Community Homes of Intensive Care and Education Limited

Sandsground

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

This unannounced inspection took place on 29 August 2017.

Sandsground is a residential care home providing care and accommodation for up to five people with a learning disability. The primary aim at Sandsground is to support people to lead a full and active lifestyle within their local communities and facilitate their life-long learning and personal development. The service is located in a converted house, within a residential area, which has been furnished to meet individual needs of people. At the time of our inspection five people were using the service.

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.

Staff had completed safeguarding training and had access to relevant guidance. They were able to recognise whether people were at risk and knew what action they should take in such a case. People were also provided with information about safeguarding in a format that met their needs to help them identify abuse and respond appropriately if it occurred.

The provider had identified risks affecting people's safety and had put appropriate measures in place to reduce the risk of harm. The measures were to be used in situations where people's behaviour might cause harm or distress to themselves or others.

Medicines were administered safely in a way people preferred by suitably trained staff who had their competency assessed annually by the registered manager.

Staff were supported to undertake training to support them in their roles, including nationally recognised qualifications. They received regular supervisions and appraisals to support them to develop their understanding of good practice and to fulfil their roles effectively.

Where some people were unable to make certain decisions about their care, the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed.

People were supported to have their health needs met by health and social care professionals including their GP and dietitian. People were offered a healthy balanced diet and when people required support to eat and drink, this was provided in line with relevant professionals' guidance.

For those people who needed support to manage their behaviour, behaviour support plans had been drawn up by the provider's assistant psychologist. Staff had received training in positive behaviour support, understood the triggers for people's behaviours and ensured people were sufficiently occupied during the

day.

Staff supported people to identify their individual wishes and needs by using people's individual methods of communication. People were encouraged to make their own decisions and to be as independent as they were able to be.

The provider promoted people's personal interests and hobbies. Social activities were organised in line with people's personal interests and there was a lively atmosphere at the service. The service maintained strong links with the local community. People and their relatives knew how to raise a complaint if they needed to and were confident in approaching staff about any concerns they had. Where concerns had been raised, they had been responded to according to the provider's complaints policy.

A system to monitor, maintain and improve the quality of the service was in place. The provider had a clear commitment to driving up the quality of care by seeking views from people who used the service, their relatives and other professional stakeholders.

People, their relatives and staff felt the service was very well managed and praised the management team. The registered manager was perceived by people and their relatives as a very accessible person who listened to the views of others and acted on them. Staff also found the registered manager approachable and felt well supported by the management team. People had very positive relationships with staff and the management, which contributed to enhancing their day to day experience.

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.

People were safeguarded from the risk of abuse. People we spoke with felt safe and staff knew about their responsibility to protect people.

Staff recruitment systems were robust and a sufficient number of staff was available to meet people's needs.

There were appropriate arrangements for safe handling and management of medicines.

Is the service effective?

Good

The service was effective.

People received care from staff who were trained to meet their individual needs.

The provider acted in accordance with the Mental Capacity Act (2005) Code of Practice to help protect people's rights.

People received the support they needed to maintain good health and well-being.

Is the service caring?

Good

The service was caring.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice.

People and their relatives spoke positively about the care people received from staff. Staff knew the people they cared for and what was important to them.

People were involved in planning their care and support.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and reviewed to ensure changes were identified and managed responsively.

People were able to take part in activities that they enjoyed and which were important to them.

People and their relatives knew how to make a complaint if they were unhappy.

Is the service well-led?

Good

The service was well-led.

The registered manager was praised by people, their relatives and staff. Staff told us they were able to approach the registered manager to raise their concerns and felt they were provided with good leadership.

The registered manager carried out regular audits to monitor the quality of the service and drive improvements.

There was an open and caring culture throughout the home. Staff understood the provider's values and put them into practice while delivering care to people.

Sandsground

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 29 August 2017 and was unannounced. The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider 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 checked if the information provided in the PIR was accurate.

We reviewed the information we held about the service. Providers are required to notify us about events and incidents that occur, including unexpected deaths, injuries to people receiving care and safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us. We also contacted the commissioners of the service to ask them for their views.

Some of the people who use the service had communication and language difficulties and because of this we were unable to fully obtain each of their views about their experiences. We relied mainly on our observations of care and conversations with people's relatives and staff to form our judgements. We spoke with three people using the service who were able to share their experiences of the service. We also spoke to the registered manager, the area manager, the deputy manager and three members of staff. After the inspection we obtained feedback from one person's relative.

