

Haven Care Services Ltd

Sandy Hill Court

Inspection report

9 SandyHill Road
Shirley
Solihull
West Midlands
B90 2EW

Tel: 01212408000

Date of inspection visit:
10 February 2017

Date of publication:
09 March 2017

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

We carried out this inspection on 10 February 2017. We told the registered manager we were coming 48 hours before the visit so they could arrange for staff to be available to talk with us about the service.

Sandy Hill Court is a service which provides personal care support to adults with learning disabilities and complex needs. This is in a supported living environment which consists of eight self-contained apartments. At the time of our visit, two people used the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in place and had been since May 2016 when the service started.

Relatives told us people felt safe using the service because support workers were skilled and knowledgeable, and knew how to care for them well. Support workers had a good understanding of what constituted abuse and who to contact if safeguarding concerns were raised.

Checks were carried out prior to support workers starting work to ensure their suitability to work with people who used the service. Support workers received an induction to the organisation, and a programme of training to support them in meeting people's needs effectively.

Staff understood the principles of the Mental Capacity Act (2005), and the registered manager had taken the required action if people were being deprived of their liberty.

People were assisted with their nutrition and to manage their health needs. Support workers referred people to other professionals if they had any concerns.

People had consistent staff they were familiar with and who provided support as outlined in their care plans. There were enough staff to care for people they supported and there was an on-going programme of recruitment.

Relatives told us support workers were kind and caring and had the right skills and experience to provide the care people required. People were supported with dignity and respect. Support workers encouraged people to be independent. The focus of the service was to develop people's skills and confidence further, and we saw examples of where this had been achieved.

Care plans contained detailed, relevant information for support workers to help them provide personalised care including processes to minimise risks to people's safety. People received their medicines when required from staff trained to administer them. The registered manager checked that staff remained competent to do

this.

People and their relatives knew how to complain and had opportunities to share their views and opinions about the service they received. This was through keyworker meetings, review meetings and surveys.

Support workers were confident they could raise any concerns or issues with the registered manager knowing they would be listened to and acted on. People and staff told us the management team were effective and approachable.

The management team gave support workers formal opportunities to discuss any issues or raise concerns with them. There were processes to monitor the quality of the service provided. These checks were carried out by the registered manager and the provider. These ensured support workers worked in line with policies and procedures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received support from staff who understood the risks relating to their care. Staff had a good understanding of what constituted abuse and who to contact if they had any concerns. There was a thorough staff recruitment process and induction. There were enough experienced staff to provide the support people required. There were safe procedures for administering medicines and staff were trained to do this.

Is the service effective?

Good ●

The service was effective.

Support workers were trained and supervised to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act (2005) and gained people's consent before care was provided. The registered manager understood the action to take if they had concerns people were being deprived of their liberty. People were supported with their nutritional needs and to access healthcare services when required.

Is the service caring?

Good ●

The service was caring.

People were supported by workers who they knew well and considered to be kind and caring. Support workers ensured they respected people's privacy and dignity, and promoted their independence. People were given choices about how they received their care. People were supported to maintain relationships with their family members.

Is the service responsive?

Good ●

The service was responsive.

People received support from consistent workers who understood their needs. Care records contained detailed information for support workers so they could support people in

the ways they preferred. People were given opportunities to share their views about the care at meetings and the registered manager responded to any complaints received.

Is the service well-led?

Good ●

The service was well-led.

People were happy with the service and felt able to speak to the registered manager if they needed to. Support workers were supported to carry out their roles by the management team who were available and approachable. Support workers were given opportunities to meet with managers and raise any issues or concerns they had. The management team reviewed the quality and safety of service provided. This was through surveys, regular communication with people and checks to ensure care staff worked in line with policies and procedures.□ □

Sandy Hill Court

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.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

The inspection took place on 10 February 2017 and was announced. We told the registered manager we would be coming. This ensured they would be available to speak with us and gave them time to arrange for us to speak with staff. The inspection was conducted by one inspector.

Prior to our visit we spoke with two relatives. The people using the service were unable to tell us about their experience of the service. During our visit we spoke with two support workers, the deputy manager and the registered manager.

We reviewed two people's care records to see how their care and support was planned and delivered. We looked at two staff files to check whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits, complaints, accidents and incidents.

Is the service safe?

Our findings

Relatives told us people felt safe at the service and staff knew how to support them. One relative told us, "[Person] feels safe and we do feel they are safe." People were able to use alarms in their apartments if they required assistance from staff.

