

## Somerset County Council (LD Services)

# The Saplings

### Inspection report

Wilton Orchard  
Fons George  
Taunton  
Somerset  
TA1 3SA  
Tel: 01823 324832  
Website: [www.somerset.gov.uk](http://www.somerset.gov.uk)

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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 

#### Overall summary

This inspection took place on 8 September 2015 and was an unannounced inspection.

The Saplings is a purpose built property which can accommodate up to seven people. The home specialises in providing care and support to adults who have a learning disability, autism and/or a physical disability. All bedrooms are for single occupancy and the home is staffed 24 hours a day.

The people who lived at The Saplings were unable to tell us about their experiences of life at the home so we used our observations of care and our discussions with staff to help form our judgements.

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

# Summary of findings

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 supported people to develop and maintain independent living skills. Risk assessments detailed the potential risks and provided information about how to support the individual to make sure risks were minimised.

People were comfortable with the staff who supported them. The atmosphere in the home was very relaxed and staff interacted with people in a kind and respectful manner.

Staffing levels were good and people received good support from health and social care professionals. Staff were confident and competent when assisting and interacting with people and it was evident staff knew people well.

People were unable to look after their own medicines. Staff made sure medicines were stored securely and there were sufficient supplies of medicines. People received their medicines when they needed them.

People were supported to eat well in accordance with their preferences and needs. There was a varied menu which had been developed with the people who lived at the home.

Routines in the home were flexible and were based around the needs and preferences of the people who lived there. People were able to plan their day with staff and they were supported to access social and leisure activities in the home and local community.

The provider made sure staff completed appropriate training so they could meet the needs of the people they supported. The knowledge, skills and competency of staff were regularly monitored through supervisions and observation of their practice. Staff told us they felt well supported and received the training they needed.

There were systems in place to monitor health and safety and the quality of the service provided to people.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were adequate numbers of staff to maintain people's safety.

There were systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

People received their medicines when they needed them.

Good



### Is the service effective?

The service was effective.

People could see appropriate health care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Good



### Is the service caring?

The service was caring.

Staff were kind and professional. People were treated with dignity and respect.

People were supported to make choices about their day to day lives and were supported to be as independent as they could be.

Good



### Is the service responsive?

The service was responsive.

People received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People were supported to follow their interests and take part in social activities.

Good



### Is the service well-led?

The service was well-led.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There was a quality assurance programme in place which monitored the quality and safety of the service.

Good



# The Saplings

## Detailed findings

### Background to this inspection

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

This inspection took place on 8 September 2015 and was unannounced. It was carried out by one inspector.

We looked at previous inspection reports and other information we held about the home before we visited. We looked at notifications sent in by the provider. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection there were seven people living at the home. During the inspection we met with each person however; the majority were unable to engage in conversations with us. We spoke with two members of staff and the deputy manager. The registered manager was not available for this inspection.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of three people who lived at the home and the recruitment files of two members of staff. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

# Is the service safe?

## Our findings

There were enough staff to help keep people safe. The deputy manager told us staffing levels were determined on the needs of the people who lived at the home. For example, one person required one to one staffing. Staff knew who was responsible for supporting this person and we observed the individual received the required level of support throughout our visit.

Care plans had information about how people were supported to take risks and how risks to people were minimised. Examples included accessing the community and travelling in a vehicle. Other risk assessments were in place which enabled people to develop and maintain a level of independence. These included supporting people to eat and drink, assisting with personal care and dressing and mobilising. Risk assessments detailed the potential risks and provided information about how to support the individual to make sure risks were minimised.

Everyone who lived at the home required staff to manage and administer their medicines. There were appropriate procedures in place for the management of people's medicines and these were understood and followed by staff. Medicines were supplied by the pharmacy in sealed monitored dosage packages which provided details of the prescribed medicine, the name of the person it was prescribed for and the time the medicine should be administered. Each person had a pre-printed medicine administration record (MAR) which detailed their prescribed medicines and when they should be administered. Staff had signed the MAR charts when medicines had been administered or had made an

appropriate entry when a medicine had not been administered. There was a clear audit trail of all medicines entering and leaving the home. Medicines were only administered by staff who had received appropriate training.

