

# Welmede Housing Association Limited

## Sandalwood

### Inspection report

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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

Sandalwood is a 'care home'. People in care homes receive accommodation and nursing or 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. Sandalwood accommodates five people in one adapted building.

This inspection was carried out on 26 January 2018 and was unannounced.

The home had a registered manager, who was also responsible for another of the provider's registered care homes. 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.

### Rating at last inspection

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

### Why the service is rated Good

People were safe because staff understood any risks involved in their care and took action to minimise these risks. There were sufficient staff on each shift to keep people safe and meet their needs. Staff understood their roles in keeping people safe and protecting them from abuse. The provider carried out appropriate pre-employment checks before staff started work.

Medicines were managed safely. Accidents and incidents were recorded and reviewed to ensure any measures that could prevent a recurrence had been implemented. Staff maintained a safe environment, including appropriate standards of fire safety. The provider had developed plans to ensure people would continue to receive care in the event of an emergency. People were protected from the risk of infection. The environment was adapted and designed to meet people's needs.

People's needs had been assessed before they moved into the home to ensure staff could provide the care they needed. Staff knew people's needs well and provided support in a consistent way. Staff had access to the induction, training and support they needed to do their jobs. They met regularly with their line managers for one-to-one supervision and had an annual appraisal, which gave them opportunities to discuss their development and training needs.

Although people's care was provided in line with the Mental Capacity Act 2005 (MCA), documentation relating to capacity assessments and best interests decisions had not been completed in line with best

practice guidance. We have made a recommendation that the home review its processes and documentation when assessing capacity and recording best interests decisions.

People were involved in choosing the food they ate and were encouraged to maintain a healthy diet. Any dietary restrictions were recorded in people's support plans and referrals had been made to appropriate professionals if people developed needs in relation to eating and drinking. People's healthcare needs were monitored and they were supported to obtain treatment if they needed it. People who had ongoing healthcare conditions were supported to see healthcare professionals regularly.

People were supported by caring staff. Staff treated people with respect and maintained their privacy and dignity. There was a friendly, relaxed atmosphere in the home in which people felt comfortable and at ease. Staff understood people's individual communication needs and supported people to give their views about their care. People were encouraged to be independent.

The support people received was personalised to their individual needs. People's needs were kept under review and their support plans updated if their needs changed. Staff supported people to take part in activities they enjoyed and to be involved in their local community.

There were appropriate procedures for managing complaints. There had been no complaints about the home since our last inspection. Relatives and other stakeholders had opportunities to contribute their views about the home and the care people received through satisfaction surveys.

The service was well led, with an open and inclusive culture. Staff understood the provider's values and shared important information about people's needs effectively. Team meetings were used to ensure staff were providing consistent care that reflected best practice.

The provider's quality monitoring systems ensured people received safe and effective care. Staff made regular in-house checks and the provider's regional manager and quality team carried out regular audits. Any areas identified for improvement were incorporated into the home's continuous improvement plan.

Further information is in the detailed findings below.

## 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 remains Good.

There were enough staff deployed on each shift to keep people safe and meet their needs.

People were protected from avoidable risks.

Staff understood safeguarding procedures and knew how to raise concerns about abuse if necessary.

People were protected by the provider's recruitment procedures.

There were plans in place to ensure that people would continue to receive care in the event of an emergency.

People's medicines were managed safely.

People were protected from the risk of infection.

### Is the service effective?

Good 

The service remains Good.

People's needs had been assessed before they moved into the home to ensure their needs could be met.

People received consistent care from staff who knew their needs well.

Staff received the training and support they needed to carry out their roles.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

The home was adapted and designed to meet people's needs.

People were supported to eat food they enjoyed and were encouraged to maintain a healthy diet.

People's healthcare needs were monitored and they were

supported to obtain treatment when they needed it.

### **Is the service caring?**

**Good** ●

The service remains Good.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

People were encouraged to make decisions about their care.

Staff supported people in a way that promoted their independence.

### **Is the service responsive?**

**Good** ●

The service remains Good.

People received care that was responsive to their individual needs.

People had opportunities to take part in activities that they enjoyed and to be involved in their local community.

There were appropriate procedures for managing complaints.

### **Is the service well-led?**

**Good** ●

The service remains Good.

People, their relatives and staff had opportunities to contribute their views about the home.

Staff worked effectively as a team and received good support from the registered manager.

Staff communicated important information about people's needs effectively.

There were effective systems in place to monitor and improve the quality of the service.

# Sandalwood

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 26 January 2018 and was unannounced. This was a comprehensive inspection carried out by two inspectors.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The registered manager had completed 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.

