

# The Sandwell Community Caring Trust

## Sandwell Community Caring Trust

### 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 ●

# Summary of findings

## Overall summary

Sandwell Community Caring Trust is registered to provide nursing care and personal care to people in supported living accommodation. At the time of our inspection 110 people were using the service. Our inspection took place on 08 February 2016 and was announced with 48 hours' notice to enable staff to be present to speak with us. The service was last inspected on the 30 July 2013 where it met all of the standards we looked at.

The manager was registered with us as is required by law. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were given appropriately.

We found that there was a suitable amount of staff on duty with the skills, experience and training in order to meet people's needs, and people were kept safe.

People were able to raise any concerns they had and felt confident they would be acted upon.

People's ability to make important decisions was considered in line with the requirements of the Mental Capacity Act 2005.

People were supported to take sufficient food and drinks and their health needs were met.

Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible.

People, their relatives and staff spoke positively about the approachable nature and leadership skills of managers.

Structures for supervision allowing staff to understand their roles and responsibilities were in place and staff felt well supported by managers.

Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs and any potential related risks were effective.

Quality assurance audits were undertaken regularly and senior management supported unit managers and staff well.

Notifications were sent to us, which informed us of any incidents or accidents that had occurred within the

service. This enabled us to be clear on how such events were dealt with and how steps had been taken to minimise any future risks.

## 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

Medicines were administered safely.

Suitable numbers of staff were on duty with the skills, experience and training in order to meet people's needs.

Staff acted in a way that ensured people were kept safe and had their rights protected when delivering care.

### Is the service effective?

Good ●

The service was effective.

Staff had the appropriate level of knowledge and skills to meet people's individual needs.

Staff had a good understanding of The Mental Capacity Act and The Deprivation of Liberty Safeguards.

People were supported to access healthcare and their nutritional and hydration needs were met.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well and interacted with them in a kind and compassionate manner.

People are encouraged to be independent.

People's privacy and dignity was respected

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the planning of care.

Staff were aware of people's likes, dislikes and abilities.

People and their relatives told us they knew how to make a complaint and felt confident that any issues raised would be dealt with appropriately.

**Is the service well-led?**

**Good** ●

The service was well-led.

People, relatives and staff spoke positively about the management structure.

Senior managers and unit managers carried out quality assurance checks regularly in order to develop and improve the service.

# Sandwell Community Caring Trust

## **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 08 February 2016 and was announced with 48 hours' notice to enable staff to be available to speak with us. The inspection was carried out by one Inspector.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are details that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury. We liaised with the Local Authority Commissioning team to identify areas we may wish to focus upon in the planning of this inspection.

We spoke with six people who use the service, six relatives, six staff members, four unit managers and the operations manager. The registered manager was unavailable on the day of our visit. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to seven people by reviewing their care records. We reviewed three staff recruitment and/or disciplinary records, the staff training matrix, seven medication records and a variety of quality assurance audits.

# Is the service safe?

## Our findings

A staff member told us, "I would be able to recognise any signs of possible abuse and I would report them to my manager". The staff member was able to offer detailed examples such as noticing if a person was bruised or nervous. The registered manager showed us examples of safeguarding concerns that had been referred to the local authority and told us, "Safeguarding is a priority for us". We saw that safeguarding policies had been read by staff members and that they were updated regularly.

People that we spoke with told us that they felt safe. One person said, "They care well for me, I feel safe and nobody gets in who shouldn't be here". Another person told us, "Yes, I am safe here, I don't fall or hurt myself". A relative told us, "They keep him safe, I can't fault them [staff]. I know he is in good hands and that they [staff] look out for him". A second relative said, "They [staff] keep him safe. I have known some of the staff many years and they do a good job. It is the best thing that ever happened to him he is completely different here, as he feels safe and secure". Staff members told us that they felt able to safeguard people effectively and that they had received training to enhance their understanding of safeguarding. A staff member told us, "We keep people safe. We care for people on a one to one basis and monitor them at all times. We have a call system connected to the person, so an alarm activates on the front door if they try to leave and it is deemed in their best interest that they don't".