Another relative told us, "Before [Person] came to the service we had a good look around, we felt the environment was safe." They explained further if they had any concerns about the care at the service or felt it was unsafe, their family member would not be there. They had visited their family member 'unannounced' on several occasions and had not been concerned by anything they had seen.

During monthly review meetings support workers asked people if they felt safe with the care they received and people had responded positively. One support worker told us, "I've got no concerns about people's safety."

There were enough staff to complete the required tasks and to meet people's care needs. One relative told us, "It is more than adequately staffed, people have one to one care and there are plenty of people available if I need to speak with someone." One support worker told us, "There are no issues with staffing."

There were 10 permanent staff members employed along with three bank staff. Bank staff are staff who work 'as and when' required. The registered manager told us, "We do use agency staff if we are having training, or if a person is on 'two to one' staffing." They told us they were permanently recruiting staff as the service developed, and preferred employing people with experience in learning disabilities or challenging behaviour.

During our visit one staff member expressed some concerns about only one support worker working at night, in the event of a problem. We raised this with the registered manager who told us this had been risk assessed and they were confident with the plans they had in place. Also, as the service developed further, more staff would work at night. Sensors were in place in apartments which alerted support staff at night if people got out of bed.

Recruitment procedures made sure, as far as possible, staff were safe to work with people who used the service. Before employment could commence, two satisfactory references were sought and disclosure barring service (DBS) background checks were completed. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services. We checked two staff files and found the required checks had been completed.

Staff had received training in safeguarding people and understood their responsibilities to report any concerns. One support worker told us, "There can be all types of abuse; physical, emotional, financial. If this happened you could raise a safeguarding with the manager, the safeguarding team or CQC. I'm not afraid to say. You are here to look after people." They told us they thought there was a whistleblowing policy,

however they knew how to raise a concern. 'Whistle blowing' is when a staff member raises a concern about other staff or practices at their place of work.

The deputy manager told us about recent safeguarding training they had attended which had been particularly good, they explained, "It made me sit up, as it challenged your understanding of safeguarding and what this actually is."

Staff undertook assessments of people's care needs and identified any potential risks to providing their support. For example, one person sometimes threw items, and a risk assessment was in place so staff were aware of how to manage and reduce this risk. Other risk assessments related to when people were out in the community or travelling in cars. Keyworkers updated people's risk assessments as people's needs changed.

People received medicines correctly from staff trained to administer them. Most staff at the service had received training or this was being arranged for newer staff. The registered manager told us staff received face to face training for 'safe handling of medicines' and a national pharmacy did additional classroom based training.

The registered manager checked staff remained competent to give medicines. One support worker told us, "[Registered manager] observed me giving medicines, it was all good." One competency check was completed for a support worker in February 2017 and this assessed their knowledge around ordering of medicines and controlled drugs. Controlled drugs are medicines which require special storage.

Most medicine was given 'when required' for example, for pain relief, and people were able to tell support staff when this was needed. This information was also recorded in their care records. One person was not able to swallow medicines, so their GP had been consulted to ensure the medicine could be given effectively in liquid form.

Medicines were stored safely and correctly. Audits of medicines were completed by the registered manager to identify any possible errors.

Records of accidents and incidents were completed by the registered manager to identify any patterns or trends which could be used to prevent further occurrences. It had been identified that one person's behaviour could change at a certain time. Staff were now aware of this pattern and used the information to reduce these incidents.

Procedures were in place so staff were aware of the actions to take in an emergency, such as a fire. Staff had completed fire safety training and marshals were appointed to lead, in this situation. Fire drills also took place so people and staff were familiar with the procedures. The deputy manager told us, "In this situation we would try to get people out. [Person] does not like loud noise, we would meet in the car park, we have all done the training." This person had a 'personal emergency evacuation plan' in place which documented that staff needed to talk in a calm voice and offer reassurance in this situation.

The registered manager had a contingency plan in place should they be any disruption to the service such as severe weather to ensure the service could continue safely.

Is the service effective?

Our findings

Relatives told us they were happy with the care support their family members received. Comments included, "The care is faultless," and "We are happy with them, they are following the learning support plan. [Person] is supported sufficiently and provided with a quality of life."

Systems were in place to ensure staff worked effectively. A staff handbook was given to staff on commencement of employment and this included the aims and objectives of the service and a code of conduct. As each shift changed a verbal handover was given between staff with important information about changes to people's care needs. This enabled staff to provide people with consistent care support.