During the inspection we spoke with four people who lived at the service. If people were unable to express themselves verbally, we observed the care they received and the interactions they had with staff. We spoke with the registered manager and three members of staff. We looked at the care records of two people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at records relating to staff recruitment, support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

After the inspection we spoke with two relatives by telephone to hear their views about the care their family members received. We requested and received feedback from the local authorities that commission people's care at the home.

# Is the service safe?

## Our findings

Relatives were confident their family members received safe care at the home. They told us staff understood their family member's needs and how to manage any risks to their safety and well-being.

There were enough staff deployed at all times to keep people safe and meet their needs. The rota was planned to ensure there were sufficient staff with appropriate skills and experience on each shift. Risk assessments had been carried out to keep people safe while supporting them to be independent. Staff had considered the risks people faced and identified measures that could be taken to reduce these risks. Any accidents or incidents were recorded in detail by staff. The registered manager reviewed accident/incident reports to check that any remedial actions to prevent a similar event occurring in the future had been implemented.

People were protected from abuse because staff understood their roles in keeping people safe. Staff attended safeguarding training on a regular basis and knew how to raise concerns if they witnessed abuse or poor practice. Staff told us safeguarding was regularly discussed in team meetings. They said they would not hesitate to raise their concerns if they suspected people were at risk of abuse. One member of staff told us, "We do talk about safeguarding at team meetings but we wouldn't wait for a team meeting if we had any concerns, we'd report it straightaway."

People were protected by the provider's recruitment procedures. The provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Staff carried out fire safety checks and fire drills were held regularly. There was a fire risk assessment in place and staff had attended fire training. The fire alarm system and firefighting equipment were professionally inspected and serviced at regular intervals. The provider had developed a business contingency plan to ensure that people's care would not be interrupted in the event of an emergency, such as loss of utilities or severe weather.

People's medicines were managed safely. Staff authorised to administer medicines had attended training in this area and their competency had been assessed. Medicines were stored, recorded and disposed of appropriately. Each person had a medicines profile which recorded any allergies and contained protocols for the administration of medicines prescribed 'as required.' Medication administration records were clear, accurate and up to date.

People were protected from the risk of infection. Staff kept the home clean and hygienic. There was a cleaning schedule in place to ensure that all areas of the home were cleaned regularly. Standards of infection prevention and control were checked regularly as part of the provider's quality monitoring system.

# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals 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.

Staff understood their responsibilities in relation to the MCA and DoLS. Staff had attended training in this area and understood how the principles of the legislation applied in their work. Staff understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. Where people lacked capacity to make decisions for themselves, the service had consulted relevant people, such as families and healthcare professionals, to ensure decisions were made in people's best interests. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe, such as being unable to leave the service independently and constant supervision by staff.

Although people's rights under the MCA were respected, some of the documentation relating to assessing capacity and acting in people's best interests had not been completed in line with best practice guidance. For example one mental capacity assessment considered a person's capacity to make decisions about their financial affairs, medical interventions and the decision to live at Sandalwood. Best practice guidance indicates that a mental capacity assessment should consider a person's capacity to make a particular decision. Assessing a person's capacity in respect of three different decisions during one assessment did not comply with best practice guidance.

Another mental capacity assessment considered a person's capacity to consent to taking medicines prescribed for them by their GP. The assessment recorded that the person was unable to give consent to taking their medicines as they lacked the capacity to understand the information being presented to them. The assessment recorded, "I have no capacity to give consent but trust my GP and care manager to act on my behalf." Whilst the GP prescribing the person's medicines had done so in response to a clinical need, there was no recorded evidence of an appropriate best interests process.

We recommend that the service review its processes and documentation when assessing capacity and recording best interests decisions to reflect best practice.

People's needs had been assessed before they moved into the home to ensure staff could provide the care they needed. Assessments considered any needs people had in relation to mobility, healthcare,



communication, nutrition and hydration and personal care.

People's care was provided by regular staff who knew their needs well. Relatives told us the staff they met when they visited knew their family member's needs well and provided the support they needed. One relative said, "I tend to see the same [staff] faces whenever I visit." The home had a number of vacancies for permanent care staff at the time of our inspection. The registered manager told us vacant shifts were covered either by permanent staff working overtime or by agency staff. The registered manager said the home only used staff from agencies that had been vetted by the provider to ensure the staff they supplied had appropriate training and experience.