We saw that risk assessments were completed and that risks to people had been identified and plans put in place to address any concerns. Specific risk assessments for each person had included the person's input where possible and were signed by the person's social worker and key worker to ensure that they had read and understood the support that they were expected to provide. We saw that where there was a risk of falls, initiatives such as telecare or the use of alarm pendants had been utilised. Where risk was related to potential pressure areas comfort cushions had been utilised. Staff informed us that they had been trained in moving and handling procedures and that their training was up-to-date. They were able to describe to us specific plans for moving people safely.

A relative told us, "They [staff] always let us know if someone has had a trip or a fall or if they are unwell. It is all recorded and we are notified". We saw that accident and incident report forms had been completed appropriately and that skin maps were in place. Any concerns had been raised with the local authority and with us. We saw that the assessment of risks of pressure areas/ulcers was reviewed regularly.

We found that written plans were in place for the event of any emergency and that people's individual needs were considered. A staff member told us, "In an emergency such as a fire, we evacuate quickly. Some people have specific mobility requirements and we need to make sure they are moved safely, so prior plans are put in place". We saw that each person had their own evacuation plan recorded in their file. Another staff member told us, "In an emergency I would rather call 999 for an ambulance and look stupid if it wasn't needed, than not call and put someone at risk".

We were told that there was a sufficient number of staff working each shift to care for people appropriately. One person told us, "There are always staff around all of the time". A relative told us, "Staff are available 24

hours, all of the time and there are always enough staff members who people are familiar with". The operations manager told us that in the absence of staff, cover is usually gained from permanent staff covering additional hours rather than obtaining the services of agency workers.

Staff members told us that prior to the commencement of their employment they were required to provide references, identification, and complete a Disclosure and Barring Service (DBS) check. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We looked at three staff recruitment records and saw that the provider had obtained appropriate pre-employment checks.

People we spoke with told us that they received their medicines as they expected to. One person told us, "I have my medication on time each day". We saw that all medicines had been recorded correctly on medication administration record sheets and that they were signed off when given or refused. Staff signature sheets were also in place in files, so that the staff member giving the medicine could be identified. Staff understood how to administer medicine that was required 'as and when' and that there was a written procedure for doing so. One staff member told us, "I felt that I had been well trained before giving out medicine. I count the medication before giving it out, as I want to know the right amount is there before I start".

## Is the service effective?

### Our findings

One person told us, "The staff are good and they know how to care for me". A relative told us, "They are excellent, really good and I know that they are always going on courses and updating their knowledge". Staff members told us that they felt that their training had equipped them with the skills and knowledge that they needed to carry out the job of caring for people effectively. One staff member told us, "The training is really effective and easy to take in. When I care for people I am able to reflect on my learning. I am up to date with training and have recently completed a course in health and safety, using a hoist, medicines and safeguarding". Another staff member said, "Managers support staff training and if we request it [training courses] they arrange it. We are encouraged to go as high as possible with our training".

Staff members we spoke with were satisfied with how they were prepared for their role and one person told us, "In my induction I had to go through 30 hours volunteering for the service, as I hadn't worked in care previously. Then I had a 30 hour induction including shadowing other staff and seeing the manager twice weekly". Newer staff we spoke with told us that they had supervision with their manager on a monthly basis and longer standing staff members received supervision every three months. Staff told us that they were able to request supervisions at any time and that there was an "open door" policy. We saw that staff received an annual appraisal where their progress was discussed.

People told us that staff sought their consent wherever possible, with one person telling us, "They [the staff] ask if they can help me and they aren't pushy when I say no". A relative told us, "[Person's name] cannot say yes or no, but we have best interests agreements in place and staff respect these". A staff member told us, "We get consent where we can, often it is about getting to know people and how they consent. This can include gestures, body language and the specific speech that they use. Where someone cannot give consent this is already agreed at best interests meetings and recorded in the care plan".

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 principals of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and found the service to be compliant. We saw that detailed information on MCA and the Deprivation of Liberty Safeguards (DoLS) was provided for staff in each person's file. Staff that we spoke with had a good understanding on MCA and DoLS with one member of staff telling us, "Decisions are taken in a person's best interests to keep them safe, where they are unable to make their own decisions". We found that the provider used a DoLS safeguarding check, which consisted of specific questions to assess if a person new to the service required to be deprived of their liberty in their best interests. Where they had been assessed as requiring DoLS, an application had been made to the local authority. We found that seven assessments had been completed and others were awaiting assessment.