Staff received an induction when they first started working at the service. One support worker told us, "I read policies and procedures, I read care files. I had three days shadowing (working alongside) other staff." They told us they had worked in care for a number of years, so were already experienced. An induction record was completed which documented staff had read the handbook, policies and procedures.

Staff received training considered essential to meet people's care and support needs. One relative told us they thought the level of staff training was 'more than adequate.' One support worker told us, "I have done safeguarding, infection control, epilepsy awareness and the Care Certificate training here." The deputy manager told us if they asked for specific training, such as the epilepsy training, this was arranged by the registered manager.

Several staff had completed the 'Care Certificate'. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. The deputy manager told us, "This was over three days and was quite good, a refresher, we looked at safeguarding, medication and fire safety."

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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty (DoLS) were being met. The provider understood the requirements of the Mental Capacity Act (2005). Both people at the service required a DoLS authorisation and this had been applied for to the local authority.

Staff understood their responsibilities under the MCA. One support worker told us, "I do know about this, it is if someone has got the capacity to make a decision for themselves and if not, then a best interest's decision needs to be made." Another support worker told us, "We did some MCA training on the Care Certificate; just

because someone is different, it does not mean they have not got the capacity, you have to respect their decisions, they could be unwise, you have to consider what is in their best interests.

The deputy manager told us they had also covered MCA during the Care Certificate training and more training was being arranged. They told us, "You have to assume everyone has got capacity, they may in some areas, but not always. You need to consider best interest's meetings."

Mental capacity information was recorded on people's care records and we saw people were able to make some decisions for themselves. For example, one person was able to understand short phrases. The registered manager told us that a capacity assessment had been done around one person taking some medicines. Also, for people when they moved into the apartments to see if they were able to make a decision about where they lived.

Staff were aware of seeking consent before supporting people with their care. Consent forms were completed on care records and signed by people or their relatives, if they could not consent.

People's nutritional needs were met by support workers if this was part of their care plan. People had a pictorial menu planner to assist them in deciding what to eat. People were involved in preparing their own meals with support from staff. One relative told us, "[Person] gets involved in meals, has made their own breakfast, cups of tea, they support them to make lunch and some dinners." Some people also received support from relatives with their nutritional needs.

Since one person had been receiving care support, they had started to try some different foods. One support worker told us, "We give [Person] a choice, they have a meal plan, but they may decide not to have this." Pictorial shopping lists enabled people to choose what groceries they preferred and be involved in buying these if they chose to.

Some people's weight was being monitored by staff and one person's goal was to lose weight. Recordings of weights on care records were kept up to date by support staff.

People were supported to manage their health conditions and to access other professionals when required. Comments from relatives were that staff were 'absolutely amazing' and 'so supportive, the guys are great' with making referrals.

A 'health facilitation nurse' helped people when they had planned medical appointments, so that they were supported to feel comfortable in a healthcare environment. A referral had been made to a speech and language therapist to support one person with communication and their behavioural needs. It had been suggested some alternatives to the environment such as a change in lighting would assist them further. Other referrals had been made to the psychology team for support.

Is the service caring?

Our findings

Relatives told us support workers were kind and caring. One relative told us their family member could communicate to them that they were happy living at the service, so they had no concerns. The person told them they had fun and the staff were nice. The relative went on to say, "I think [Person] is extremely loved there and there is a lot of affection shown to them. I would know if they were upset or sad, I could see it in their face. I have no concerns, none at all."

The relative gave us an example of when the staff had been caring in their support. They had been unable to come and visit their family member for a celebration, so staff had 'spoiled' them with some gifts then sent the relative some photos of the day. They told us they really appreciated this and said, "I can't fault them." The deputy manager told us about this and how they had taken time to pick gifts the person would like, matching items up, as they knew the person would particularly like this.

Another relative told us their family member could not always express their feelings, however they could tell by their behaviour that they felt comfortable. They told us the person asked about staff when they were not with them, and this reassured the relative that they were happy.

Staff told us about working with people at the service. One support worker told us, "I love working with the people, it's a good team. [Person] is a sweetie, is fairly independent and bright. [Name] and I have a good rapport, they like to listen to their music in the car."

People were encouraged to keep in touch with family members. Staff were taking one person to see their relative for a surprise visit as they lived a distance away.

One person had been referred to an advocacy service as the staff had identified some support might be required with making a decision. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to enable them to make a decision.