Staff had access to the training they needed to meet people's needs effectively. All staff attended an induction when they started work and had access to refresher training in core areas. Staff told us they were able to access any additional training they needed to meet people's needs. Each member of staff met regularly with their line manager for one-to-one supervision and had an annual appraisal. Staff told us these sessions provided opportunities to discuss their performance and training needs. The PIR completed by the registered manager stated, "All staff are supervised at least every two months. Everyone has an annual appraisal when objectives are set." The records we checked confirmed this.

Staff worked collaboratively with other professionals to ensure people received the support they needed. For example staff had sought guidance from the community team for people with learning disabilities (CTPLD) regarding how they supported people in their daily lives. Staff had also had input from a positive behavioural support (PBS) practitioner. PBS is a person-centred approach to people with a learning disability who display behaviours which challenge. It involves understanding the reasons for behaviour and considering the person as a whole to implement ways of supporting the person.

The home was adapted and designed to meet people's needs. Communal spaces were comfortable and homely and people's bedrooms were personalised according to their individual tastes and preferences. The home had a large, well maintained garden which people used regularly. There was a cabin in the garden which contained a sensory room and provided space for activities and one-to-one sessions.

People were supported to stay healthy and to obtain treatment if they needed it. A relative told us that staff monitored their family member's health closely and ensured any concerns were investigated by a healthcare professional. The relative said, "If anything is not quite right they get him checked out." People had access to annual health checks and to healthcare professionals including a GP, dentist, ophthalmologist and podiatrist. People who had ongoing healthcare conditions were supported to see specialist healthcare professionals regularly to monitor these conditions.

A health action plan had been created for each person. Health action plans contained information about people's healthcare needs and detailed the support the person needed to maintain good health. Each person also had a care passport, which contained important information for medical staff should the person require admission to hospital. Care passports included the person's medical history and details of their needs in relation to personal care, communication, eating and drinking and medicines.

People were supported to eat food they enjoyed and were encouraged to maintain a healthy diet. Staff involved people in choosing the menu and encouraged them to be involved in meal preparation. Staff were aware of any dietary restrictions involved in people's care and ensured these were recorded in their support plans. If people developed needs in relation to eating and drinking a referral had been made to a speech and language therapist via their GP.

## Is the service caring?

### Our findings

People were supported by kind and caring staff. Relatives told us staff were caring and proactive in engaging with the people they cared for. They said they had observed positive interactions between their family members and the staff who supported them. One relative told us, "Whenever I've visited I've always been very impressed with the care he's receiving." Another relative said, "The staff are very good with him, he responds very well to them."

Relatives told us there was a friendly, relaxed atmosphere in the home in which their family members felt comfortable and at ease. One relative said, "It's a homely atmosphere. [Family member] is quite happy and content there." Another relative told us, "It's a very pleasant environment, a very relaxed atmosphere. The clients always look at ease." We observed during our inspection that staff spoke to people in a respectful yet friendly manner and it was clear that people had positive relationships with staff. Staff were proactive in their interactions with people, making conversation and sharing jokes. People's families were able to visit the home whenever they wished and were invited to events such as the home's Christmas party. Relatives told us they were always made welcome by staff when they visited and said they could spend time in private with their family members if they wished.

Relatives told us staff treated their family members with respect and maintained their dignity. Staff explained how they protected people's privacy and dignity when providing personal care. They said they always ensured personal care was provided in private and that people had access to privacy when they wanted it. The registered manager told us that the values of the service included, "Respecting people's dignity, promoting people's rights." The registered manager said they had encouraged staff to ask themselves the question, "How would you want your relative to be treated?" when providing people's care. Staff attended equality and diversity training each year, which encouraged them to respect people's human rights and to value diversity. When we spoke with staff about the values of the service, they highlighted, "Inclusion and promoting independence."

People were encouraged to make decisions about their care and in their daily lives. Staff presented people with options to enable people to make choices about how they spent their time and the activities they engaged in. Relatives told us they were consulted about the care and support their family members received. They said staff always considered their views and suggestions. Some people did not have contact with their families. Staff had recognised that these people may benefit from support from outside the home and had supported people to access advocacy services.

Staff supported people in a way that promoted their independence. People were encouraged to involve themselves in the life of the home, such as mealtime routines, and to manage aspects of their own care. During the inspection we observed people laying the table and taking their laundry for washing.

## Is the service responsive?

### Our findings

People received care that was personalised to their individual needs. A person-centred plan had been developed for each person in an accessible format. People's needs were kept under review and their support plans updated if their needs changed. A social care professional told us, "I have always been very satisfied by the support being delivered, they are very person-centred. "

Each person had an allocated keyworker, whose role was to support the person to stay healthy, to identify goals they wished to achieve and to express their views about the care they received. This meant that each person had a member of staff who took a particular interest in their progress. Keyworker meetings were held regularly to review progress towards any individual goals identified and to seek people's views about the support they received.

