

# Welmede Housing Association Limited

## Sandalwood

### Inspection report

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#### Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

#### Overall summary

Sandalwood provides accommodation, care and support for a maximum of five adults with learning disabilities. There were five people using the service at the time of our inspection.

The inspection took place on 23 and 26 October 2015. The first day of the inspection was unannounced.

There was a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People were kept safe because staff understood their responsibilities should they suspect abuse was taking place and knew how to report any concerns they had. Risks to people's safety had been assessed and measures had been put in place to mitigate these risks. There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

# Summary of findings

There were enough staff on duty to keep people safe and meet their needs. The provider's recruitment procedures helped ensure that only suitable staff were employed. People's medicines were managed safely.

People received their care from a consistent staff team who knew their needs well. Staff were well supported through supervision and appraisal and had opportunities to discuss their professional development. All staff had attended a comprehensive induction and had access to relevant, ongoing training. Staff were motivated and had a commitment to providing high quality care and support. They said morale was good and they worked well together as a team.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's best interests had been considered when they needed support to make decisions and applications for DoLS authorisations had been submitted where restrictions were imposed to keep people safe.

People's nutritional needs were assessed and any dietary needs were managed effectively. Staff enabled people to make informed choices about what they ate and supported them to maintain a balanced diet. People were supported to maintain good health and to obtain treatment when they needed it. The service had effective relationships with healthcare professionals which ensured that people received the care and treatment they needed.

Staff were kind and caring. They treated people with respect and supported them in a way that maintained their privacy and dignity. Staff made sure people had the information they needed to make informed choices and to understand information that was important to them. A relative told us their family member received high quality care from caring staff. Staff promoted people's involvement in their local community. People had opportunities to take part in social events and activities and were supported to maintain relationships with their friends and families.

People received personalised care and support based on their individual needs. Staff shared information about people's needs effectively to ensure that care was being provided in a consistent way. People's needs and wishes were reviewed regularly and relatives' contributions to reviews were encouraged and valued.

The registered manager provided good leadership for the service and led by example in their approach to supporting people. The registered manager encouraged the input of people, their relatives, staff and other stakeholders in developing and improving the service. Staff told us the registered manager encouraged staff to think creatively about how support could be provided in a way that best met people's needs. The provider had effective systems of quality monitoring, which helped ensure that all areas of the service were working well and records were up to date.

The last inspection of the service took place on 11 October 2013 and there were no concerns identified.

# 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.

Staff were aware of safeguarding procedures and understood their responsibilities if they suspected abuse was taking place.

Staff understood people's needs and how to support them safely. Staff understood the risks people faced and how to manage these.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

There were enough staff deployed to provide people's care and support safely and there were robust recruitment procedures which helped ensure that only suitable staff worked at the service.

People's medicines were managed safely.

Good



### Is the service effective?

The service was effective.

Staff had access to the training and supervision they needed to provide effective care and support.

Staff worked well together as a team to ensure people received the care and support they needed.

People's best interests had been considered when they needed support to make decisions.

Applications for DoLS authorisations had been made where restrictions were imposed to keep people safe.

People's nutritional needs had been assessed and any dietary needs identified were managed effectively. People were supported to have a balanced diet and to choose what to eat

People were supported to maintain good health and to obtain treatment when they needed it.

Good



### Is the service caring?

The service was caring.

People had positive relationships with the staff who supported them.

Staff were kind, caring and committed to providing high quality care and support. Staff treated people with respect and supported them in a way that maintained their privacy and dignity.

Staff supported people in a way that promoted their independence. Staff ensured that people had access to the information they needed to make informed choices.

Good



### Is the service responsive?

The service was responsive to people's needs.

Support plans were person-centred and reflected people's individual needs, preferences and ambitions.

Good



# Summary of findings

People were supported to enjoy fulfilling lives and to be as active as they wished. Staff promoted people's involvement in their local community.

People were supported to pursue their interests and to maintain relationships with their families.

The provider sought the views of relatives, staff and relevant professionals about the quality of the service and acted on their views. There were appropriate procedures for managing complaints.

## Is the service well-led?

The service was well led.

Staff received good support from their managers and there was an open culture in which staff felt able to discuss issues and raise any concerns they had.