There were plans in place for emergency situations; people had their own evacuation plans if there were a fire in the home and a plan if they needed an emergency admission to hospital. Staff had access to an on-call system within the organisation; this meant they were able to obtain extra support to help manage emergencies.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the provider's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

The provider's staff recruitment procedures helped to minimise risks to people who lived at the home. Applicants were required to complete an application form which detailed their employment history and experience. Those shortlisted were then required to attend an interview. Applicants had not been offered employment until satisfactory references had been received and a satisfactory check had been received from the Disclosure and Barring Service (DBS). This helped employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

# Is the service effective?

## Our findings

Staff were confident and competent when assisting and interacting with people and it was evident staff knew people very well. They knew what people wanted even where the person was unable to express their wishes verbally. For example one person took a staff member's hand and led them to the kitchen indicating that they wanted a drink. Another person used a sign which indicated they wanted to use the bathroom. Staff recognised what both people were requesting and they responded to their requests straight away.

Staff told us they had good training opportunities which helped them to understand people's needs and enabled them to provide people with appropriate support. Staff had been provided with specific training to meet people's care needs, such as caring for people who have epilepsy, supporting people who have hearing or sight impairment and caring for people who are living with dementia. People who lived at the home had either very limited or no verbal communication. Staff had received communication training and staff used their skills to effectively communicate with the people they supported.

Newly appointed staff completed an induction programme where they worked alongside more experienced staff. During this time staff were provided with a range of training which included mandatory and service specific training. Their skills and understanding were regularly monitored through observations and regular probationary meetings. The staff we spoke with told us they were never asked to undertake a task or support people until they had received the training needed and they felt confident and competent.

Staff had received training and had an understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff knew

how to support people to make decisions and knew about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. This made sure people's legal rights were protected.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Assessments about people's capacity to consent to living at the home had been completed and DoLS applications had been completed for people who were unable to consent to this and for those who required constant monitoring by staff.

People could see health care professionals when they needed to. The deputy manager and staff told us they received good support from GP's and they would always visit if there was a concern about the health or well-being of people. People's care and support plans showed they received annual health checks and a review of their prescribed medicines. People also had access to other healthcare professionals such as dentists, epilepsy nurses, dieticians and chiropodists.

People were supported to eat well in accordance with their preferences and needs. Each week people were supported to develop a menu. They were able to make informed choices by using photographs and every day there was a choice of two meals. We observed people having lunch. This was a relaxed experience and people chose what they wanted to eat from two plated meals.

Each person had a nutritional assessment which detailed their needs, abilities, risks and preferences and we saw people were supported by staff in accordance with their plan of care. For example, one person had been assessed as being at risk of choking. There was a specific care plan in place which reduced risks to the individual. Staff supported this person in accordance with their plan of care.

# Is the service caring?

## Our findings

The atmosphere in the home was happy and relaxed. People were unable to tell us about their experiences however; people appeared comfortable with the staff who supported them and they responded positively to staff interactions. For example, one person laughed when a member of staff engaged in friendly banter with them.

Staff spoke with kindness and compassion about the people they supported. Staff had a very good knowledge about what was important to each person who lived at the home. Each person had a one page profile which provided staff with information about the persons needs and what was important to them.

People were supported to be as independent as they could be. Care plans detailed people's abilities as well as the level of support they needed with certain activities. There was an emphasis on enabling people to maintain a level of independence despite their disability. For example assisting with the preparation of meals, doing their laundry and making day to day decisions about where they wanted to spend their time and what they wanted to do.

Staff respected people's right to privacy. Each person had their own bedroom which they could access whenever they wanted to. We saw this to be the case on the day we visited. Bedrooms had en-suite facilities which meant people could be supported with their personal care needs in the privacy of their own room.

People were treated with respect. Staff communicated with people in a very kind and respectful manner. Staff asked people if they were happy doing what they were doing and checked they were happy with the member of staff who was supporting them. When we asked to look at some care plans, staff requested permission from the people who lived at the home.

People's confidentiality was respected and personal information was appropriately stored.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

# Is the service responsive?

## Our findings

Staff knew about the needs and preferences of the people they supported. Care plans contained clear information about people's assessed needs and preferences and how these should be met by staff. This information helped staff to provide personalised care to people. Care plans had been regularly reviewed to ensure they reflected people's current needs.

