

New Bridges Residential Care Limited

Sandpiper

Inspection report

Beach Road
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Weston Super Mare
Somerset
BS22 9UZ

Tel: 01934631893

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 this service on the 21 March 2016. This was an unannounced inspection. At our last inspection in September 2013 no concerns were identified.

Sandpiper provides accommodation and personal care for up to six people who could have a learning disability, autism and or mental health needs. It does not provide nursing care.

At the time of this inspection there were six people living at the home. Sandpiper has six bedrooms, a kitchen, dining room, lounge, office, laundry room, games room and gardens.

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. The registered manager was present during the inspection.

People, staff and relatives felt the home was safe although not all incidents were being reported when required to the local safeguarding authority. The registered manager took immediate action and made all necessary referrals following our inspection.

People received their medicines safely and when required by staff who had received training.

People were supported by staff who had appropriate checks in place prior to commencing their employment. People were supported by adequate staffing levels and staff supported people in a kind and caring manner. Staff demonstrated they knew people well and felt supported and able to raise any concerns with the registered manager.

People received a service that was based on their personal needs and wishes. People who were unable to consent to care and treatment had completed assessments and best interest decisions paperwork in place that involved significant others. Staff gave people choice and had received training in the principles of The Mental Capacity Act 2005.

People were able to receive visitors whenever they wished and relatives were able to visit as often as they liked. People were supported by staff who received regular supervision and training to ensure they were competent and skilled to meet their individual care needs.

People, relatives, staff and health professional's views were sought so that improvements could be sought. People and relatives felt happy to raise a complaint and were aware of the provider's complaints policy. Quality assurance systems were not always ensuring they identified areas for improvement prior to our

inspection. The homes records were well organised and accessible.

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.

People felt safe but we found not all referrals were being made to the relevant authority when concerns relating to people's safety were identified.

People's medicines were being safely managed and staff had received training to ensure they were competent in administering people's medicines.

People had detailed care plans and risk assessments which gave staff clear guidelines to follow in relation to people's care and safety.

Recruitment procedures ensured people were supported by staff who had adequate checks prior to commencing their employment.

Requires Improvement ●

Is the service effective?

The service was effective.

People were supported by staff who received regular supervision and training to ensure they were competent and skilled to meet people's individual care needs.

People were supported by staff to make decisions about their care in accordance with current legislation and were supported to see health care professionals according to their individual needs.

Good ●

Is the service caring?

The service was caring.

People received personal care that reflected their individual wishes and felt supported by kind and caring staff.

People were treated by staff who demonstrated a kind, caring and compassionate approach towards people.

Good ●

People had care that was personalised to ensure their individual diverse needs were being met and promoted their independence.

Is the service responsive?

The service was responsive.

People and relatives views were sought and compliments received were positive about the care provided to people.

People had choice with their activities and there was an activity room that people could use if they wished.

People's care plans were individual and personalised and reflected what people's likes and dislikes were.

Good ●

Is the service well-led?

The service was well-led.

The home's quality assurance systems were not always effective at identifying shortfalls and actions required. The registered manager took immediate action and implemented an improvement plan to prevent this from re-occurring.

People were supported by staff who felt well supported and happy.

There was a system in place to ensure, people, relatives and professionals were sent an annual survey so that improvements could be made to people's care.

Good ●

Sandpiper

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 was an unannounced inspection that took place on the 21 March 2016. It was carried out by two inspectors and one expert by experience who made calls to relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of experience was being a family carer.

We spoke with five of the six people living at Sandpiper and two relatives about the quality of the care and support provided. We spoke with the registered manager, the deputy manager and three staff. We also spoke with one health care professional to gain views of the service.

We looked at two people's care records and documentation in relation to the management of the home. This included four staff files including supervision, training and recruitment records, quality auditing processes and policies and procedures. We looked around the premises, observed care practices and the administration of medicines.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Is the service safe?

Our findings

The service was not always safe.

Although people told us they felt safe and relatives felt people were safe we found not all referrals were being made to the relevant authority when concerns relating to people's safety were identified. We found incidents of a physical and verbal altercations between people living at the home had not been raised as a concern to the local safeguarding authority. Due to these concerns not being raised could place people at risk of unsafe care. These had been recorded on incident forms. The registered manager confirmed that no safeguarding referrals had been made to alert these concerns to the local authority safeguarding team. They confirmed these had been reviewed in the manager's monthly meeting but thought this was adequate. They actioned making these safeguarding referrals following our inspection.