Staff had opportunities to discuss any changes in people's needs, which ensured that they provided care in a consistent way.

There was an effective system of quality checks to ensure that people received safe and appropriate care and support.

Records relating to people's health and care were accurate, up to date and stored appropriately.

**Good**



# Sandalwood

## Detailed findings

### Background to this inspection

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

The inspection took place on 23 and 26 October 2015. The first visit was unannounced. Due to the small size of this service, the inspection was carried out by one inspector.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The 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 spoke with four people who lived at the service and six staff, including the registered manager, team leader and care staff. Some people were not able to tell us directly about the care they received. We observed the care and support they received and the interactions they had with staff.

We looked at the care records of three people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at four staff recruitment files and other records relating to staff support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

We spoke with a relative and two health and social care professionals after the inspection to hear their views about the care people received.

We last inspected this service on 11 October 2013 where there were no concerns identified.

# Is the service safe?

## Our findings

Relatives and health and social care professionals told us they were confident that people were safe at the service. They said this was because staff understood the people's needs and any risks involved in their care. One relative told us, "I've never had any concerns about his safety; he's very well looked after there."

Staff had received safeguarding training and were aware of their responsibilities in relation to protecting people from harm and abuse. Staff were able to tell us about the signs of abuse and how they could report any concerns they had about people's safety. A copy of the local multi-agency safeguarding procedures was available in the service and staff had been given information about the provider's whistle-blowing policy. The minutes of team meetings demonstrated that staff talked about safeguarding as a group and the registered manager told us that safeguarding was also discussed at individual supervisions.

People were supported to exercise control over their lives in a safe way. Risk assessments and support plans were in place to keep people safe while supporting their independence and strategies were in place to minimise risks. Risk assessments included a description of the risk, the severity and likelihood of the risk occurring. There were clear action plans for the staff to follow to minimise the risks and to prevent harm. Risk assessments were up to date and reviewed regularly.

Staff understood the importance of positive risk taking and were aware of the risk assessments in place to support each person.

People lived in a safe, well maintained environment. Staff carried out regular health and safety checks at the service and the provider's health and safety manager completed audits to ensure that the premises and equipment were safe and well maintained. The registered manager told us that the provider responded promptly to requests for maintenance or repairs. There were plans in place to ensure that people's care would not be interrupted in the event of an emergency, such as flood, fire or adverse weather conditions.

The service had an appropriate fire detection system, which was checked and serviced regularly. A fire risk assessment had been carried out and there were clear

procedures to follow in the event of a fire. Staff attended fire safety training in their induction and regular refresher training. All accidents and incidents were recorded and shared with the local authority. The records included information about what led to the incident, the staff response and what happened immediately afterwards. The registered manager monitored accident and incident records and carried out an analysis of these to identify any changes that could be made to reduce the likelihood of harm.

There were enough staff deployed to meet people's needs and keep them safe. Staff were on duty 24-hours a day and had access to on-call management support at all times. The rota was planned to ensure that staff were available to support people to take part in activities and access their community. Due to people's complex needs, staff always provided one-to-one support when people left the service. Staff told us that there were always enough staff available to ensure that people were supported in line with their care plans. We observed during our inspection that staff were available whenever people needed support.

The provider had robust recruitment procedures which helped ensure that only suitable staff worked at the service. Staff were appointed following submission of an application form and a face-to-face interview. The staff files we checked demonstrated that the provider had obtained references, a full employment history, proof of identity, proof of address and a criminal record check certificate before staff started work.

People's medicines were managed in a safe way. All staff responsible for administering medicines had all been trained to do so and their competency had been assessed. The registered manager told us that staff competency in medicines management was reassessed each year. Medicines were stored securely and there were appropriate arrangements for the ordering and disposal of medicines. Records relating to medicines were accurate and up to date. Each person had an individual profile that detailed their medical needs, allergies, the purpose of the medicine, the dose and any special instructions for administration. Medicine administration records showed that people had received their medicines as prescribed. Regular audits of medicines management were carried out to ensure that people were receiving their medicines safely.

# Is the service effective?

## Our findings

Staff had the skills and knowledge they needed to support people effectively. Staff told us they had an induction when they started work and that they had been allocated a 'buddy' to support them through this process. One member of staff said, "In my induction I did a lot of shadowing and reading people's support plans to understand their needs." Staff told us that they attended ongoing training to keep their skills and knowledge up to date. One member of staff said, "The best thing about Welmede is the training is very good" and another member of staff told us, "We have all the training we need."