People were offered a choice in how they received their care support. One relative told us their family member was in control of their food shopping choices and made their own decisions about what to buy. They told us how they had been surprised they had purchased food which in the past they did not think they would eat, but now chose, and enjoyed.

People had increased their independence with the care support provided. One relative told us, "They help [Person] to learn basic skills, it is fantastic and encourages their independence." Another relative told us, "Staff are friendly and respectful. They recognise their independence and support them to do things." One person had recently been encouraged with cleaning and had become more involved with doing this in their apartment.

People were supported with personal care tasks, and staff did this by prompting and encouraging people. One support worker told us, "With [Person] I'll assist them with their socks only when dressing, the rest they

can do themselves." The deputy manager told us, "You try to get people to be as independent as possible. This might be with housework or personal care. Keyworkers give suggestions."

As their confidence grew, one person had chosen to start attending a religious service and staff now supported them to do this. The relative told us the person loved this as it made them happy, as well as building some relationships with some new people. They told us the staff had facilitated this.

The environment had been designed to encourage independence, for example with special cooker hobs which only heated when pans were placed on, to reduce the risk of harm to people when using them.

Staff were trained to support people whilst ensuring their privacy and dignity. One relative told us that their family member received continued care support, however when they requested to be left alone, staff would respect this whilst continuing to check they remained safe. One support worker told us they only gave one person minimal support when showering, "I wait outside, they like the door shut, I ask if I can come in, I only help with their hair and I know they like to be private." The deputy manager told us, "I always cover [Person] up, they need help to dry their back, I always ask first, and make sure I give them space."

Is the service responsive?

Our findings

Staff supported people in the ways they preferred and as staff supported people regularly, they had developed good relationships with them. One relative told us, "The staff know [Person] well." One relative told us, "The staff team are steady, agency is used occasionally, but that is understandable." The registered manager told us, "We know [Person] responds well to certain staff," and so they tried to give the person their preferred staff.

A keyworker system was in place and they supported people with their interests, making appointments and with any personal shopping required each day.

Prior to coming to the service, people were assessed by the management team to ensure they could meet their needs. The registered manager told us, "I have turned away 2 or 3 people with severe challenging behaviour. I have to think about the compatibility of people when they come in, their friendships and behaviours."

Where possible visits were arranged to aid the transition into the service to ensure people felt comfortable and supported. The registered manager told us sometimes this had worked better than others and if this was difficult, they had sought the advice of a psychologist in understanding how to support people better. When people started using the service they were given an 'easy read' guide to enable them to understand what support would be offered.

Care records contained information about people's health conditions, backgrounds, routines and preferences, so staff could support them in the ways they preferred. Some care records were produced in a pictorial format so people were able to understand them more easily. One support worker told us one person had been involved in creating their care plan and had put pictures in this to show staff what was important to them. People or their relatives had signed their care records and had been involved in documenting these. Care records were kept in people's apartments. Support plans were reviewed by staff monthly and we saw these were up to date.

One care record documented, 'Things important to me,' as well as people's hopes and dreams. One person hoped to go and visit a relative and this had now been arranged by staff. Records also documented exactly what people could do independently, or needed help with. For example, one person could spread their own toast with encouragement from staff. This meant staff knew how to support people consistently and correctly.

Care records explained people's communication preferences. For one person, it was important for staff to, 'Speak slowly and use simple sentences.' Staff used different forms of communication to support people. Some people used Makaton, which is a type of sign language, to communicate with staff. One person liked to communicate using 'notes' left for staff. Staff had worked with a health professional to understand that one person's responses, which sometimes appeared negative, were not always what they wanted to say.

Staff had received training in managing people's behaviour's and had developed some techniques to support this. For example, when one person was upset they responded well to music and at times staff played a certain song, which helped them to calm down. ABC (antecedent, behaviour, consequence) forms were used to record behaviours and identify triggers and patters which were used to prevent this reoccurring.

People and their families were involved in reviews of care. One support worker told us, "We have care meetings, these are key worker meetings with the person. We will sit and go through things. They will choose where to eat and go." They went on to say, "At one meeting [Person] said they were happy here and felt safe." They explained they had also met with the person's relative to discuss what else they could do to support them and it was agreed that using more visual displays of information might benefit them further. This had now been done.

Family members were invited to review meetings with professionals. A review meeting had been held with a professional and as the relative was unable to attend, feedback was given to them over the phone at their request.