People had opportunities to take part in activities they enjoyed. Two people attended resource centres each week to take part in classes and activities of their choice. One person went horse riding every week and others enjoyed swimming, art and craft and music. Staff organised regular outings using the home's vehicle. Staff told us some people enjoyed walking and being in the outdoors. They said they had arranged outings to Savill Gardens, Virginia Water and Horsell Common to enable people to take part in these activities. Staff supported people to be involved in their local community and regularly arranged trips to local shops, pubs and restaurants.

There were appropriate procedures for managing complaints. The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. The PIR stated, "An accessible complaints procedure is in place and service users and families have a copy." Neither of the relatives we spoke with had made a complaint but both said they would feel comfortable raising concerns if they had concerns about their family member's care. Relatives said they had always been able to speak with the registered manager if they had any concerns or wished to discuss the care their family member received. One relative told us, "We have never complained because we have not had any cause for concern." We checked the complaints record and found that no complaints had been received since the last inspection. No complaints had been received by CQC about the home.

As most people who lived at the home did not communicate verbally, the provider had considered how they could best be supported to give their views and to raise concerns if necessary. The registered manager told us that residents' meetings were held but had not always proved effective in gathering people's views. The registered manager said that staff used their knowledge of people's communication methods to gauge their satisfaction and to listen to their views. The registered manager stated in the PIR, "Welmede is committed to listening to the people who we support. The services users at Sandalwood are predominantly non-verbal so we 'listen' to what individuals are communicating through body language, gestures, behaviours and levels of engagement." We observed that staff understood people's individual communication methods and, as a result, were able to gain an understanding of people's levels of satisfaction.

## Is the service well-led?

### Our findings

Relatives told us the home was well managed. They said the registered manager and staff communicated well with them and always kept them up to date with events affecting their family member. One relative told us, "It seems well organised. The communication is good. If there are any changes [to family member's care], they always let us know." Another relative said, "They keep us well-informed. If there's ever a problem they let me know straightway." A social care professional told us, "I felt the home was well managed and my client's files and paperwork were up to date. Welmede always keep the locality updated regarding any residents that are allocated to our team."

Relatives and other stakeholders had opportunities to contribute their views about the home through satisfaction surveys distributed by the provider. The PIR completed by the registered manager stated, "The questionnaire sent to service users' families and professionals will feed directly into our continuous improvement plan which in turn will steer the objectives, personal development plans and work plans of staff for the coming year."

Staff spoke positively about their work and said they received good support from the registered manager and their colleagues. One member of staff told us, "I love it here. It's well organised, there is good communication, we have team meetings where we can all have our say." The registered manager said, "We have a good team here. They support each other and they know the residents very well." Staff were able to describe the provider's values and how these were promoted in the home.

The PIR stated, "At Sandalwood there is a positive team who are clear about their roles, responsibilities and the lines of accountability. We encourage staff to take pride in all aspects of service delivery. There is a designated person that leads each shift who ensures duties are carried out as specified." We found evidence to confirm this and that staff communicated important information about people's needs effectively. Staff attended a handover at the beginning of each shift where they received an update on people's welfare and any changes in the care they received. Staff were also expected to read the communication book before they started work. A plan was in place for each shift which identified which member of staff was responsible for key tasks, including providing people's care and support.

The registered manager told us they were well supported by the provider's regional manager. The registered manager said, "She is very supportive." We saw that the regional manager carried out audits of the home periodically which involved checking the environment, accident and incident records, support plans, staff training and supervision and the complaints log. The provider's health and safety manager also carried out regular audits, the last of which had been completed in October 2017. The PIR stated, "Welmede hold monthly managers and regional meetings which provide managers with the opportunity to keep up to date with legislation and new developments within the social care sector and the organisation." The registered manager confirmed that they continued to attend regular meetings with other registered managers employed by the provider to ensure they kept up to date with developments in legislation and good practice.

The provider had effective systems of quality monitoring and improvement. In addition to visits from the regional manager, the provider's quality team also visited the home to check standards of care. Any areas identified for potential improvements were recorded in the home's continuous improvement plan, which had been reviewed and updated in November 2017. The PIR stated, "The quality auditors feed back immediately on good practice or if anything needs to be improved or put in place. These audits are recorded and compliance monitored. There is an expectation that we rectify any issues immediately. In the last two years we have achieved Green ratings from the monthly audits."