We pathway-tracked the care of four people. Pathway-tracking is a process which enables us to look in detail at the care received by each person at the home. We observed how staff cared for people across the course of the day, including mealtimes and times of medicines administration. We read other records relating to the operation of the service. These included risk assessments, training records, staff supervision and appraisal records and management monitoring systems

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, "I feel safe and I'm very happy here". Another person simply confirmed, "Yes, I'm safe". One person showed us they felt safe using Makaton. Makaton is a language programme using signs and symbols to help people to communicate. Relatives told us people were safe and well cared for. One person's relative told us, "I think she is safe there".

People were protected from the risk of harm because staff knew how to recognise signs of potential abuse and how to report their concerns appropriately. A member of staff told us, "If I witnessed abuse, I would intervene as soon as possible, write down everything noting facts not assumptions and report this to the most senior person on shift. We were issued by the provider with whistleblowing cards so we know that we can report things to the safeguarding authority or the Care Quality commission (CQC)".

People were protected from the risks associated with their care and support because these risks had been identified and managed appropriately. Risk assessments were completed with the aim of keeping people safe yet supporting them to be as independent as possible. For example, people had plans for visiting places such as a library or a swimming pool and there were measures in place to facilitate this in a way that kept people safe.

The registered provider ensured the information needed for addressing people's specific needs was included in their care files. The care plans included leaflets and information about people's specific conditions or about operating people's specific equipment such as a hoist or bed rails. All information had been obtained from reputable sources.

People were safe because staff were skilled at supporting people's complex needs and managing any day to day conflicts and incidents that arose. Staff worked proactively to reduce the likelihood of incidents and were trained in recognised behaviour management techniques and support. People's behavioural support plans identified the appropriate approach for each individual. Staff we spoke with knew the different strategies to be used while providing care to different people. A member of staff told us, "[Name] will tell you if he is upset or unhappy, while [name] will rather scream or shout if in an unfamiliar environment or with unfamiliar people". We saw that all incidents were recorded, monitored and analysed by the provider's psychology team and the registered manager in order to mitigate future risks to people.

A thorough recruitment policy and procedure was in place. We looked at the recruitment records for staff and saw that they had been recruited safely. Records contained application forms (including employment histories, with any gaps explained), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and employ only suitable people who can work with children and vulnerable adults.

The regular staffing at the service was a minimum of four staff members on the early shift and four on the late shift. At night people were supported by two waking night staff members. The provider aimed to ensure

the continuity of care by maintaining access to 'bank' staff .The 'bank' staff were employed in case of a shortage of the regular staff, for example if some regular carers were sick or on leave, or when people's additional needs needed to be met. In order to maximise the consistency of the care provided, external agency staff were not used.

We saw that medicines were stored in a designated locked cupboard. They came in blister packs and were clearly labelled and stored separately to ensure people received their correct medication. We examined the Medication Administration Record (MAR) and saw that there were no gaps in the recordings. When people had been prescribed medicines to be taken when necessary, guidelines and protocols had been prepared to direct staff in making sure these medicines were given appropriately.

People were protected from the spread of an infection. Staff ensured the kitchen remained clean and free from potential cross infection. They adhered to food safety standards and ensured the food was prepared safely. Staff wore appropriate protective clothing, food was kept at appropriate temperatures and other staff had limited access to the kitchen.

Staff followed the colour coding system for their cleaning equipment. Colour coding is the process of designating colours to cleaning equipment in certain areas of a venue, reducing the spread of germs across areas and increasing hygiene throughout a service. As a result, the spread of a potential infection was reduced because, for example, toilet cleaning equipment was not used for cleaning bedrooms and communal areas. Staff wore protective plastic gloves and aprons when delivering personal care so as to reduce the risks of cross contamination. We observed that staff washed their hands and used hand cleansing products before performing various tasks.

Regular checks and tests, such as weekly fire alarm tests and external checks of firefighting equipment, were completed to promote and maintain safety in the home. All electrical portable appliances had been tested within timescales. As a result, people were protected from potential risks caused by faulty equipment.

The service took appropriate action to reduce potential risks relating to Legionella disease. When staff reported any maintenance requirements and issues, these were resolved in a timely manner.

People would continue to receive appropriate care in the event of a service emergency. There was information available for staff in relation to contingency planning and each individual had their own personal evacuation plan (PEEP). Specific information about how the person may react in an emergency was noted in each person's PEEP, which would help staff respond appropriately. Staff were up to date with fire training which meant they would know what to do in case of a fire.