Core training attended by staff included safeguarding, health and safety, infection control, fire safety, first aid, medicines management, moving and handling, risk management and NAPPI (Non-abusive, psychological and physical intervention). The service had systems in place to ensure that all aspects of refresher training in core areas were up to date. Staff told us the provider had supported them to work towards further, relevant qualifications in social care. The registered manager told us that all staff were required to complete the Care Certificate. The Care Certificate is a recognised set of standards for health and social care workers, designed to ensure that they have the knowledge and behaviours to provide compassionate, safe and high quality care.

Staff told us they had access to the support they needed to do their jobs. They said they had a one-to-one supervision with their manager every month and that they valued these opportunities for advice and support. There was a system of annual appraisal in place and staff said appraisals were used to evaluate their performance and identify any further training needs. Team meetings were held each month and these were used to ensure that staff were working consistently and in line with best practice. Staff said they worked well together as a team and that they supported one another. One member of staff told us, "Our team is a good team. We all work together" and another member of staff said, "Everyone is always willing to help one another."

Staff communicated information about people's needs effectively to ensure they received the care they needed. Handovers took place between shifts to ensure that staff beginning work were up to date with any changes in people's needs. All staff were expected to read the communication book at the beginning of each shift to

make themselves aware of any updates or changes to people's care. There was a plan in place for each shift and a nominated shift leader, who had responsibility for ensuring all tasks on the shift plan were completed.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff understood their responsibilities in relation to the MCA and DoLS. Staff had attended training in this area and understood how the principles of the legislation applied in their work. Staff understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. There was evidence that people's best interests had been considered when decisions that affected them were made. Where possible, the provider involved people's families to support them in making decisions. Where people did not have family involvement in their care, the service had sought the input of an independent mental capacity advocate to support people. DoLS authorisations were in place for two people due to restrictions involved in their care, such as being unable to leave the service independently and constant supervision by staff, which were necessary to keep them safe.

People were supported to have a balanced diet and were involved in choosing the menu. A relative told us their family member was supported to eat foods they enjoyed whilst maintaining a healthy diet. Staff were aware of people's preferences and used visual aids to enable people to make informed choices about what they ate. Staff encouraged people to maintain a balanced diet and there was an emphasis on the provision of fresh food. The registered manager told us that food was often purchased from the nearby farm shop. People's nutritional needs had been assessed and were kept under review. Risk assessments had been carried out to identify any risks to

## Is the service effective?

people in eating and drinking. The service had access to healthcare professionals, such as a speech and language therapist and a dietitian, if people developed needs that required specialist input.

People were supported to maintain good health and to obtain treatment when they needed it. The service had developed effective relationships with healthcare professionals, including GPs, district nurses and speech and language therapists, which ensured that people received the care and treatment they needed. A 'hospital passport' had been developed for each person, which provided important information for healthcare professionals involved in their care who may be unfamiliar with their needs. There was also a health action plan in place for each person that recorded their health needs and any guidance from healthcare professionals about the delivery of their care. Health action plans also recorded the outcomes of any healthcare appointments.

Staff recognised when people became unwell and advocated for their rights. The registered manager told us,

"Staff are very good at picking up if people are not well. They recognise if people are under the weather because they know them so well." The registered manager told us of an incident in which a person who appeared unwell attended an appointment with a healthcare professional who identified no underlying concerns. Staff persisted in advocating for the person due to their concerns and the healthcare professional carried out further tests, which revealed an infection.

The layout and design of the premises met the needs of the people who lived there. People had access to appropriate private and communal spaces, including a large, well maintained garden. Bedrooms were personalised and reflected the interests of their occupants. The service had a comfortable lounge/dining area and communal kitchen. A log cabin had recently been installed in the garden, which provided an additional sensory and meeting space. Adaptations and specialist equipment had been installed where necessary to ensure that the service could meet people's needs.



# Is the service caring?

## Our findings

People received good care from staff who were caring and knew their needs well.