People and relatives told us, "I feel safe here, because the gates are shut", "I feel really safe here", "I feel safe here" and "Yes I feel safe". One relative told us, "Yes, whenever I go I feel the staff is vigilant. The security of the place is good". Staff told us, people are "Safe" and "Yes I have no worries about people or staff". All staff we spoke with were able to explain who they would go to within the home and to local authorities if they had concerns about people's safety. Staff confirmed they had received safeguarding training and the home's training matrix confirmed this.

People's care plans included detailed and informative risk assessments. These were individualised to the person and provided staff with a clear description of any identified risk and specific guidelines on how people should be supported in relation to their identified risk.

People received their medicines safely and when they needed them. People were happy with how their medicines were administered. They told us, "They are really good with medicines, it's a priority, no mix ups" and "I get my medicines on time". The Medication Administration Records (MAR) had been correctly completed. The home had a medicines policy and all ordering, storage and disposal was in accordance with that policy. All medicines that required stricter controls by law were stored securely and accurately documented. Regular medicines audits were completed and people had a yearly medication review with their GP. All staff who dispensed medicines had received appropriate training prior to administering medicines. One staff member told us, "I am confident it is a safe and secure system". Training included both 'shadowing' a fellow member of staff and then being observed for competency and until the member of staff felt confident. Staff also undertook online training and a course provided by the local pharmacy. Whilst reviewing medicines we found two opened bottles of liquid medicine that did not have an opened by date recorded. This was discussed with the manager who confirmed they would action this.

People were supported by adequate staffing numbers to meet people's needs. The registered manager confirmed a number of staff had left recently and due to this, staffing numbers were lower than they should be. They confirmed the minimum number of staff the home could run on was three in the day and two in the afternoon and evening. Recruitment was underway and job offers had recently been made. The duty rota confirmed the minimum staffing arrangements. On the day of our inspection this staffing arrangement did

not affect people's care or activities. The registered manager and deputy also supported people in their daily care and support needs when required. This meant people were having their support needs met whilst recruiting new staff.

People were supported by staff who all had checks completed on their suitability to work with vulnerable people. Staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of identification. The home included people living at the home to be part of interviewing new staff. One person told us, "I ask them if they can drive". They confirmed this was important to them. It also meant people living at Sandpiper were happy with the staff employed and that they had the skills important to people living there.

People lived in a light well maintained, clean and tidy home. It over looked the nearby bay and local community. There were certificates relating to gas and appliance testing in place. People had their own personal evacuation plans in place for emergency situations. Plans contained what support the person would need from staff and what their communication needs were. This was important as some people living at the home would require additional support from staff around any anxiety they might have should there be an emergency situation. There was a detailed contingency plan of alternative accommodation should the building need to be evacuated, as well as a detailed fire risk assessment. We discussed with the registered manager potential contents of a 'grab' bag that could be used in an emergency situation. The bag could include items such as torches with spare batteries, high visibility vests, a mobile phone containing emergency phone numbers etc. They confirmed they would implement an emergency bag.

Is the service effective?

Our findings

The service was effective.

People's consent to care and treatment was sought in line with legislation. The registered manager was following the principles of the Mental Capacity Act 2005 (MCA) and care plans reflected people's capacity or best interest decisions made. 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. At the time of our inspection three people had restrictions placed upon them which might be a deprivation of their liberty. The correct guidance had been followed and applications submitted to ensure this restriction was lawful and in each person's best interests. Notifications should be made to The Care Quality Commission when a DoLS authorisation had been agreed. We found none had been made prior to our inspection the registered manager took immediate action to notify us following this inspection.

People were supported by staff who received regular supervision and appraisals. Supervision and appraisals are an opportunity for both staff and the manager to discuss their work and development opportunities. Staff told us, "I love it here. I feel supported. I get supervision and I give supervision", "I get regular supervision and appraisals. I feel supported, We trust each other" and "The organisation is supportive and encouraging".

People were supported by staff who had received training in order that they could carry out their roles safely and effectively. Staff were happy with the training they received. They told us, "I feel the training is more than adequate, we do lots of refresher courses" and "My training helps me to do the job". Staff's training files confirmed a wide variety of training and workshops they had attended. Staff had access to additional training which was tailored to the individual person that they provided care and support to. Staff also accessed further education through the local college.

New staff completed an induction process which was completed within 12 weeks. Their induction covered a workbook that went through the minimum care standards. It identified what was expected and questions ensured staff could evidence their learning. New staff completed a six month probationary period. This ensured staff were suitable and had received their induction successfully.