There were robust contingency plans in place in case of an untoward event. The contingency plan assessed the risk of such events as fire or bad weather conditions and how the service would continue in the event of these occurring.

Good

Is the service effective?

Our findings

People's needs were met by staff who had the relevant skills, competencies and knowledge. People and their relatives told us that staff were well-trained and knew their needs thoroughly. One person replied, "Yes" when asked if staff were appropriately skilled and trained. Another person showed us using Makaton that they liked staff working at Sandsground. One person's relative told us, "I know that she is very happy with them at the moment".

We looked at the training records which showed staff had completed a range of training courses which included: moving and handling, first aid, safeguarding adults, the Mental Capacity Act, and infection control. The training records showed that staff's training was up-to-date. If needs for updates arose, they were identified immediately. The registered manager said training was booked in advance to ensure staff's practice remained up-to-date. A member of staff told us, "I'm eager to learn and I find training very beneficial".

New staff were required to undertake a two-week induction process comprising of a mix of training, shadowing and observing more experienced staff. The registered manager told us that the induction not only prepared new staff for their roles, but also allowed the organisation to get to know new staff members and identify what role in the service they would best "fit into". The induction process had recently been updated to include the new Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. Staff told us their training covered all areas of the role and was relevant. A member of staff said, "[The deputy manager] went through the induction with me. The first week of the induction concentrated on learning rather than working". Another member of staff told us, "The first week I mainly shadowed my more experienced colleagues to get to know our service users properly, which was really good. I felt supported during the induction".

Staff told us they felt well supported by their line manager and received supervision and annual appraisals. This gave them an opportunity to discuss any changes in people's needs and exchange ideas and suggestions on how to support people best. A member of staff told us, "I feel supported by the provider. We have our supervision meetings every six to eight weeks. A lot of staff do not tend to speak up in public but they are more keen to speak in a quiet one-to-one environment".

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. We checked whether the service was working within the principles of the MCA. Mental capacity assessments and best interest meetings had taken place and were recorded as required. External healthcare representatives, social workers and the internal psychologist were involved to help ensure the person's views were represented. For example, we saw evidence of a best interest meeting for a person who needed to undergo a blood test. Staff recognised the principles of the MCA.A member of staff told us, "MCA is telling you what it means and how to assess the capacity. It guides you through the procedure according to its five

principles".

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). At the time of our inspection, there were five applications in place to deprive people of their liberty. Staff members described why and how people could be deprived of their liberty and what could be considered as a lawful and unlawful restraint.

Throughout our inspection we saw that people who used the service were supported to express their views and make decisions about their care and support. People were asked to make their own choices and staff respected these. Staff members understood the individual ways in which people indicated their consent to any support offered as some people could not communicate verbally. For example, people were asked for their opinion with the use of pictures or Makaton language. We saw people were asked for their consent before any care interventions took place and each time people were given time to consider options.

People's nutritional needs were assessed and monitored. The care plans included information about people's nutritional preferences and any risks associated with eating and drinking. For example, some people were at risk of choking. Their care plans explained clearly how people should be supported. This included monitoring people's activities whilst in the kitchen or at mealtimes. During the inspection we observed that staff supported people according to their care plans.

People were supported to stay healthy. Records showed that people had regular access to healthcare professionals such as GP's, psychiatrists, opticians and dentists. Each person had an individual health action plan which detailed the completion of important monthly health checks.

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind, caring and compassionate. One person praised staff saying, "I like the people who work at Sandsground". The person using Makaton told informed us that staff were very good and treated them well. One person's relative told us, "We are happy with her living at Sandsground".

People were treated with respect and their dignity was preserved at all times. Staff showed kindness and compassion whilst providing people with care and support. We saw staff took time to talk to people to make them feel supported and comfortable at the service. For example, we observed care staff talk to one person and then gave them assistance with a drink and a snack. They talked to the person about their day and about what they had planned for the weekend. The person appeared to be happy to have a friendly chat with staff. There was friendly banter between people who used the service and staff.

Staff promoted people's privacy and we saw they knocked on people's doors to ask for permission before entering their rooms. Staff excused themselves when they needed to leave the room and explained why they had to go and when they would be back. People were addressed by their preferred names. A member of staff told us, "When providing personal care, I always close the door, make a person feel comfortable, talk to them and allow them to be independent".

