

Sapphire Support Services Limited

Sapphire Support Services Limited

Inspection report

Ambassador House
1142 Stratford Road, Hall Green
Birmingham
West Midlands
B28 8AE

Date of inspection visit:
19 November 2019

Date of publication:
10 December 2019

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

About the service

Sapphire Support Services limited is a 'supported living' service that provides care and support to people living in shared accommodation including younger adults with mental health conditions. At the time of the inspection the service supported two people.

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

People told us they felt safe and systems to assess and monitor risk were in place. Staff had received training in safeguarding and knew how to keep people safe. The provider had a robust recruitment process in place and there were enough staff on duty to meet people's needs. Staff were trained to administer medicines and regular checks and processes were in place to ensure they were given safely. Accidents and incidents were recorded and followed through with appropriate action to minimise the risk of re-occurrence. Staff followed infection control guidance and had access to personal protective equipment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had the appropriate skills and knowledge to meet people's needs. Staff liaised with other health care professionals to ensure people's safety and meet their health needs. People were supported to prepare meals and drinks as required.

People received care and support that respected their dignity and privacy. People told us staff were kind and they were involved in their care plan reviews and supported to make choices about their care. People were communicated with in ways they could understand. The provider had a complaints process and people felt confident to raise any concerns.

A number of quality audits were in place to assess and monitor the quality and safety of the service. People told us that the manager was approachable and responsive and staff felt supported. The registered manager had worked well with other health care professionals and their feedback was very positive.

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

Rating at last inspection

This service was registered with us on 21/11/2018 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was 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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a '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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 November 2019 and ended on 20 November 2019. We visited the office location on 19 November 2019.

What we did before the inspection

We reviewed information we had received about the service since they had registered. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager and care workers. We reviewed a range of records. This included two people's care records and one person's medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People told us they felt safe. One person said, "[I feel] Completely safe, that is one of the things I like."
- The provider had effective safeguarding systems in place. Staff had received training and understood how to recognise the signs of abuse and how to report. One staff member told us, "It's everyone's job to protect people from abuse or harm, if we suspect it we have a duty of care to report it."
- Risk assessments were in place for people and care plans contained information for staff to manage people's risk safely. This included risks associated with the person's environment, their care and treatment and any other factors.
- Accidents and incidents were recorded and investigated to prevent them from happening again in the future.

Staffing and recruitment

- There were sufficient staff to ensure people received their care calls when required. People told us staff always turned up for their calls and stayed for the right amount of time to ensure their care needs were met.
- People told us they were supported by consistent carers who knew them well. The registered manager advised they carried out a "meet and greet" to introduce new staff to people so they were aware of who would be providing their care.
- The provider had a recruitment process which involved recruitment checks to ensure newly appointed staff were suitable to support people. We found that the process included the completion of a Disclosure and Barring Service (DBS) check and references. A DBS check was carried out to ensure the provider had employed suitable care staff to support people

Using medicines safely

- People were supported with their medicines safely. We found records used were clear and accurately identified the medicine administered and by whom.
- Care staff told us they received training before they could support people with their medicines and their competences were checked as part of a spot check process, documentation we reviewed confirmed this.

Preventing and controlling infection

- There were systems in place to ensure people were protected from the risk of infection. Staff had completed infection control and food hygiene training. Staff told us they had plentiful support of personal protective equipment, for example gloves and aprons.

Learning lessons when things go wrong

- The provider had systems in place to identify learning from any incidents. For example, they had improved the safe storage of medicines following a concern in this area. This had been done in consultation and with the consent of the person they were supporting and meant the likelihood of further incidents had been reduced.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received effective support from a small and consistent team of trained staff who knew them well.
- Staff received induction training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- The registered manager ensured the competence of staff in their roles was continually assessed and where issues were identified appropriate action was taken.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff monitored people's well-being and supported people to access the relevant healthcare support when needed. For example, referrals to the GP and opticians had been made for one person by the registered manager.
- Staff assisted one person to regularly attend a support service for them to receive help with a specific health condition. Staff had supported the person to talk to the support service about how they wanted to receive the support. This meant they had started to attend more regularly and were receiving more effective support.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

We checked whether the service was working within the principles of the MCA.

- Both people who used the service were able to make decisions for themselves. They told us staff respected their decisions and always asked for consent.
- The registered manager demonstrated an understanding of their responsibilities under the Act. They had systems in place to support people who lacked the capacity to make certain decisions.
- Staff had received training in MCA and had a good understanding of the principles of the act. One staff member told us, "It is about whether people can make their own decisions," another said, "If people can't

make decisions we must still do everything in a person-centred way and ensure they have an advocate."