People and relatives were happy with the meals. People told us, "I can choose what I want. I like toast for breakfast", "I get fed well. You can choose when you eat and what you eat" and "I choose what I eat".

Relatives told us, "My [Name] is a bit fussy about food and where she eats, often opting to go to her room to eat" and "Brilliant! my [Name] tells me they like the food". Meals were provided flexibly and people were given choice regarding their diet. There was a menu based on people's known preferences, although people could choose other meals if they did not want what was on the menu. People had breakfast and lunch at times that suited them. People ate in the dining area. Staff were present but people ate without staff support. Staff sat with people and spoke with them and this helped to make lunchtime a social and relaxed experience.

People were supported by staff who knew their communication needs well. We observed staff talk to people in a relaxed and unhurried manner. At times staff would reassure the person confirming what the person had said and allow them time to respond to the conversation. People's care plans had detailed support plans in place regarding their communication. This included topics they liked to discuss and those that might upset them. Staff demonstrated their knowledge of how to support people using phrases from the person's individual support plan.

The home arranged for people to see health care professionals according to their individual needs. People saw their GP and were supported to attend appointments when they needed to. The registered manager confirmed they liaise with the GP and other health professionals when required. One health professional we spoke with confirmed this arrangement.

Is the service caring?

Our findings

The service was caring.

People were happy with the care and felt staff treated them with kindness. They told us, "I'm well looked after by the staff, they look after us well", "I feel well cared for", "I would recommend this place", "It's quite a home", "It's nice living here near the beach and the staff are nice to me".

People were supported to make choices about their care. They told us, "I get choices" and "My choices are respected 100% and I am involved in the home". Staff demonstrated a caring and supportive attitude towards people offering them choice with their care. One person chose to have a bath then changed their mind. The member of staff encouraged the person but respected their choice that they had changed their mind and wished to have one later. People's care plans had a list of their individual preferences. One person liked to wear shorts and comfortable shoes, we observed them wearing this choice during the inspection. One relative confirmed how staff support their loved one with their care needs. They told us, "Like shaving they support [Name] but let them do it themselves". People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. People could spend time outside in the garden if they wished.

People felt staff treated them with dignity and respect. They told us, "I'm treated with respect and dignity. I like it here the staff are kind and they help me". One member of staff confirmed how they offer people dignity. They told us, "Whilst supporting [Name] we use a screen. This is so [Name] has dignity whilst we provide personal care." This demonstrated staff were knowledgeable of how to ensure people's dignity was respected. One relative told us, "I know [Name] gets their own space and they let [Name] be on their own if they want".

People who visited the service were very complimentary of the care and felt able to visit when they wished. Relatives told us, "Very welcoming and to other family members also visit, even young children" and "My [Name] likes to spend time on their own and they let them".

People were supported by staff who promoted people's independence and this was demonstrated by people's individual personalised care plans. For example one person enjoyed going to the nail bar and day trips. This person told us how they enjoyed their recent trip and how they were planning another. The registered manager confirmed how it was important for this person to experience their independence around accessing places they wanted to visit and undertake daily activities which supported building confidence in accessing their local community.

People were supported by staff who demonstrated how they promoted and supported people's diverse needs. One person living at the home had been supported to access a specialist hair dressers. This was so that their hair could be braded in their cultural way. Another person had wished to ride a bike the registered manager had sought a bike suitable for the person to ride that enabled the person to experience this. Another person had been given a poor outcome of ever being well enough to go and watch their favourite

football club at a live match. When they achieved this they felt inspired to give presentations to others so they could promote their own achievements and inspire others.

People were supported to express their views and to be involved in making decisions about their care and support. Families and professionals were also involved in care reviews. Staff knew people well including their likes and dislikes. Not all people had relatives or someone to support them. Advocate information was available on the home's notice board. An advocate is someone who can help when a decisions needs to be made. This meant should people require support information was available to prompt staff and people to this available support.

Is the service responsive?

Our findings

The service was responsive.

The registered manager demonstrated that they viewed concerns and complaints as part of driving forward improvements. There was an easy read complaints policy available on the notice board of the home. No complaints had been received in the last three months. We reviewed one complaint made by a relative this had been investigated and actions taken. The learning from this had been added into the person's life story book to prevent a similar occurrence from reoccurring.

The registered manager provided numerous compliments the service had received, including thanks from a relative for the excellent care of their loved one had received. Visiting professionals had also provided positive feedback to the service. Comments included, "Friendly staff who respect people's needs in a lovely environment", "Staff are very calm and communicated well and the resident is very happy with the care and support observed", "Staff incredibly helpful and supportive. Sandpiper is very clean. The service user is happy; staff are hospitable and shared genuine rapport with the service user".