A relative told us that their family member received high quality care from caring staff. They said their family member received consistent care because the service had a stable staff team. A relative told us, "From what I've observed, the staff are very caring people. They're all very nice, very helpful. I'm very happy with the care he gets." Health and social care professionals said people had positive relationships with the staff who supported them and that staff had a good understanding of people's needs. One health and social care professional told us, "People have good relationships with the staff. Staff know people very well and understand their likes and dislikes."

People living at Sandalwood had complex communication needs. We observed that staff understood these needs well and had the skills to communicate with people effectively. Staff were in the process of developing person-centred communication profiles for people. Staff promoted decision-making and used a range of techniques, such as visual prompts, to support people to make choices. Because staff knew people's preferences, they were able to tailor the options they offered people based on their individual likes and dislikes. A relative told us that staff understood their family member's communication needs, which was important in ensuring their family member was able to express themselves.

Staff demonstrated Welmede's organisational values in their work, including providing person-centred care and treating people with respect. Support with personal care was provided in private and staff respected people's privacy

at all times. People were able to meet with their friends and families in private or spend time alone whenever they wished. Staff were committed to supporting people in a way that promoted their rights and reflected their preferences about their lives.

Staff recognised the importance of supporting people to develop and maintain relationships with their friends and families. Relatives were able to visit whenever they wished and told us that they were made welcome when they visited. A relative told us that staff were always available to discuss their family member's care if necessary. The relative said that staff always kept them up to date about events affecting their family member and always invited them to reviews. The relative told us that staff had sought their views about their family member's preferences regarding end of life care to ensure that advance planning reflected the person's wishes.

Staff supported people in a way that promoted their independence. For example staff encouraged people to participate in the routines of the service, such as cleaning their rooms, managing their laundry and helping at mealtimes. A relative told us that staff encouraged their family member to do things for themselves to develop their skills. The relative said, "They've tried hard to increase his level of independence."

The provider had produced important information about the service, such as the complaints procedure and Service User Guide, in a range of formats to ensure that it was accessible to people. The provider had a written confidentiality policy, which detailed how people's private and confidential information would be managed. Staff had received training in this policy and understood the importance of maintaining confidentiality.

# Is the service responsive?

## Our findings

People received personalised care and support based on their individual needs. People's needs had been assessed before they began to use the service and were kept under review. Staff carried out regular in-house reviews and each person had an annual review involving the placing authority and any appropriate relatives or advocates. Support plans were person-centred and reflected people's individual needs, preferences and ambitions.

Each person had an allocated keyworker who had responsibility for ensuring that the care they received reflected their needs and wishes. Keyworkers were also responsible for ensuring that people's support plans were accurate and up to date, which meant that all staff would be aware of any changes in the way support was provided. Care plans provided detailed guidelines for staff about how to provide support in the way people needed and preferred, for example with bathing, personal care, eating and drinking and taking their medicines.

The service adopted innovative approaches in identifying ways to best meet people's individual needs. For example one person had a passion for travelling by car. When the person had access to sufficient funds, staff had involved their family in discussing the possibility of purchasing a car, which would enable the person to go for a drive whenever they wished. This had recently been agreed and the best arrangements for purchase were being investigated at the time of our inspection. The registered manager told us, "We want staff to know that they can be creative [in how they supported people] and try things and that we'll support them in that."

The service involved other professionals where their input could realise benefits for people's health or well-being. For example referrals had been made to speech and language and occupational therapists to support people's ability to communicate. An occupational therapist visited during our inspection as part of their assessment of a person's communication needs. Staff understood the importance of

providing people's care in a consistent way and in line with any guidance developed by professionals. One health and social care professional told us, "The staff are very good at following any guidelines we put in place."

Staff promoted people's involvement in their local community. People made regular use of local shops, pubs and restaurants and had access to activities including swimming, bowling and horse riding. People were also able to participate in in-house activities such as aromatherapy and staff told us that people had enjoyed using the recently opened sensory room in the log cabin. Staff arranged taster activities based on people's likes and dislikes and arranged further sessions if the activity had been enjoyed. For example people had enjoyed a session by a musician so staff had arranged that this session would take place each week in future. The registered manager told us, "We're trying to expand the range of activities available to people. For example people have responded really well to the music session we set up so we'd eventually like to give people the chance to go to live music outside the home. We're also trying to develop links with the local community and increase people's opportunities for community involvement."