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

- The provider carried out an initial assessment of people's support needs so they could support people how they wanted. People using the service were involved in the initial assessment.
- Care was planned, reviewed and delivered in line with people's individual assessments. For example, care calls happened at the time and for the period of time identified at the assessment.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being. Some notes needed more detail to reflect the care given, this was discussed with the registered manager who agreed to put this in place.

Supporting people to eat and drink enough to maintain a balanced diet;

- People were supported to prepare meals and drinks as required. People told us staff supported them to make choices one person said, "Oh yes, I am asked about what I want to eat." Records included information about people's dietary preferences.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring, one person said, "Absolutely 100% kind."
- People were supported by regular staff which helped them to develop positive relationships. Staff we spoke to knew people's life histories and individual preferences and wishes. One person told us how staff had supported them to buy a new coat and another told us how supportive the registered manager had been.
- Staff received training on equality and diversity and the registered manager told us the importance of respecting diversity and supporting people's religious and cultural needs. Staff were respectful about the people they supported and their beliefs and choices.

Supporting people to express their views and be involved in making decisions about their care

- People told us they decided the support they received and when. One person told us, "They [staff] do ask me, if I say no it means no," another person said, "They come at a time I like."
- We saw records that showed people using the service were involved in making decisions about their care and support. The registered manager carried out regular telephone and face to face reviews to ensure people could express their views. Action was taken when care delivery needed improvement.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us, "They [staff] knock on the door and wait for you to answer."
- A healthcare professional told us how the person had engaged with the staff because of their respectful approach. They told us, "[Person] didn't engage with the previous care agency, but because staff showed respect, treated him as an individual and listened to him, he did engage and there was absolute change."
- Staff assisted people to be as independent as possible, by supporting them to make their own decisions and encouraging them to do as much for themselves as possible. One person told us, "I am fairly independent, they [staff] told me where the shops and local amenities are so I know where to go."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care from staff who knew them well. One person told us, "Yes, they [staff] get exactly what I want without having to ask," and another, "They[staff] know me well...absolutely."
- People were involved in planning their care, care plans included people's preferences and wishes including how people liked to be supported with personal care and what food they liked to eat.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- A service user guide was given to people which included details on how to complain and key policy and procedures. This guide was available in alternative formats including Easy Read and audio versions.
- People's communication needs were assessed and guidance was in place for staff to follow. For example, people's care plans included how people communicated if they were happy and sad and what signs staff should look for.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and people knew who to speak to if they had any concerns. We asked one person if they knew how to make a complaint, they told us "You bet I do, but I don't wish to make one."
- No formal complaints had been raised through the complaints process but some concerns with regards to the timings of calls had been voiced at people's reviews. The registered manager had taken appropriate action in relation to these concerns.

End of life care and support

- No one was receiving end of life care however, the registered manager told us they had recently contacted the Marie Curie organisation who support people living with a terminal illness. They were waiting to receive information from the organisation which they intended to share with staff and people who used the service so discussions around end of life care could be started.
- Training on end of life care was given to staff as part of their induction process.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager completed regular spot checks with staff when they attended a care call to observe how they interacted with and supported people. Any learning points were documented and discussed further with staff in order to ensure they were providing good quality care. A staff member told us, "[Name of registered manager] gives us feedback if we need to improve."
- Monthly audits on care and medicines records were carried out to ensure safe and effective care was being provided.
- Systems were in place to assess and monitor the quality and safety of the service provided to people, with provider oversight. The registered manager was confident their systems would remain effective as the service grew. For example, they had system in place to monitor accidents and incidents and identify any trends.
- The registered manager and staff team had a good understanding of their roles and responsibilities. For example, staff knew when to contact the registered manager and outside professionals if they had concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager made regular telephone calls and visits to the people using the service to gather their views on the care they received and act on any improvements needed. One person told us, "[Name of registered manager] always visits me and checks I'm ok."
- Staff spoke positively about management and working for the service. Staff said they had regular one to one supervision meetings where they could share any feedback or concerns, records confirmed this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were positive about the care and support and expressed confidence in the registered manager. One person told us, "[Registered manager] is a brilliant lady, absolutely fantastic."
- The service had received a compliment from a social care professional which said, "The visible difference in the citizen [person who used the service] since [Sapphire Solutions Limited] becoming involved has been remarkable. [Person's] appearance has changed to where he is now maintaining his personal care needs. His mobility has improved and he is now regularly eating."

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

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

Continuous learning and improving care

- The provider had plans to introduce an electronic call monitoring system as the service grew to monitor staff calls and punctuality. This would ensure people knew when to expect their care calls and staff provided care to people for the correct period of time.

Working in partnership with others

- The service worked in partnership with social workers and healthcare professionals to ensure people received appropriate care. A health care professional told us, "They [the service] stuck to the plan I set...went above and beyond...the best adult care agency I've worked with."