

# Accomplish Group Residential Care Limited

# Sandpiper

## Inspection report

Beach Road  
Kewstoke  
Weston Super Mare  
Somerset  
BS22 9UZ

Tel: 01934631893

Date of inspection visit:  
03 June 2018

Date of publication:  
25 June 2018

## 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

Sandpiper is a fully accessible residential care home for people with a learning disability and complex needs. At the time of inspection there were six people using the service which is the maximum number of people the service can accommodate. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance.

At our last comprehensive inspection in March 2017 the service was rated 'Good'. At this inspection we found the service remained good. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Sandpiper on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

People were protected from the risk of potential abuse. Staff were knowledgeable about safeguarding procedures and knew what to do if they had concerns about the service.

People were protected from risks to their health and wellbeing because risk assessments to guide staff were accurate and provided staff with sufficient detail about how to manage specific risks.

Medicines were well managed and there were enough staff to meet people's needs.

Newly appointed staff were supported in their role by an induction period.

Staff developed caring relationships with people using the service and respected their diversity and dignity.

People were supported to get enough to eat and drink and people had access to healthcare professionals.

People and their relatives were involved in planning their care and care records included information about people's likes and dislikes and promoting their independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a positive and open culture at the service.

## 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.

People accessing the service were protected from the risk of harm and abuse.

Staff and management reported all safeguarding concerns to the relevant services.

Risk assessments were comprehensive and up to date.

Staff had been recruited safely and all necessary checks had been completed.

The building was clean and the facilities were maintained as required

Good ●

### Is the service effective?

The service remains good

Good ●

### Is the service caring?

The service remains good

Good ●

### Is the service responsive?

The service remains good

Good ●

### Is the service well-led?

The service remains good

Good ●

# Sandpiper

## 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 checked 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 was a comprehensive inspection, which took place on 3 June 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete 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. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

Some people's ability to communicate was limited, so we were unable to talk with everyone. We observed staff interactions with people and observed care and support in communal areas. We spoke with four people, we contacted four relatives. We spoke with four support workers, the deputy manager and the registered manager. We also requested feedback from a range of healthcare professionals involved in the service. These included professionals from the local authority learning disabilities team, local authority care managers, local authority safeguarding team and contracts and compliance team. We looked at the provider's records. These included five people's care records, which included support plans, health records, risk assessments and daily care records. We looked at seven staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

## Is the service safe?

### Our findings

At the previous inspection in March 2017, we found that not all safeguarding concerns were being reported to the local authority by the service when staff reported incidents had occurred. At this inspection, we found that all incidents reported to the current registered manager were reported to the local authority and the commission as required and the rating has changed to from requires improvement to good.

People told us they felt safe "I feel safe here." The service had effective safeguarding systems, policies, and procedures and investigated any safeguarding concerns promptly. Staff knew how to recognise signs of abuse and they understood their responsibility to report any concerns to senior staff and, if necessary, to the relevant external agencies. Staff told us "They [registered manager] would want to know of anything I suspected" and "I have no doubt [name] would take it seriously." The registered manager told us "People we support have received safeguarding training like the staff, to ensure that they feel safe within the home, this supports their knowledge as to who to speak to if they feel unsafe."

The provider had systems in place for assessing and managing risks. People's care records contained risk assessments, which identified risks and what support was needed to reduce and manage the risk. The staff team gave examples of specific areas of risk for people and explained how they had worked with the individuals to help them understand the risks. For example, when out in the community. Staff worked with people to manage a range of risks effectively. All risk assessments had been reviewed and signed off by the providers' internal clinical team.

We saw records, which showed that equipment at this service, such as the fire system and the vehicles, was checked regularly and maintained. Appropriate plans were in place in case of emergencies, for example everyone had a personal emergency evacuation plan (PEEPS) which was relevant and up to date in the event of a fire. We were confident that people and staff would know what to do in the case of an emergency situation.

The registered manager told us that they had recently employed three new members of staff and that the use of regular agency staff was reduced significantly, which, they added was important as people needed consistent staff. They also explained how staffing levels were assessed to enable people to have their assessed daily living needs as well as their individual needs for social and leisure opportunities to be met. We saw how the shift leader at the start of the shift allocated staff to people and what they would like to do. People and staff told us there was enough staff to meet people's needs and to keep people safe "Normally enough staff, hard if someone goes off on shift but we are fully staffed now which is better for people, consistency." The provider had a 24-hour on-call support system in place, which provided support for staff in the event of an emergency.

