Sapphire Support Services Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Sapphire Support Services Limited is a 'supported living' service that provides care and support to people living in shared communal accommodation. The service supported people with mental health conditions, physical disabilities, older people and people living with a learning disability and/or Autism. At the time of the inspection, the service supported 19 people.

The inspection took place at the provider's purpose-built site that can accommodate a maximum of 19 people. There is a permanent office for the management and administration teams and waking support staff on site 24 hours a day. People had their own individual bedrooms with a private bathroom and shared communal spaces such as the kitchen, dining room and garden.

The service also supported people off site living in their own property, but this did not form part of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
We found that some people had not always been sufficiently protected from the risk of abuse.

The provider's oversight of the service had not identified some of the shortfalls we found at this inspection. Systems and processes in place to monitor the safety and effectiveness of the service required improvement.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support:
We found the lack of provider oversight had allowed a closed culture to develop. This meant some people had been restricted from following their day to day interests in order to control their behaviours or as a punishment for being 'naughty.' A new staff team has since been recruited and people told us they now received support to follow their individual interests. Care plans were in the process of being transferred to an electronic care planning system. Not all care plans and risk assessments had been transferred to the new

system. They required updating to ensure there was sufficient detail for staff to support people consistently and safely. People were supported with their medicines safely and in a way they preferred.

Right Care:
Staff received training but had not received specific training to support people living with a learning disability or how to support people when they became emotionally upset or distressed. People's specific dietary needs were understood and were being met. However, there was one person's information that required updating to confirm whether they did or did not require support with their swallowing. There were sufficient numbers of staff to meet people's needs and keep them safe. People were supported in their preferred way by staff that understood their individual care needs. Staff took part in regular testing for COVID -19. People told us staff respected their privacy and dignity when providing care and support.

Right Culture:
People's needs had been assessed and personalised support plans were in place. However, the provider had not provided care plans or risk assessments in an accessible, easy read, format for people living with a learning disability. The recruitment process required some improvement to ensure gaps in employment were questioned thoroughly and employer/character references followed up. People were supported to live healthier lives and staff were available to help them access healthcare services if required. We saw the service worked closely with healthcare professionals to ensure good outcomes for people. People were given the opportunity to provide feedback on the service through regular contact with the management team and support staff. Relatives told us they were happy with the care and service their loved ones were now receiving.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was requires improvement (published 18 October 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected
We received concerns in relation to the safety of people with allegations of abuse, restricting people from their day to day activities, staff training and staffing levels and the misuse of medication. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sapphire Support Services Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safeguarding people from the risk of abuse and governance processes monitoring the overall quality of the service being delivered to people at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Sapphire Support Services Limited

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection team comprised of one inspector.

Service and service type
This service provides care and support to people living in 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

Notice of inspection
We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 27 July 2022 and ended on 17 August 2022. We visited the location's office and service on 27 and 28 July 2022.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with four people who used the service and one relative. We also spoke with four care staff, the care manager, a director of the service and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed three care plans and a selection of medication records and risk assessments. We also used technology such as electronic file sharing to enable us to review documentation sent to us by the provider, following the site visits.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

● At the last inspection we identified safeguarding concerns had been dealt with as a complaint and not as a safeguarding. We found at this inspection safeguarding people from the risk of abuse had not always been effective.

● We had received concerns people were at risk of being abused. We heard evidence some people had been subjected to threats to restrict their liberty of movement to control their behaviours or if they were 'naughty'. A staff member told us, "If you tell them you are not going to do this or I'm not giving you that [person] used to be calm and we tell them you can't go shopping, because this is not the way you behave and that's how [former employee] used to control [person]." The information we received about the restrictive practice was referred to the local authority safeguarding team.

● Two people told us how the previous employee had treated them. One person said, "I felt persecuted by [former employee's name]." Another person told us, "[former employee's name] often threatened me with eviction, it [Sapphire] was a hostile place." Both people confirmed they now felt safer and spoke highly of the new team.

● We saw evidence in the daily notes to support this type of restrictive practice was conducted by staff. For example, the notes stated, '[person] wasn't allowed to go out due to their behaviour.'

● All staff had received safeguarding training. However, the training was ineffective because staff had not recognised treating people in this manner was a form of abuse.

● On the first day of the inspection, a staff member was witnessed speaking inappropriately to a person when trying to ease their anxiety. A safeguarding was raised following this incident.

