefore, the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The provider was also in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because there was a lack of governance processes in place which monitored the quality of the service being delivered. Some checks were being carried out but these did not provide a thorough oversight of the service.

We found the provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because safeguarding and other important events were not always reported appropriately. Whilst the local safeguarding team had been informed, we were not notified of some events.

Staff understood what constituted abuse and had attended training in safeguarding. Staff also attended courses relating to people's individual care needs such as challenging behaviour and autism.

Individual risks to people's health and wellbeing had been identified and appropriate plans were in place to minimise known risks.

There were consistently enough staff to support people safely and there were safe practices around the recruitment of staff.

New staff completed an induction and shadowed experienced members of staff. Staff were further supported in their role through regular supervisions.

Full assessments of people's care needs took place before they started living in the home.

Mealtimes in the home were relaxed and flexible to suit people's needs. People were able to choose their own food and were supported to maintain a healthy diet.

Staff worked alongside healthcare professionals to provide collaborative care to meet people's needs. Prompt referrals were made to healthcare professionals where there were concerns about a person's health or wellbeing.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that the service was working within the principles of the MCA. People were involved in day to day decisions about their care and treatment and staff knew the importance and guidance around making a decision in a person's best interest. Where people were deprived of their liberty, records relating to this had been completed in line with the Mental Capacity Act 2005.

Staff treated people in a kind and caring way and knew people's care needs well. Staff were responsive to people's needs and effectively communicated with people. People were supported to maintain relationships with their family and friends and were also supported to access their local community.

People's care records were detailed and person-centred. Care records were updated and reviewed regularly.

There was a complaints procedure in place and people knew how they would raise a complaint.

People were asked for their feedback about the service they received.

Staff enjoyed their work and felt supported by the management team.

The care service has been 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 citizen.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Notifications of significant events were not always submitted.

Risks relating to fire safety were not mitigated.

There were detailed plans in place to minimise and manage risks relating to people's health and wellbeing.

There were enough staff to support people in a safe way.

People medicines were administered according to the prescriber's instructions.

Measures were in place to minimise the risk of infection.

Requires Improvement ●

Is the service effective?

The service was not always effective.

There were gaps in staff training and staff did not receive training in infection control and food hygiene.

People's needs were assessed prior to them moving to the home.

People were supported to maintain a healthy nutritional intake.

Referrals were made to healthcare professionals where there were concerns about people's health and wellbeing.

The service worked in accordance with the Mental Capacity Act 2005.

Requires Improvement ●

Is the service caring?

The service was caring.

People were treated in a kind and caring way.

People were supported to maintain relationships with those close to them.

Good ●

Staff treated people in a respectful way.

Is the service responsive?

The service was responsive.

People's care records were detailed and reviewed and updated regularly.

People were supported to access their local community and maintain their interests.

There was a complaints policy in place and people knew how they would raise a complaint.

Good ●

Is the service well-led?

The service was not always well-led.

There was a lack of governance systems to monitor and assess the quality of service being delivered.

Staff enjoyed their work and felt supported by management.

People were given opportunities to give feedback about the service.

Staff at the service worked in partnership with other agencies to provide coordinated care for people.

Requires Improvement ●

Sapphire House

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 announced inspection was carried out on 22 January 2019 and was carried out by one inspector.

We gave the service 48 hours' notice of the inspection visit because it is small service and we wanted to be sure that people and staff would be available to speak with.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received a completed PIR from the provider. We also looked at information we held about the service, including statutory notifications. A notification is information about important events, which the provider is required to send us by law. We used this information to inform the planning of this inspection.

During the inspection we spoke with two people who used the service. We also spoke with the registered manager, general manager and two members of care staff.

We reviewed two people's care records, three staff recruitment files and a range of documents relating to the day to day running of the service.

Is the service safe?

Our findings

The service was not always safe. Risks relating to the evacuation in the event of a fire were not mitigated. One person did not have a personal emergency evacuation plan (PEEP) in place. This details what support a person needs to safely evacuate the home. There was only one fire alarm point and this was in a locked room. This would make it difficult to quickly raise the alarm in the event of a fire. There was also no record of a fire drill taking place and the registered manager confirmed no fire drill had taken place.

These findings constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We raised our concerns with the general manager and registered manager and the general manager told us a PEEP would be written at a matter of urgency and a plan would be put in place to start regular fire drills. After the inspection the general manager sent us a copy of the PEEP that was not in place. The registered manager confirmed after the inspection they had arranged for a contractor to carry out a fire risk assessment on the home.

The safety of gas and electrical supplies were tested regularly and we saw certificates to confirm this.

We saw from records of safeguarding incidents and accidents that staff took prompt action to ensure people's safety such as obtaining medical assistance or contacting the local safeguarding team for advice. In addition to this, we had been notified of some safeguarding incidents. The general manager told us they regularly looked at accidents and incidents to identify any patterns or trends. They would then implement measures to mitigate the risk of future incident.