The provider regularly sought the views of relatives, staff and other stakeholders about the quality of the service. Surveys were distributed annually and the responses analysed. Any areas for improvement were incorporated into the continuous improvement plan for the service. The surveys provided positive feedback about the service from relatives and professionals about the quality of care and support people received.

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. The complaints procedure was available in the service and an easy-read version had been developed, which aimed to provide people who lived at the service with an accessible means of registering any concerns they had. We checked the complaints record and found that no complaints had been received.

# Is the service well-led?

## Our findings

There was an open culture in which people, their relatives and staff were able to express their views and these were listened to. Residents' meetings took place each month and staff used their knowledge of individual communication methods to support people to contribute their views. Notes were kept of these meetings and checked at future meetings to ensure that people's responses had been acted upon. A relative told us that staff consulted them about their family member's care and that their views were listened to. The provider's quality team distributed questionnaires to people who used services, relatives, staff and other stakeholders to seek their feedback about the service. The quality team collated and analysed the questionnaire responses and there was evidence that any suggestions for improvements were acted upon.

There was a registered manager in post at the time of our inspection. Staff told us the registered manager encouraged them to give their views about how the service could improve or to raise any concerns they had. Staff said that team meetings were used to discuss all aspects of people's lives and how the support they received could be improved. One member of staff said, "We have team meetings every month where we're encouraged to contribute ideas about how the service can improve." Another member of staff told us, "Team meetings are very important. Our input is always encouraged. We discuss people's health, welfare, activities, food. There's always time for everyone to chip in and have their say. Staff are very open and happy to challenge."

Staff were positive about their roles and told us the registered manager provided good leadership for the service. They said the registered manager was approachable and led by example in their approach to supporting people who lived at the service. Staff told us the registered manager encouraged them to think creatively about how people's quality of life could be improved with their support and how people could be supported to achieve their goals and aspirations. Staff said they always had access to management support or advice when they needed it. There was an on-call system that meant staff

had access to management support at all times. One member of staff told us, "There's always a manager available if we need advice" and another said, "There's always someone we can ask for help if we need it."

The registered manager told us that they were well supported in their role by the provider. The registered manager said they had regular supervision with their line manager and attended monthly meetings with other registered managers to keep up to date with developments in legislation and best practice. The registered manager told us they had access to appropriate training for their role and that the provider enabled managers to access external training where this would be beneficial.

The provider had an effective quality assurance system which ensured that all aspects of the service were monitored regularly. The registered manager completed a monthly checklist to monitor compliance with relevant legislation and the provider's agreed quality standards. The service was regularly audited and rated by the provider's in-house quality team. The views of people who use services, relatives, staff and other stakeholders we sought when making judgements about the quality of the service. The provider was developing a team of 'quality checkers', which included people who use services and their relatives, with the aim of increasing stakeholders' involvement in making judgements about quality.

Any shortfalls or areas identified for improvement were included in the service Continuous Improvement Plan. The plan outlined the actions needed to achieve the improvements and a timescale within which this should be completed. The plan was discussed at team meetings to ensure that all staff were working towards achieving the improvements.

There was a well-organised shift plan in place, which ensured accountability for the completion of support and key tasks during each shift. For example the shift plan identified which member of staff was responsible for responsible for checking and administering medicines, providing the personal care people needed, cleaning and cooking the day's meals. Where accidents or incidents occurred, there was evidence that these events were reviewed and changes made to practice or guidance where necessary. The registered manager told us that when changes were made to care guidelines, these were shared with all staff to ensure care was provided consistently. Staff said that they were encouraged to use incidents as

## Is the service well-led?

opportunities for learning and improvement. One member of staff told us, “There’s no culture of blame if a mistake is made. We aim to learn from mistakes and use them to improve our practice.”

Records relating to people’s health and care were accurate, up to date and stored appropriately. Staff kept daily records for each person, which detailed the care they received, the activities they took part in and any issues related to their health or well-being. The outcomes of

medical appointments were recorded and any guidance received from health and social care professionals was incorporated in people’s care plans. The service notified the Commission and other agencies of incidents and events when required. The service had established effective links with health and social care agencies and worked in partnership with other professionals to ensure that people received the care they needed.