● When people were emotionally distressed, staff had not always managed the situation in a positive way. We saw examples of positive behaviour risk assessments which stated 'having a stern word and asking people to 'go to their room and calm down' was how the distressed state could be managed.

We were not assured the processes in place would consistently protect people from the risk of abuse. This was a breach of regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● In response to the issues identified at this inspection safeguarding alerts were raised with the appropriate agencies. At the time of writing this report there were on-going investigations being conducted within the service.

● Most of the staff we did speak with, were aware of their responsibilities to keep people safe and report any concerns to the management team.

Assessing risk, safety monitoring and management

● The positive behaviour risk assessments did not provide clear guidance for staff on how to use appropriate distractive techniques when people became upset or anxious. For example, one risk assessment stated under the primary strategy to 'try and distract'. This meant staff did not have a clear strategy in place to help them support the person effectively at a time of crisis.

● Language used in people's positive behaviour risk assessments also demonstrated a lack of understanding how to effectively support people living with a learning disability or mental illness. For example, in two assessments we found the provider's secondary strategy was to 'Have a firm word with [person]' and the reactive strategy was to 'Inform management who will give [person] a warning'.

● We found in another person's care plan there were some discrepancies. For example, there was one document stating the person had epilepsy. We were told this was not the case and after the inspection the care co-ordinator was going to follow this up to ensure they had all the correct information.

● People had been involved in managing risks and risk assessments were completed. All risk assessments were in the process of being reviewed, updated and transferred to an electronic system. One relative told us, "Things have changed, and I've had meetings with them [management team] so I could get to know them personally and I'm just hoping they're not like the last manager. They've [new manager] told me if you want to come in just let us know. It's personal between you and your family and has put my mind at ease."

● Individual risks to people's health and safety were identified and staff were provided with guidance on how to mitigate the risks. For example, health conditions such as diabetes.

● Staff were aware of risks to people's health wellbeing and knew how to manage them.

Staffing and recruitment

● We had received concerns staff had not been recruited in a safe way. We reviewed five recruitment records. We found issues with two records.

● One record had a previous Disclosure Barring Service (DBS) dated April 2021 had been accepted as the staff member's police check. Employers can check the criminal record of someone applying for a job. This is known as a DBS check. It is important for employers to have a recent DBS check to make sure the person has not been convicted of any criminal activity prior to their employment. We also found gaps in their employment had not been discussed at their interview. We raised this with the manager. They told us the staff member had been asked to attend the office for a further briefing and a more recent DBS check had been found.

● The second record, we found there was a DBS check completed from a previous employer. Their details were not recorded on the staff member's application form under past employment history. The references could not be located in the file at the time of the inspection. We were given assurances by the manager, the person had care work experience and the references had been requested but not added to the staff member's file and they would ensure this was actioned immediately.

● We spoke with four staff. Three of them told us they felt there was enough of them to provide care and support to people. One staff member said, "I think the staffing levels are good they [the manager] were always recruiting, they try their best and there is always the on-call so if we do have any issues we can always call on-call and management will always come and make time to come and see everything is ok." Our observations on the day, although the staff were busy, people received their support in a timely manner.

Using medicines safely

● We received concerns people's medication had not been stored and administered to people safely. We were unable to conduct a thorough review of people's medicine administration records before July 2022. We were told records had been deleted. This meant there was limited information available to check stock levels and protocols for staff to follow when administering 'as required' medication.

● Following conversations with people and relatives, we were told there had been no issues with people

receiving support with their medication.
● A visiting professional told us since the new manager and their team had arrived the administration and storage of medication had significantly improved and they had no concerns about people receiving their medicines.
● The service was in the process of transferring to another pharmacy. The management team worked closely with them and had made referrals to the GP to review all peoples' medication. The care co-ordinator told us, "We are starting again from scratch."
● The new manager had arranged for staff to complete new medication training. Staff had previously had their competencies assessed to administer medicines.
● There was no separate guidance for staff for the stopping of over medication of people (STOMP). STOMP is a project in England to stop the over-use of psychotropic medicines. These medicines are used to treat mental health conditions. Sometimes they are also given to people because their behaviour is seen as distressing. People with a learning disability, autism or both are more likely to be given these medicines than other people. People had received regular reviews from the GP and mental health services.