People were encouraged to be as independent as possible. They told us they were able to make choices about their day-to-day lives and staff respected those choices. The registered manager and support workers displayed great pride in the development of people's life skills and the promotion of their independence. A member of staff told us, "We promote people's independence by offering them a choice. They all are able to make some choices". Each person had a key worker whom they met on a regular basis to review and discuss their achievements and goals. A key worker is a member of staff who works closely with a person to assist them in working toward their aspirations and to meet their individual needs.

Staff were able to tell us about people's likes and dislikes and demonstrated a good understanding of people's routines and preferences. For example, they told us that some people preferred going to pubs or discos while others chose swimming or art & craft sessions. We saw staff were responsive to people's needs and tried to anticipate situations that may cause people anxiety and responded appropriately.

People were involved in the planning of their care as much as possible and could voice their views on how their care should be delivered. In order to facilitate communication, most information was provided in a format that was easy to read, with symbols and pictures.

People's care plans identified the appropriate individual approaches for each person. Staff knew how to comfort people who were in distress and unable to communicate their needs verbally. Staff explained to us how they read any signs of people's anxiety and described the most effective ways to comfort people. A member of staff told us, "It is important to know the right approach to our service users. For example, [name] is not to be told about any events happening soon as this may cause her anxiety and lead to

behaviour that may challenge". Staff members said the methods of reassuring people largely depended on individuals and could include re-direction, distraction or verbal and non-verbal calming down.

People's rooms were personalised and reflected their individual interests and taste. The walls of the communal areas were decorated with photographs of people. People had chosen which pictures were to be displayed.

People benefitted from being supported by staff who were aware of the importance of equality and diversity. People were encouraged to be tolerant of each other's differences and staff explained these to people to help them understand other individuals. People were supported to maintain relationships that were important to them

We saw that records containing people's personal information were kept in the main office which was locked and no unauthorised person had access to the room. People knew where their information was and how to access it with the assistance of staff. Some personal information was stored within a password protected computer.

Good

Is the service responsive?

Our findings

People had assessments of their needs written up before they moved in to the service. People, their families, social workers, the internal psychologist and other services had been involved in the assessment process. The care plans were reviewed regularly by the registered manager and a formal review was held at least once a year or even more often if necessary.

Staff were provided with clear guidance on how to support people in line with people's wishes and preferences. Staff showed an in-depth knowledge and understanding of people's care and support needs. All the staff members we talked to were able to describe the care needs of each person they provided with support. This included individual ways of communicating with people, people's preferences and routines. A member of staff told us, "[Person] will show you Makaton signs. You can read her behaviour as she may knock things of or start self-harming if she does not like something".

The service had written person-centred and outcome-oriented plans which reflected how people wanted to receive their care and support. For example, one person's care plan reflected the person wishes to develop and maintain relationships with other people. The person was to be supported by increasing their communication repertoire with staff and other people. Staff said they found the care plans useful as this documentation gave them enough information and guidance on how to provide the support people wanted and needed. This meant that staff were able to offer very individualised care. Staff members spoke confidently about the individual needs of people who use the service. The records showed people who used the service received the support they needed.

Some people had very specific health needs. These were monitored and reviewed regularly to ensure any changes were identified. Care documentation contained links to further information about particular conditions. This demonstrated the service worked continually to develop the care provided in order to meet people's needs as best as possible.

People had access to a wide range of pursuits which were meaningful to people and suited their individual interests. Activities were important to people because they improved the quality of their lives and reduced the likelihood of any social isolation. Some of the offered activities, like walking, swimming and trampolining, helped people stay healthy. Social activities included trips and attending social events. People were supported to visit their relatives. One person told us, "I like haircuts, shopping and my nails to be done. I also like art and cooking cakes". Another person's relative praised the service saying, "They take her out, go to other homes, go for shopping and holidays. We are very happy about the way she spends her time".

The service encouraged and supported people to pursue their hobbies and satisfy their aspirations. For example, some people had rabbits while one person chose to have a guinea pig. One person told us, "I've got guinea pigs and I'm getting a bearded dragon soon, I'm going to call it Annetta". Another person was supported to become part of the Volunteer Fire and Rescue Group. The person told us, "I've attended training, it gets me talking to other people and gets me out. I like helping people". This person had also raised money for one of the charities, assisted by staff. A member of staff said about the person, "He is an

inspiration".