Staff recognised and responded to any changes in people's health or well-being in a timely manner. For example, staff had reported one person sounded "chesty." Records showed that the GP had been informed without delay and the person had commenced on antibiotic treatment the same day. The deputy manager told us they had requested the input of a psychologist for one person who they felt would benefit from more stimulation outside of the home. We were informed that an assessment had taken place and a recommendation for day service placements had been made.

There had been no recent admissions to the home. The people who lived there had lived at the home for many years. The deputy manager told us before people moved to the home they would be visited to assess and discuss their needs, preferences and aspirations. This helped to determine whether the home was able to meet their needs and expectations. The deputy manager told us the needs and abilities of the people who lived at the home would always be considered before accepting a new admission.

Routines in the home were based around the needs and preferences of the people who lived there. For example, people chose what time they got up in the morning and when they went to bed. We observed people arriving for breakfast at different times during the morning and staff were available to respond to people's needs and requests. We heard staff asking people what they would like to do and where they wanted to spend their time. On the day we visited, staff responded to impromptu requests from people to go out for a walk.

People accessed a range of activities both in the home and local community. One person had a particular interest in steam trains and staff had supported them to travel on a local steam train to the seaside town of Minehead. This person smiled when staff reminisced with them about the day out. One of the care plans we looked at detailed how the person had been supported to choose where they wanted to go for a day out and which member of staff they wanted to support them. There were photographs of the person being supported to make choices from the internet and they had pointed at a photograph of the member of staff they wanted to support them.

The people who lived at the home had very complex needs and the majority were unable to express themselves verbally. The deputy manager told us the service was currently looking at ways to improve how they could further involve people in expressing their views in a meeting setting. They had sought the advice and input from communication specialists and were in the process of liaising with them. Each person was allocated a key worker who met with them on a regular basis. These meetings provided people with the opportunity to spend one to one time with staff who knew them well. People were supported to discuss their day to day lives and to explore other things they may like to do. The deputy manager told us people had been supported to choose the colour schemes for their bedrooms. They told us people had made choices from colour cards and magazines.

There were effective policies and procedures in place relating to complaints. This had been produced in an appropriate format for the people who lived at the home. Records of complaints showed that all complaints expressed verbally or in writing were responded to in a timely manner. We saw complaints had been fully investigated and action was taken to address people's concerns.



# Is the service well-led?

## Our findings

There was a staffing structure which gave clear lines of accountability and responsibility. In addition to the registered manager there was a deputy manager, team of senior care workers and care workers. Staff were clear about their role and the responsibilities which came with that. Staff morale was good. Staff told us there were always senior staff available to support less experienced staff.

Systems were in place to monitor the skills and competency of staff employed by the home. Staff received regular supervision sessions and observations of their practice. Staff received feedback on their performance in a constructive way. Good practice and performance was recognised and additional support and training was made available for staff where required. For example, one member of staff had requested and received additional support to further develop their role and to apply for a more senior position. One staff member said “I love working here. The support is really good and you get the training you need.” The registered manager monitored staff training which meant staff received refresher training when required to make sure their practice was in line with up to date good practice guidelines.

There were regular meetings for staff where a variety of issues could be discussed. The minutes of the last staff meeting showed discussions included fire safety, health and safety, activities and the well-being of the people who lived at the home. The knowledge of staff about the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had also been monitored.

There were quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice. A network manager from the company carried out regular visits to monitor the service. Records of their last visit showed they reviewed issues relating to people and staff as well as health and safety. A clear record was kept of what the registered manager had been asked to do and when this had been completed.

Visitors to the home were asked to complete a feedback form on the quality of the service provided. We were provided with the findings of a recent analysis which had been positive about the knowledge and attitude of staff and of the quality of care people received. The home had received numerous written compliments about the quality of the service provided. A health care professional had commented “The Saplings is such a nice home. Everyone seems so happy and cheerful.” Another commented “The standard of care is the best it has ever been.” After staff had supported one person to attend a hospital appointment, a health care professional had commented how “clearly staff understood the person’s needs” and “wanted to make sure we acted in the person’s best interests.”

The home had been awarded five stars by the local environmental health department which showed high standards of food safety.

The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.