Preventing and controlling infection
● Some staff did not wear face masks but wore a visor. This was not in line with current government guidance. There remains an expectation for staff working in a health and social care environment to wear a face mask, unless they are medically exempt. This was addressed immediately on the day by the manager.
● Staff did wear appropriate personal protective equipment (PPE) such as aprons and gloves. We saw there was a plentiful supply of PPE for staff and people to use.
● Staff regularly tested for COVID-19 and other infectious viruses.
● The communal environment was clean.

Learning lessons when things go wrong
● There were processes in place to review incidents and accidents. However, there were improvements to be made to investigate why things had gone wrong and what measures needed to be put in place to mitigate the risk of any reoccurrences.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience
- We had received concerns about the lack of training for staff.
- We identified there were gaps in staff training for supporting a person with a learning disability and with behaviours that could be seen as distressing. The new manager told us their action plan had identified refresher and additional training was required. We saw training events had been arranged for staff to attend.

- In view of the safeguarding issues identified at this inspection, the provider needed to improve how they assess staff apply their safeguarding learning in practice.
- Staff spoken with confirmed they had completed their induction training. One staff member told us, "I'm completed my induction that included 34 courses for the care certificate."
- People were supported by staff who were knowledgeable about how to meet people's needs.
- The new manager had started to re-introduce regular spot checks to make sure staff supported people appropriately and staff meetings were now taking place.

Ensuring consent to care and treatment in line with law and guidance
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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.
- Some of the staff, who had worked with previous staff members, had not always understood the importance of involving people in making decisions about their care and support. Most of the staff spoken with at the time of this inspection had completed their training in the MCA and gave examples how they gained consent before supporting people with their care.
- People and relatives confirmed staff sought consent before providing care and support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People's needs had been assessed prior to their placement at the service and reviewed on an annual basis, or sooner depending on any changes in their needs. Staff we spoke with all told us they were able to access people's care plans and were kept up to date with any changes in people's needs. One staff member said, "You can see them (care plans) in the staff room and we have a blue folder that has all the important information in there. I do get to know what I need to know and we are also updated on the group chat."
● People's care records mainly showed people were accessing events and activities within the community on a regular basis.
● Staff were familiar with people's personal interests and tried to tailor activities and events to give people choices and equal opportunities to gain new experiences.

Supporting people to eat and drink enough to maintain a balanced diet
● People's dietary needs were considered and appropriately assessed. Staff knew how to support people safely with specific nutritional needs. For example, the consistency of a soft food diet for one person and the amount of thickening agent put into fluids to ensure the person did not choke.
● Staff encouraged people to maintain a healthy lifestyle. For example, one person liked unhealthy drinks, they were encouraged to choose no or low sugar alternatives. The person told us, "I like (name of drink) but I pick the no sugar one it's better for me."
● People had access to food and fluids regularly throughout the day. We observed people were offered a choice from their own preferred meals selection.
● People were encouraged to do their own local food shopping with the support of staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff worked closely with other agencies to ensure people received the care they needed. People had received input from healthcare professionals including the community nursing team, social workers and psychiatrists.
● With a new management team in post, referrals had been made to occupational therapy to assess one person for specialist equipment. Requests had been submitted to the GP practice to review people's medications and a referral had been made to speech and language therapists (SALT) because one person required thickener to help them drink fluids.
● One relative told us communication with the service had recently improved as a result of the new management team being in post. They said, "I go nearly every week. They (new management team) have got a lot going on and trying to get their heads round it. I'm now involved in [person's] care which wasn't happening before. It's such a relief to hear that, at last, there is a management team that can deal with things. If I have any concerns, I will go to them (management team) and they put my mind at ease."