People told us they were involved in the running of the service. One person told us, "I do a fire check every day, every morning and every afternoon. I check for hazards and if the laundry door is shut, and all the doors to see if they are open or closed. I check the fire alarm every Saturday by turning the key. When a new staff come, I sit in at the job interviews".

People's needs were met promptly because staff members communicated efficiently with one another, both informally and at handover meetings between shifts. Staff confirmed that team communication was good and support was available from the management team.

People were able to express their opinions on matters important to them, such as activities, food menu or holidays, at regular house meetings and meetings with their key workers. This demonstrated that people were encouraged to share their opinion on the service and were listened to.

A quality assurance survey was conducted annually and views were sought from people, their families, healthcare professionals and stakeholders. The results of each survey were shared with people and whenever possible, suggestions were followed to make improvements. For example, when one of the relatives taking part in the service had suggested more activities, this had been discussed during a team meeting and individually during supervision meetings. This had resulted in new activities offered for people supported by the service.

There was a satisfactory complaints procedure in place which gave details of relevant contacts and outlined the time scale within which people should have their complaints responded to. If a person could not communicate verbally, staff were able to tell from their behaviour if they were unhappy and might want to make a complaint. People told us they had no reason to complain, however, they were aware of the complaint procedure. There had been eight complaints since the last inspection. The service had responded to all the complaints according to their complaints policy.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager and a number of care staff. People, their relatives and staff told us that the management team was approachable. When asked about the management of the service, one person told us, "They are good". Another person showed us using Makaton that they were happy with the way the service was operating. One of the relatives told us, "[The registered manager] is leading the place well".

Staff told us that they had developed good professional relationship with the management team which helped them support people more effectively. A member of staff told us, "The managers are fantastic. I had some personal issues and I had no problem approaching the management. They have been very supportive".

The registered manager understood their legal responsibilities as a registered person. They ensured that the local authority's safeguarding team and the CQC were notified of incidents that had to be reported and maintained records of these for monitoring purposes.

Due to the size of the service, the registered manager also carried out caring duties. It enabled the registered manager to observe the actual operating of the service in detail. A member of staff told us, "They are not afraid to work shifts as one of us if we are busy. Simple things like helping someone with personal care – that makes a difference. They have the knowledge of service users and staff".

Staff were able to contribute to enhancing the care and support provided to people through this daily interaction, and with formal feedback given to the registered manager. A member of staff told us, "I quite often go to the managers and say 'I do not agree with this' or 'this should be looked at'. They do listen and they take my opinion seriously as well".

Monthly staff meetings were focused on satisfying the needs of people. Copies of staff meeting notes demonstrated that care and attention was paid to ensure people who lived at the home were safe and well-supported. Staff told us they contributed to the team meeting agenda. A member of staff said, "We have bi-monthly team meetings. Even if you are unable to attend this there are always team meeting minutes available for you. It's nice to see what has been discussed and what the outcome of the issues is going to be".

The registered manager told us and records confirmed that they checked the quality of the service regularly as they were in day-to-day control of the service. Effective governance systems, such as regular audits, had been undertaken and had enabled the registered manager and staff to continuously improve the service. For example, daily checks were done to ensure night staff had completed their hourly reports, daily, weekly and monthly health and safety checks were completed to ensure the environment remained safe for people and staff. Daily and weekly medicine record checks were conducted and we saw appropriate action was taken when concerns were identified. The registered manager submitted a monthly report of all medicine errors, complaints, accidents, incidents and safeguarding investigations to the provider. This report included

the action taken as well as any lessons learnt that could improve the service. The registered manager told us the analysis of incidents had indicated that the service had experienced a decrease in behavioural incidents over the past six months.

The provider valued the input and views of people who use their services. This was demonstrated by the appointment of 'Expert Auditors'. This was a group of people who used one of the provider's services and had taken on the role of auditing other services for quality. After a visit from an 'Expert Auditor', a report was produced with recommendations for any improvements they thought were necessary. People provided with care were also invited to put themselves forward to be on the provider's committee and act as a voice for other people who used the services. One person living at Sandsground was part of the committee.

The service liaised with health and social care professionals to achieve the best possible care for the people they supported. People's needs were accurately reflected in the detailed plans of care and risk assessments. People's records were of good quality and fully completed as appropriate.

Policies and procedures were detailed and gave adequate information to staff, people who use the service and their relatives, and were fit for purpose. We saw that they had been reviewed and that a system was in place for ensuring staff had read and understood them.