People told us that they liked the food provided to them by staff and one person told us, "I enjoy my food, I have had scampi and chips today because I wanted it". A relative told us, "The food is healthy and there is lots of it, it is very appetising". A staff member told us, "We all contribute to preparing and cooking meals and have received appropriate training. We consider nutrition and provide three cooked meals a day including fresh fruit and vegetables". We saw that people's files showed where they had specific requirements such as a diabetic diet or cultural needs and staff were able to tell us about these, citing issues such as sugar content or how meals were prepared. We found that people's nutritional needs were assessed and the correct food was provided to meet those needs. Any issues concerning weight loss had been referred onto health professionals, so that items such as fortifying powders could be given.

We found that people were supported to maintain their health and one person told us, "I have been taken to the GP and opticians". A relative told us, "When [person's name] was poorly they [the staff] asked our permission to call the GP and made sure that they were treated". We saw how people's files recorded all medical appointments.

## Is the service caring?

### Our findings

People spoke of the caring nature of the staff members and one person told us, "I am so happy, the staff are very kind". A relative told us, "[Person's name] comes home a lot, but he is always very comfortable to go home, we would know if he wasn't happy". A relative told us, "They are great with [person's name] we are over the moon with her care". A staff member told us, "We get to know people very well and are familiar with their likes and dislikes and what makes them happy". A staff member gave us an example of where they had acted with kindness and compassion and told us of how during bad weather, such as heavy snow, staff purchased bread and milk and delivered it to housebound relatives of people to stop them worrying about their family members.

People told us that they were listened to and that communication between people and staff was effective. One person told us, "They chat with me and listen to what I have to say and we play board games together". Another person told us, "They explain things when it is difficult to understand". A relative told us, "People can do what they want to and their opinions matter, it is like being in your own home. The staff really do care it's the best organisation in Sandwell". We found that each person had a communication passport, which informed staff members on how best to communicate with people to get a good response. It told of how to recognise people's methods of communication such as using eye contact, facial expressions, how staff could tell that a person was happy or unhappy or how they may turn their head away if they didn't want something. A staff member told us, "We are aware of how individual people communicate and we each have people we work with and know well, which allows us to develop our communication skills specifically with them in mind".

People told us that they were given the opportunity to make their own decisions wherever they were able to. One person told us, "I make my own decisions and decide what I want to wear". A second person said, "I can decide when I get up and have breakfast, it's up to me". A staff member told us, "We encourage people to make their own choices, but we have a good idea of what they are able to do or not do".

We were told that people were encouraged to use the services of a local advocacy group. The group had provided assistance to many people and some had even joined to become part of the group themselves. A staff member told us, "We have great links to the group and people like to be involved and to help others".

We found that people were encouraged to be as independent as possible and one person told us, "I do cooking and washing and enjoy it. I have just put my coat in the wash, I like to do things for myself". A relative told us, "[Person's name] is far more independent now and it is good for him. I shielded him too much at home, but here he is blossoming". A staff member told us, "We encourage people to do little things like brushing their teeth if they can. It is also good if they can help with getting their own shopping and deciding what they would like".

People told us that they were treated with dignity and respect by staff with one person saying, "They think about my feelings and keep me fully dressed". A relative told us, "They treat people like adults and give them their own key. They help them with finances too". A staff member told us, "We respect people. I would not

change people's clothes in front of others and would move them to their bedroom and keep the door and curtains closed until they were ready. We respect confidentiality too and that means not talking about people in front of others or outside of the unit". Another staff member said, "I try and make things as normal as possible, just like being at home. For example when people are eating I just don't sit there watching them, I potter around the kitchen instead".

People told us that friends and relatives were able to visit whenever they wanted to and one person told us, "My sister came to see me she was made very welcome". A relative told us, "I can visit anytime, relatives can just pop in when they want to ". A member of staff told us, "I get on well with relatives, many of them have said that they are happy with how we include them and with the communication from us".

We saw that data protection systems were in place with no breaches and the operations manager told us that all recording in people's homes was kept safely, as to not breach a person's confidentiality.