The registered manager and staff we spoke with understood what constituted abuse. Training records we looked at confirmed that staff had received training in safeguarding.

Individual risks relating to people's health and wellbeing had been appropriately identified and there was detailed guidance available in people's care records which guided staff about how to manage and mitigate known risks. For example, some people living in the home showed behaviour that challenged and to manage this risk people required staff support with accessing their local community. There was information in people's care records to show what situations people would become upset by and what behaviours they would show if they were uncomfortable in certain situations.

There were enough staff to safely support people and some people required one to one support from staff. During our inspection we saw there were suitable levels of staff and there were always staff in the communal areas which meant that there were always staff on hand should people need immediate support. We looked at the staffing rotas from the four weeks prior to our inspection and these showed consistent staffing levels appropriate to people's needs.

We looked at three staff recruitment files and saw that appropriate references had been sought and a

satisfactory check with the Disclosure and Barring Service (DBS) was in place prior to their appointment. A DBS check is a background check on a person's suitability to work in the care sector and will highlight any convictions that prevent someone working in this area.

People's medicines were managed in a safe way. We looked at the stocks for two people's medicines and noted that stocks of the medicines tallied with what was on people's records. Some people were on PRN medicines, these are medicines taken on a when required basis. There were appropriate protocols in place for these medicines and staff clearly documented on people's medicine records when these medicines were administered and why the medicine was taken. Staff regularly had their competencies assessed to check their knowledge and understanding around the administration of medicines.

Staff used appropriate personal protective equipment such as gloves and aprons to minimise the risk of infection. We saw that staff wore disposable gloves and aprons where required. The home was clean throughout and there was a cleaning schedule in place which was completed by staff.

Is the service effective?

Our findings

The service was not always effective. Staff had not completed all of their training. We saw from training records a number of staff had not completed the emergency first aid course, however, all but three staff had completed the basic first aid course. Staff had not completed training in infection control or food hygiene. This was of concern because staff were preparing food for people.

These findings constituted a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We saw from the staffing rotas that each shift had a member of staff working who had attended one of the first aid courses. The general manager informed us that these courses would be added to the list of mandatory training and all staff will have completed these courses by the end of March 2019. They informed us that a number of other courses would be mandatory for staff such as equality and diversity and nutrition and hydration. We saw from staff training records that staff attended training specific to people's care needs such as autism and management of challenging behaviour.

New staff completed an induction process and we saw records of this in staff files. New staff also shadowed more experienced new members of staff until they felt able to work without direct supervision. All staff had bi-monthly supervision meetings with the registered manager. Supervision is a confidential meeting between a member of staff and their manager to discuss any support they need and any training needs. Staff we spoke with confirmed they received supervision and found these meetings supportive. The general manager told us they were in the process of ensuring all staff had an appraisal. They showed us the new appraisal form they would be implementing. This included discussing areas of development and what support would be given to develop staff in their roles.

Meal times in the home were flexible to suit people's needs and people could help staff with preparing their meals if they wanted to. At lunchtime, we saw staff asking people what they would like for their lunch and people could choose where they wanted to eat their meal. We saw from people's care records that some people required staff to prompt them to make healthier choices about their choice of food, however, it was clear that people were supported to enjoy a treat occasionally.

People's needs relating to their emotional and physical wellbeing were assessed before they started living in the home. This ensured that the home was the most suitable place for them to live.

Staff worked with professionals from other health care teams to ensure consistency in people's care. We saw from people's care records that people were supported by staff to attend appointments with other professionals involved in their care such as psychologists and dieticians. People's care plans and risk assessments were updated to reflect any guidance given at these appointments. People also had a hospital passport. This gave a description of people's health and emotional needs and their preferred way of communicating. If people had to be admitted to hospital, then this document was passed onto healthcare professionals so they had an understanding of people's needs.

Notes in people's care records showed that prompt referrals were made to health care professionals where there were concerns about a person's health or wellbeing.

The 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 make 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 care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

We looked at the DoLS applications for two people and noted that these had been completed appropriately and they detailed why people should be deprived of their liberty to maintain their safety. Where decisions had to be made in a person's best interest, these were clearly documented and provided guidance about what specific decisions needed to be made for people and when.

We saw staff asking people for their consent, for example we saw a member of staff asking one person if they would like help with cleaning their room. Staff told us how they offered people choice. One member of staff told us they would give people a choice of two things at mealtimes so they did not confuse the person.

The home was easy to navigate around and we saw people moving about the home with ease. There was also a large garden which was accessible via the conservatory.

Is the service caring?

Our findings

The service was caring. Throughout our inspection we saw that people were spoken to and treated in a respectful and caring way. Staff responded to people's needs quickly and we saw staff spending time talking with people. Staff used humour appropriately with people and we saw by people's responses, such as laughter and body language, that people enjoyed being in the company of staff. Equally, people's wishes were respected when they wished to have some quiet time. Two people we spoke with told us they thought staff were caring.