Staff managed medicines properly. The service had procedures in place for receiving and returning medicines safely. Audits were carried out to ensure safe management of medicines. People who required as

and when medicines (PRN) had clear protocols in place giving staff guidelines on how, and when to administer them.

Recruitment processes were effective. Staff employment records showed all the required checks had been completed prior to staff commencing employment. These included a Disclosure and Barring Service (DBS) check, which is to check that staff being recruited are not barred from working with people who require care and support, and previous employment references. Details of any previous work experience and qualifications were also clearly recorded. New staff told us they received an induction before starting to work with people, "I had a block of induction training, couldn't start before my DBS and references came through, then I shadowed shifts, in fact I am still doing it now, I am being mentored by more experienced members of staff."

People were living in a safe environment. We saw records of checks that had been carried out on equipment and the premises. The provider had an infection control policy in place and staff were able to tell us how they put this into practice. Staff told us they had access to protective gloves and aprons when they needed them. There was a cleaning rota in place for staff to complete on a daily basis. We saw this was signed and up to date and monitored by the management team.

The registered manager had an overview of the whole service, knew people well and was on the rota for shifts at the service so they could monitor it. Regular audits and review of accidents, incidents meant they were able to see how effective their actions had been. This helped reduce the number of repeated incidents. Lessons learnt were shared with staff through meetings, 1-1 supervision, and handovers.

# Is the service effective?

## Our findings

The service remains effective.

The training provided to staff to enable them to meet people's care and support needs was not always up to date. The registered manager kept a training schedule which demonstrated training was up to date. Staff were offered a range of training that helped them better support people, for example, hoarding and clutter. Newly appointed staff underwent an effective induction to better understand how to support people. Regular one to one sessions provided a good forum to discuss staff performance and areas where further development was needed. Annual appraisals were up to date and covered a broad range of topics "I have regular supervision; it's really helpful and a yearly appraisal."

People's rights were protected as staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). The 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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People were supported to live their lives in the way they chose.

Staff supported people to make their own choices about their care where possible and otherwise involved advocates, family members and social care professionals in decisions about their care as appropriate. The registered manager had applied for DoLS authorisations as required in order to deprive people of their liberty in certain situations where this was in their best interests to keep them safe.

People were supported to eat and drink enough. People were given choices about what they ate and were offered different meals. Support required from staff was detailed in care plans, for example that someone required specific foods as they were at risk of developing diabetes. Staff monitored people's weight and made referrals to the dietitian if necessary. We noted that recommendations from speech and language therapists had been included in people's support plans for staff to follow.

People were supported to maintain their health. There was evidence in people's records that the staff worked collaboratively with healthcare professionals such as GPs, dentists and opticians. We noted that treatment plans provided by a multi-disciplinary team were embedded by the provider in documentation for staff to follow. Staff told us about how they monitored people for signs that they were becoming unwell and that they reported this to professionals involved in their care. Staff told us, "We know people really well and if we have any concerns we report it straight away."

# Is the service caring?

## Our findings

The service remains good.

People who used the service were complimentary about the standard of care at Sandpiper. One said "They are great, staff are friendly." Another said, "Caring, yes I think so." We observed staff interacting with people at every opportunity. One person was enjoying some music from the 1980's with a member of staff; another person was being supported to Hoover the communal areas. One person became distressed on and off throughout the inspection. Staff responded to each episode in a very patient and professional manner. Staff said, "We use verbal de-escalation and positive behavioural support and on occasions a form of physical intervention, but only as a last case scenario. But everything we need to support people is in the care plans."

People's individual choices were recorded and records described how staff were to respect people's privacy and dignity. For example, records detailed what time people prefer to go to bed and get up. Staff we spoke with said, "We always knock and wait before entering someone's room, we don't just walk in." People were supported to be independent where possible. People were supported to do their own laundry and encouraged to use the kitchen make or help prepare meals for themselves and the other people, the registered manager told us this was to encourage independent living skills.

People had communication support plans in place that described how people preferred to communicate and what their individual needs were. For example, whether the person understood verbal requests or signs and gestures, and whether they used pictures, photographs or symbols to aid communication.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

People were encouraged to maintain relationships with family and friends. On the day of the inspection, one person was being taken home by the registered manager and one person's family was visiting. One social care professional said, "The relationships within this service user's family are complex. Staff at Sandpiper look holistically at the individual's circumstances and take action to ensure service user privacy and safety both in and out of the home, including time spent with family members."