## Is the service responsive?

### Our findings

People told us that they received care in the way that they wanted it and one person told us, "They help me to wash and dress, but I am in control and it is done how I want it to be done". A member of staff told us, "People have routines and this has to be understood. When I first work with someone we sit down together and talk about what they want".

People told us that they had been a part of the planning of their care. One person told us, "They [the staff] asked me lots of questions when I first moved in". A relative told us, "We were involved in the care plan and subsequent reviews and we are always informed of any changes". A second relative told us, "We have been to meetings regarding the care of [person's name]". We saw that pre-admission assessments had been completed prior to the person moving into their new home and these detailed the care that should be provided to the person. We found that the information given in these had been used to develop the care plan.

We saw that care plans detailed people's preferences and what they like to do. One particular person enjoyed being pampered and the care plan addressed that she would like her nails painted and her hair blow dried once a week, so that she could feel good about herself and her appearance. Other people attended a day centre and the care plan included the help they needed in order to attend and how they would be transported there.

We found that staff were responsive to people's wishes and took these on board whenever possible. A unit manager told us how they had accepted a person back home from the hospital who was receiving invasive care and staff undertook training, which allowed them to care for the person in the surroundings of their own home, as that is where they wanted to be.

One person told us, "If I have a problem or am not sure about anything I ask them, [staff] they are always there". We saw that there was a complaints procedure in place, but the operations manager told us that complaints had never got to a formal stage, as they had always been able to be addressed by unit managers. We spoke with a person and their relatives who had recently raised concerns and they told us, "We are very happy with how they have dealt with our problem, we came in and spoke with them and it is all sorted now". Another relative told us, "I would go straight to management if I had any problems. We saw that there was a 'complaints pyramid' detailing the timeline of how complaints would be investigated in each person's file and relatives told us that they had also received one. The complaints policy was available in a pictorial version for people who required it.

People told us they had received questionnaires about the service and one person told us, "I fill them in". We saw that a pictorial version of the questionnaire was available to people who may require it. Relatives told us that they also received questionnaires and that they had returned them. We saw that issues such as lack of cultural food and ideas for activities and trips had been returned on forms. Responses to these had been sent back to people and relatives with information on how ideas or concerns would be taken on-board.

## Is the service well-led?

### Our findings

People told us that they felt that the service was well-led. One person said, "Things are done right here and I am very happy with management". A relative told us, "They [staff] are a good team and they do what family would do. The staff go above and beyond for people". A staff member told us, "This place is well-led, we are a good team and I am a very happy bunny working here".

Staff told us that they were able to provide input into how the service developed, with one staff member telling us, "We can put ideas to managers during our team meetings, such as new ideas for activities, or how to support individuals better when they are out in the community and they listen to what we say". We saw minutes from meetings that demonstrated that ideas from staff had been acted upon. Staff told us that they were notified of any planned changes to the service and felt included in future plans.

We saw that people were able to access the local community and that many people utilised local day centres and visited local shops and attractions. Staff told us that they worked well with visiting community based professionals such as speech and language therapists and district nurses. Family members were able to confirm this.

A staff member told us, "Staff have information all the contact numbers they would need for whistle blowing if they needed to do so and we feel encouraged to act upon concerns". Another staff member said, "I wouldn't be frightened to whistle blow. The information is in the staff folder and it has been made clear to us that we should do it if we see any bad practice".

People told us that they knew managers well. As people lived in their own properties supported by unit managers, we found that most people knew the specific manager allocated to them. One person told us, "I know the unit manager really well and can go to her with anything. The place is kept spotless it's wonderfully run". A second person told us, "The manager is always there to answer any questions and is always around". A relative told us, "The managers know people and they cover shifts and are hands on".

A unit manager told us, "Managers do shifts, so that they can pick up on things that a quick check wouldn't show them". We found that quality assurance checks were carried out regularly and saw up-to-date files to support this. We found that weekly checks carried out by managers covered staffing, falls prevention, menus, safeguarding and user experiences. Staff told us that managers also carried out spot checks outside of daytime working hours and that senior managers carried out monthly quality assurance checks.

We reviewed the notifications received from the service and we found that although in most instances we had been informed of incidents and accidents that had occurred, on a small number of occasions we hadn't received notifications that we should have. The operations manager informed us that this would be remedied.