During our inspection we saw some people were showing behaviour that challenged. Staff spoke with them in a calm and respectful way and managed to quickly diffuse the situations by using calm and thoughtful language.

People were involved in the planning of their care and this was clear from the amount of personalised detail within people's care records. People's care records also detailed what family members and friends were important to each person and the level of involvement in their care. The general manager told us how they supported people to maintain relationships with their family and friends, such as taking people to meet the people close to them.

Staff supported people to maintain their independence. One person walked with a frame and the home was kept free from trip hazards so they could move about freely, all of the communal areas including the garden were accessible. This meant that this person could choose to spend time in their preferred area of the home without asking for staff support.

People's privacy and dignity was consistently upheld. For example, we saw staff knocking on people's doors and waiting for an answer before entering. One member of staff told us they would gently remind people to close the door when they were using the bathroom to maintain their privacy.

There was nothing in people's care files to show what their preferences were regarding how they would like their care to be delivered at the end of their life.

Is the service responsive?

Our findings

The service was responsive. People's care records were detailed and staff we spoke with knew people's care needs well. People's care records were regularly reviewed and updated when people's care needs changed. Whilst people's care records were detailed, they were very lengthy and could be condensed to make them more accessible to read.

People got the support they needed to pursue their interests. For example, one person had some guinea pigs as pets. Staff helped the person to keep their hutches clean and feed them. People were also encouraged to maintain relationships with people, one person was taken to a social club by staff so they could meet up with their friends.

The people living in the home had their individual ways of communicating with staff and some people would mainly use body language and facial expressions to communicate their needs. Another person was hard of hearing and staff were able to effectively communicate with them. There was clear guidance in people's care records about how they expressed different emotions and how they preferred to communicate their wants and needs.

On the day of our inspection we saw people were supported to access their local community. For example, one person wanted to go to the shops and staff were quick to arrange for them to go out. Another person went to the seafront. Because there were sufficient numbers of staff, this meant they could facilitate people's requests to go out as and when they requested.

The registered manager told us they had not received any written complaints in the past year. They told us about a verbal complaint made by one person who lived in the home. They told us how they resolved the person's complaint. One person we spoke with told us they would tell the registered manager if they were not happy with something. We saw that there was a complaints policy in place and the registered manager told us how they would respond to any formal complaints.

Is the service well-led?

Our findings

The service was not always well led. There was a lack of governance systems in place to monitor the quality of service being delivered. The lack of oversight meant the issues relating to fire safety, reporting of accidents and incidents and gaps in staff training had not been identified. An external audit carried out in April 2018 failed to identify gaps in staff training and an internal audit failed to identify that some incidents had not been reported appropriately. The internal audit also failed to highlight concerns relating to fire safety.

These findings constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The general manager told us they were planning on implementing a comprehensive governance system that monitored all aspects of the service. After the inspection, they sent us copies of the audits they would be using. These included a full management checklist, care files audit and a health and safety audit. The registered manager was carrying out some audits such as checking people's medicines were stored and administered in a safe way. They also carried out a weekly manager's audit of health and safety.

Both the registered manager and general manager were aware of the improvements required in relation to the oversight of the service. We saw that an external auditor had highlighted what improvements were required and the general manager had devised an action plan. We looked at this and saw that there were clear plans and deadlines by when remedial action needed to be taken by.

The registered manager did not always notify us of important events as required by law. We saw from records of safeguarding incidents that we had not received a notification for each incident. We also saw from records that a notification of a serious injury had not been sent to us.

These findings meant the provider was in breach of Regulation 18 of the Care Quality Commission (Registration Regulations) 2009.

Staff we spoke with told us they felt supported by the management team and they were aware of their roles and responsibilities. The registered manager told us they were confident in the care staffs' ability to oversee the day to day running of the home when they are on annual leave or having a day off. They told us, "I know that staff can handle things when I'm off."

Staff we spoke with spoke enthusiastically about their role and both staff told us they enjoyed their work. One staff member told us, "It's great [working here], we work effectively together."

There were no formal surveys sent to people to ask them about the quality of the service. The registered manager told us that due to people's individual care needs, it was more appropriate to ask people for their feedback during their monthly meetings with their main carer. We saw that these meetings were documented in people's care records.

Staff met regularly and we saw from the minutes of these meetings that changes to people's care needs and any messages from management were discussed.

The service worked in partnership with other agencies such as the local authority and local authority safeguarding team to provide coordinated care for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider failed to notify the Commission of notifiable events. Regulation 18 (1)(2)(e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks relating to fire safety had not been identified, managed or mitigated. Regulation 12(1)(2)(a)(b)(d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Suitable systems were not in place to monitor, assess and improve the quality and safety of the service. Regulation 17(1)(2)(a)(b)(f)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive training necessary to their role. Regulation 18(1)(2)(a)