The service had a keyworker system, and having key workers meant families spoke to the same person all the time, they discussed the support plan and how risks were evaluated, and kept in touch to make sure all plans were appropriate. However, staff told us that they knew everyone well and family could speak to "Any of us if the keyworker isn't available."

One relative we spoke with said, "I can visit any time, but I always ring first because in the summer they are often out for the day and I don't want a wasted journey." Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and



promote their rights and responsibilities. People had used advocacy services when needed.

## Is the service responsive?

### Our findings

The service remains good.

People were still being supported to receive person-centred care that was responsive to their individual needs. People's concerns and complaints were managed effectively and improvements made.

People's care plans showed that they were supported in a person-centred way so that their individual needs were met. Staff told us they worked closely with people to regularly review care plans to ensure that these continued to meet people's assessed needs. This was confirmed by people who told us they were happy with how their care was managed. One social care professional stated "This small, family type environment has been invaluable. The individual has developed in confidence, emotional stability, some aspects of their physical and cognitive ability. Their needs appear to be understood and met very well by the staff team. All members of the family are so relieved that their relative is at Sandpiper and are very pleased with the quality of care given and the welcome they receive when they visit. They are astounded by the steady progress the individual is making now."

Staff told us that people's care was also regularly reviewed, and staff supported them and their relatives to attend these. One person said, "Yes my care is reviewed."

Staff told us and we saw people were supported to pursue their hobbies and interests in the local area. People were supported to access the local college. They told us of various activities such as bike riding, going to the theatre and attending church. One person said, "I like going out with staff, they take me when I want." One person had recently gone on holiday to Amsterdam with staff. One person who is registered blind has been supported to access the guide dogs for the blind and to use the volunteer services in the community to promote their independence. The registered manager told us "We support people with money skills which promotes their budgeting skills in the community."

People's concerns and complaints were handled effectively. People told us they were happy with their care, however if anything was wrong one person told us they would "Just tell [staff]." We saw that there had been four formal complaints this year all by people living at the service, all had been investigated in line with the providers' policy.

People's diversity was supported and encouraged. We observed that people's rooms were decorated in colours of their choice and with their own personal style. People had different furniture and had set up their rooms how they wished. One person showed us their room, "I like my room. This is all my things and photos of my family."

Staff had begun working with people to develop effective end of life care plans. The registered manager told us some people had not fully thought about this because of their age.

## Is the service well-led?

### Our findings

The service remains good.

The provider had systems and processes to check on quality and safety included daily, weekly and monthly monitoring of housekeeping and infection control, health and safety and medicines management. Maintenance checks were also completed on equipment and the environment. We noted where improvements were required an action plan was developed that described the timescales of action required. This was good practice and enabled the provider to have continued oversight of the service and any shortfalls that needed improving.

People and staff spoke positively about the registered manager, they told us they felt able to speak with them, and that they were approachable and responsive, "[name] is amazing." One social care professional told us "I frequently email/phone the manager and she is always prompt to respond. The manager keeps me informed of any significant event for the service user, issues that have arisen and appears to be open and honest. In her absence other staff have maintained good communications with me."

People also told us and we saw there were meetings arranged for people on a regular basis where feedback and suggestions could be given. We looked at the last resident meeting records dated May 2018. We noted the purpose of the meeting was to share changes happening within the service such as staffing, changes in the service and activities. The registered manager also encouraged people to share any concerns or complaints and invited people to speak with them in private if they preferred. In addition, annual surveys were sent to people who used the service as an additional method to gain people's feedback. The last survey was completed in 2017. This meant people were actively encouraged to participate in the development of the service; demonstrating people were respected and involved.

Staff were positive about working at the service, they said there had been some recent changes but this had been positive. One staff member said, "I really enjoy it here, it's a rewarding job and the company are 100%." Another staff member said, "I love it here." They added, "The manager is really good." Staff meetings were arranged to exchange information, discuss people's ongoing needs and actions required to maintain standards and make improvements. "Team meetings are useful, we do a bit of training and keep up to date on policies, we also have a read and sign book which we have to read before coming on to shift, it has updates in it, there's no excuse to not know what's going on."

There was a registered manager in place and they informed the commission of significant events that affected the service as required. The last inspection ratings were displayed as required. The registered manager worked with external organisations seeking out support and guidance when required, to achieve good outcomes for people. The registered manager supported staff to develop and reviewed their practice to ensure they were competent, and followed best practice guidance, "My passion is the growth and development of staff." The registered manager told us they kept their practice and knowledge up to date with support and guidance of their manager and the providers resources "I have fantastic support and access to a whole host of resources including a specialised clinical team."