People had access to activities that were important to them and that involved accessing the local community. Each person had a planned activity timetable which had been completed with what the person liked to do. For example one person liked to go to a nail bar and then for coffee afterwards. Another person enjoyed walks along the local beach and paddling in the sea when the weather was good. Another person enjoyed football matches and had a season ticket so that they could see their favourite team play. One person enjoyed listening to music and they told us how they enjoyed doing this most days. Another person enjoyed playing football and we observed them doing this during the inspection.

People had developed a book that detailed what their likes and preferences were. These personalised books contained photos and pictures of what was important to the person and it formed part of the persons care planning. For example, one person enjoyed a certain 'fast' food and we observed them eating this during the inspection. Another person enjoyed a certain brand of shampoo and we observed this shampoo in their room. People told us, "I have chats to say what I want to do and where I want to go. I have been to Crufts", "I go out on the bus and I go to the shops" and "I go to see the football in Bristol". People had access to a mini bus at Sandpiper which took people out on various journeys and trips. There is also a room where people could play various games, films, music, and access gym equipment.

People had detailed care plans and they provided staff with guidance on each person's individual needs. Details of people needs were comprehensive and included guidelines for staff to follow. Staff demonstrated they knew people well and were able to give examples of how they supported people living at Sandpiper.

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate, staff prompted people to undertake certain tasks rather than doing it for them. One member of staff told us, "[Name] we support by providing reassurance", this reassurance was important for the person as it helped them remain their independence instead of staff doing it for them. One person told us, Staff help

me if I need it, they are very good. I do most of it myself".

The service was responsive to people changing needs. Care plans and records confirmed appointments and referrals that had been made to health care professionals when required. One health care professional confirmed how the person was being supported with all their appointments as when they needed to. They confirmed this information was always available when they asked and at the persons' care review.

Is the service well-led?

Our findings

The Service was well-led.

We found the home was well-led although one area of the homes quality assurance system had failed to identify where action was required. This was where incidents of a physical nature had occurred but no referrals had been made to the local safeguarding authority. We raised this with the registered manager. They took immediate action and made all the relevant referrals following this inspection. They also sent us a confirmed action plan to ensure there was no repeat of this happening again.

People, relatives, staff and professionals all had their view sought on the care provided at Sandpiper. Questionnaires were sent annually and if required were sent as an easy read version giving a pictorial option for people to pick if they were satisfied or not. Relatives comments received were positive and included, "[Name] has improved in many ways, thank you" and "[Name] is treated with respect and there is no pressure". Staff questionnaires covered workload, training needs, knowledge and skills. All staff we spoke with felt happy working at Sandpiper.

Staff felt well supported and thought the deputy manager and registered manager were open and approachable. They told us, "The management are really easy going and supportive", "The managers are open and approachable. I would be confident that if I had a concern it would be dealt with". Staff meetings were held every two months. These meetings were an opportunity for the registered manager to share changes with staff and for staff to give feedback.

People were at the heart of the service and meetings were held with people on an ad hoc basis. Minutes from the previous meeting confirmed where one person had voiced a suggestion this had been acted upon. Another person had asked for certain foods to be adding to the menu we observed this had been actioned. One person told us, "We can request a service user meeting and they respond".

The vision and values were for the service included involving people to participate in their care at Sandpiper. The providers PIR (provider information return) confirmed how important it was that the home involved people, staff, relatives and external professionals. This was part of 'driving up quality'. This was also confirmed by the provider's statement of purpose. A statement of purpose sets out what the business will do, where it will be done and for whom. The statement of purpose confirmed, 'We aim to provide a predictable, structured and safe environment where each resident is respected for their individuality and is given equal rights and choices regardless of their age, gender, racial background or disability'. It confirmed the care model was, 'designed to promote independence, individuality and personal development in all aspects of daily living. We aim to enable each resident to maximise their individual potential by a process of goal planning, monitoring and review'. The registered manager and staff confirmed how people were at the centre of the care they provided.

The homes records were well organised and accessible. Information was available relating to audits, training, staff checks and monitoring of care. The registered manager confirmed that they planned to

undertake mock inspections which would review the service in line with The Care Quality Commissions five key questions. This was confirmed by the PIR for the service. The registered manager confirmed this was an opportunity to see what worked well so that learning and improvements could be made in the providers' other homes.