Adapting service, design, decoration to meet people's needs
● The service building was a similar layout to a care home. Comprising communal areas for people to relax in and people had their own bedrooms and bathroom facilities. There were areas of the site that would benefit from repairs such as the main window in the dining/living area. The building is situated on a very busy main road with a consistent flow of traffic and the noise was loud. One person told us, "It does get very noisy sometimes you can't hear yourself think."
● Areas of the kitchen were in need of repair, we found damaged kitchen units and surfaces. We could not be assured staff could maintain cleanliness in the kitchen.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At the last inspection we identified the provider systems and processes had not developed and grown with the service. There were a lack of audits in place and analysis of information gathered meant opportunities to learn lessons were lost. We found at this inspection improvement was required to the provider's oversight of the service and governance processes.
- During the last two years there had been a lack of provider oversight of the service. This contributed to the development of a 'closed culture' by former staff members. A closed culture is a poor culture in a health or care service that increases the risk of harm. People using the service being restricted without proper consideration of their human rights. The development of closed cultures can be deliberate or unintentional.
- We expect all providers to understand our regulatory approach when we refer to Right support, right care, right culture (RSRCRC). They must be aware of how we embed human rights in this and the requirements this places on them. We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. When the provider was asked how they met RSRCRC, they were not aware of the guidance or how it was applicable to their service.
- We spoke at length with the director of the service about the issues identified with the working practices of former staff members. The director was open and transparent with us and accepted they had taken a step back from operations because they 'trusted' those working within the service. The director had taken immediate action to address the concerns with the appointment of a new team and ongoing recruitment for new staff.
- The latest ratings was not on display at the service. Before we left the service, the correct rating was displayed.
- We could not see from the provider's processes how investigations into complaints and incidents were used for learning to drive, deliver and improve the service.
- We found there were four incidents not notified to the CQC. We discussed these with the manager. They were open and transparent with us and told us, they were not aware these incidents should have been reported to us. Two of the incidents had occurred prior to the appointment of the new management team. The manager understood why they should have notified us and apologised as it was a genuine oversight on their part.
- Records relating to care had not been kept as required because they had been deleted without the prior

consent or knowledge of the provider. This meant we were unable to review medicines records including 'as and when' medicine protocols.

We were not assured the governance processes in place would consistently assess, monitor and improve the quality of the service. This was a breach of regulation 17 (good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● At the time of the inspection, the provider had not registered their close circuit television surveillance (CCTV) with the Information Commissioner's Office (ICO), as they were legally required to do so. Following the site visit the provider has since registered with the ICO.
● Most of the people we spoke with and relatives told us the communication between themselves, the staff and the office had improved. They found the manager and their team to be approachable and helpful. One staff member told us, "I feel the communication is good because any questions we have or any concerns during our shift we can text on the group chat and either [manager] or [care co-ordinator] will reply."
● The provider, their management team and staff had good understanding of their roles and worked well together as a team. They acknowledged the difficulties presented by former staff members and said they had a lot of work to do to make the necessary improvements.
● Regular audits had been carried out to check on the quality of the service until April 2022. The new management team came into post at the beginning of July 2022 and had started to review all office systems and processes to identify the improvements to be made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;
●The new management team and their staff promoted a person-centred service. They recognised the links between well trained staff and the provision of person-centred care with the intention of achieving good outcomes for people.
● Most of the staff spoken with were positive about their roles and the support they received from the management of the service. One staff member said, "This is a safe service, I think all the staff are nice and so are the people. I feel when given the rotas they [manager] make sure what shifts we can and can't do and they have allowed me what days I can and can't do they are supportive."
● During the inspection, the management team, including the NI and the director of the service, were responsive to our feedback. They showed a commitment to improve the service to meet people's needs. The matters we highlighted were addressed immediately.
● The manager and staff received continuous support from health care professionals to ensure their skills and knowledge were up to date to support people.
● There were several ways for people, relatives and staff to make their views known. This included face to face meetings, telephone calls, supervisions and spot checks.
● The provider ensured that, where required, staff had reasonable adjustments to support them in their roles. For example, to maintain cultural practices.

Continuous learning and improving care
● Following the appointment of the new management team, the manager had developed an action plan which they were working through, at the time of the inspection, to improve care and had a clearer understanding of their responsibilities.
● Feedback from health care professionals was consistent in saying the service had improved in the short time the new management team had been in post. They told us staff were good at keeping them up to date and ensuring any changes to people's support or medication was implemented. One professional told us,

"Staff know how to support [person] and what are their needs are now, I'm reasonably positive and very happy with the new management team and their attitude towards the [person]."

Working in partnership with others

● The new management team and staff understood the importance and benefits of working alongside people, their relatives and health and social care professionals. This made sure people received the support they needed.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People had not been effectively protected from the risk of abuse. People had received threats to control them and subjected to restrictions on their liberty of movement.

The enforcement action we took:

We have issued a warning notice giving the provider 28 days to make sure there are safeguarding processes in place to effectively protect people and keep them safe from the risk of abusive practices.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There had been a lack of oversight by the provider of the service. This had contributed to the development of a closed culture. The processes and systems in place had not been effective at monitoring and improving the quality and safety of services for people.

The enforcement action we took:

We have issued a warning notice giving the provider eight weeks to implement and embed new processes to effectively monitor and improve the quality and safety of the services for people