One relative who lived a distance away, told us that communication was good, "It is co-ordinated by [Registered manager], they are very hands on, I get two phone calls a week." They went on to say that all of the staff responded to any queries and got back to them quickly.

People told us they had no complaints, however knew how to complain and would be confident to raise any concerns with the registered manager, provider or staff if they needed to. One relative told us, "I've made no formal complaints, there is no reason to." Another relative told us, "We have no complaints, we have had communication about minor things."

One relative told us they had brought an issue to the attention of the registered manager before about the attitude of one staff member and this had been dealt with promptly. They told us they were 'more than happy' with how this was addressed and it was dealt with openly. Another complaint was being investigated currently in conjunction with the local authority.

A complaints policy and forms were displayed in a communal area. This had been actioned recently by the registered manager as they had identified that people did not know where the complaints procedure was. An individual copy was also provided to people using the service.

Is the service well-led?

Our findings

Relatives told us they were very happy with the management of Sandy Hill Court. One relative told us about the registered manager, "I met with [registered manager] and I liked her. They have had some hiccups, but she is down to earth and is yet to let us down." They went on to say, "She is a good manager, when she says she will do something, she does. We feel she gets the results." The management team consisted of the registered manager, a deputy manager and the provider.

Staff were also positive about the management of the service. One support worker told us, "[Name] is a brilliant manager." They told us they were flexible and approachable, and would sit and listen if they had any concerns. Another support worker told us, "The managers are very approachable, always available."

Staff told us they felt supported with staff meetings. The last meeting was held two days before our visit. One support worker told us, "When we have training we have these meetings too, so the full time, part time and bank staff can also attend. Last time we talked about making sure we keep recording charts complete and worked out who were the key workers."

Staff also received one to one management support with meetings. One support worker told us, "Supervision is every couple of months, it's good. We can talk about everything, how to deal with things in a better way." They told us if they raised any concerns with the manager these were acted on. Appraisal meetings were also held.

One staff member told us the only issue for them was that the rotas could change at the last minute. We asked the registered manager about this and they told us they tried as far as possible to let staff know in advance when they were working and encouraged self – rostering. However, in a supported living environment staff needed to be very responsive and flexible, so it was not always possible.

An on call system was in place where the managers were available 'out of hours'. One relative told us they appreciated that they could contact the registered manager should they have any concerns. They told us, "They always get back to me, communication is spot on." One support worker told us, "This is mainly for nights, we always phone [Registered manager] if we need to. She does work some weekends." The registered manager told us they sometimes worked weekends and were either 'on or off' the rota, to assist people, depending on staffing levels. The manager and the deputy shared the on-call duties between them.

Satisfaction surveys offered people, relatives and visitors further opportunities to feedback about the service. A survey in a pictorial format with 'smiley faces' was used to help people respond. We saw positive responses to questions such as, 'Are you happy with how staff help you?' and whether staff were caring.

Care was provided through the service at Sandy Hill Court and people also had the option to use a different care provider if they wished to. The registered manager told us, "We just provide the care. People are given an 'easy read' tenancy agreement. They could change the care if they wished." The tenancy agreement enabled people to further understand their options.

The registered manager told us what they were proud of at the service, "The service is running a lot smoother now. We have had some hiccups." They explained that at the beginning it had been a difficult period and stressful, and they had lost some staff because of this. They told us they were proud of how one person had particularly settled in, matured and 'come on in leaps and bounds'. The registered manager told us about their plans for the service and they were currently having a website designed to promote this.

The registered manager told us they felt supported by the provider. They were also visited by the local authority commissioning team who provided some funding towards people's care.

The registered manager completed spot checks on staff and observed their practice. The registered manager told us, "We encourage self - reflective practice and people who live here give feedback."

Monthly audits had been completed of medicines, the environment and support plans, and identified some minor areas of improvement such as updating some changes to current contact details. Policies and procedures were divided into the areas we report against, safe, effective, caring, responsive and well-led.

The provider used some quality checks to make sure the service was meeting people's needs and this included monthly visits and interviews with people and staff. An internal audit was completed by a compliance company and they had issued a service improvement plan in January 2017. This identified some suggestions such as some further improvements to care files and a suggestion to create a resource library with information for staff.

The registered manager understood their responsibilities and the requirements of their registration. For example, information such as safeguarding concerns and serious injuries should be notified to us. We were aware that one notification had not been made, and the registered manager told us that they had been seeking clarification about this information with the local authority at the time of our visit. They told us, "I have always done the notifications and submit them myself." We received this notification during the inspection period.