

Community Integrated Care Sandy Mount

Inspection report

Blackmoorfoot Road
Crosland Moor
Huddersfield
West Yorkshire
HD4 5QP

Tel: 01484221020
Website: www.c-i-c.co.uk

Date of inspection visit:
11 March 2019
14 March 2019

Date of publication:
08 April 2019

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

About the service: Sandy Mount is a purpose built 41-apartment complex, extra care facility providing flexible care and support to meet people's needs. It has a number of communal facilities including a lounge, activity room, therapy suite, hairdressing salon, landscaped garden and a bistro. There were 46 people living at the service at the time of our inspection.

People's experience of using this service:

People supported by the service and their relatives consistently told us the registered manager and staff who supported them were caring and professional in their approach to their work.

There were enough staff to meet people's needs and keep them safe. Staff understood how to manage any risks to people and knew the processes to follow to manage any allegations of abuse.

Potential risks to people had been identified and measures were put in place to reduce the likelihood of harm. People had been involved with decisions in how to reduce the risk of harm to them.

People were supported by staff who received appropriate training and support to carry out their roles and responsibilities. Staff felt supported by the management team.

People received support to eat and drink if this was part of their care plan. Staff knew how to access relevant healthcare professionals, and this was evidenced in people's care records. The service worked in partnership with other organisations and healthcare professionals to improve people's outcomes.

People's care and support had been planned proactively and in partnership with them. People felt consulted and listened to about how their care would be delivered. 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.

Staff knew people well and supported them in line with their current needs and wishes. Staff were knowledgeable about people's likes and dislikes and personal preferences.

People and their relatives were aware of the complaints procedure although they had not needed to use this.

The service was well-led by a team of managers who were passionate about improving the lives of the people living at the service.

The provider and registered manager used a variety of methods to assess and monitor the quality of the service. We saw detailed provider audits, measuring the service against best practice to ensure a good

standard of care provision.

The service worked in partnership with other organisations such as the local authority and health professionals and the voluntary sector. The service acted as a community hub for various activities attended both by people living in the facility and people in the local community.

Rating at last inspection: Good; Published 2 September 2016

Why we inspected: This was a planned inspection to check this service remained Good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 remained Good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained Good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained Good.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained Good

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained Good.

Details are in our Well-led findings below.

Sandy Mount

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team:

The inspection took place on 11 and 14 March 2019 and was announced. We gave the service 24 hours' notice of the inspection to ensure the registered manager would be available to meet with us. The inspection was conducted by one adult social care inspector.

Service and service type:

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, feedback from the local authority safeguarding team and commissioners. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

Before the inspection, the provider 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. This information was used to help inform our inspection.

During the inspection we spoke with eight people living at Sandy Mount and two relatives to gain their views on the care provided. We spoke with the registered manager, the deputy manager, the regional manager, the housing support officer, the maintenance officer, and five members of care staff.

We reviewed a range of records. These included three people's care records held in the office and one in a person's apartment. We reviewed three medication records. We also looked at three staff recruitment files and records relating to staff training and supervision. We reviewed records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they were safe. They said the environment, the staff and the ability to call onsite staff contributed to their safety. One said, "Safe, yes. The care staff are professional." Another person told us, "I'm very happy here. I feel safe."
- Staff told us people were safe. One said, "The doors are shut, and you can't get in past [the communal areas]. They all have individual pendants. If someone is really poorly we put extra checks on them."
- Staff had been trained in safeguarding adults. Staff were aware of the different types of abuse people could be subject to and knew the action they needed to take if they suspected someone was at risk of abuse.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and recorded with clear guidance for staff on how to manage and minimise the risk of harm. Staff understood and followed risk management plans.
- Technology and equipment was used appropriately. People had a range of assistive equipment in their homes, including tracking hoists, specialist seating systems, wheelchairs and technology.
- Staff had received fire safety training and taken part in fire drills, so they knew how to respond in the event of a fire. Evacuation plans were in place to ensure people received the support they needed in an emergency. The registered manager told us the fire service had visited the service in 2018 to give a talk to staff and people at the service. They offered people the opportunity to have an assessment in their own apartment, to ensure all the necessary fire prevention measures were in place.

Staffing and recruitment

- There were sufficient staff to meet people's needs; people using the service, their relatives and staff confirmed this. People using the service told us this had improved recently, and their preference was to be supported by a consistent staff team.
- Staff worked well together as a team to ensure people's needs were met and management were able to offer support to people if an unplanned event such as an emergency arose.
- Call times were monitored, and a new electronic system had been introduced on the first day of this inspection to improve monitoring. Managers were able to access this from home and told us they could immediately see the benefits of the system as opposed to checking paper records.
- Staff were recruited safely with all required checks completed before they started in post. People had an opportunity to take part in the recruitment process through a "Meet and greet" meeting.

Using medicines safely

- Most people at the service ordered their own medicines and these were kept in their flats. The service was responsible for supporting people with the administration of their medicines in line with evidence-based practice. Medication administration records were kept when staff supported people with their medicines.
- People told us they received their medicines when they needed them, and this was confirmed in the medicine records we reviewed.
- Staff followed guidance when administering 'as required' medicines, ensuring people received these appropriately.
- Staff had completed training in medicines administration and had their competency assessed twice each year or more often if any errors had occurred.

Preventing and controlling infection

- Staff followed the infection control training they had received to reduce the likelihood of the spread of infections.

Learning lessons when things go wrong

- The registered manager analysed all accident and incident reports for themes or trends. They told us there had been an issue with the management of medicines. They had identified measures for improvement and actions had been taken to reduce any risks and keep people safe.
- There had been an issue with medication errors, and the manager was able to demonstrate what they had done to ensure lessons were learnt. Improved auditing systems was picking up errors, and the registered manager was following a robust process to ensure improvements were made.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider and the local authority ensured the management team was provided with up to date evidence-based guidance to support the service. For example, they had been provided with safety alert information in relation to the use of flammable emollient creams to enable them to put in systems to prevent any harm.

Staff support: induction, training, skills and experience

- People received effective care from staff who received the induction and training they required to meet individual needs. The induction had recently changed to five days with a mixture of shadowing, observation, training and reading of care plans. The deputy manager said, "We need to make sure people are equipped to do the job. It is good for the tenants to see staff are supported into their role."
- Staff completed training in a range of different areas to ensure they had the right skills, knowledge and experience to deliver effective care. Staff told us they were happy with the training they completed and said of some practical training, "They are full days. It's not a quick training. They put on a full day and its in-depth, medication and moving and handling, they check after (competency checks)."
- People were supported by staff who had their practice assessed through regular supervision, and observations.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a balanced diet that met their needs and in accordance with their preferences. The service had a bistro on site for people living at the service, the staff and the public. We received very positive feedback about the bistro.
- People's care plans included information about their dietary needs, preferences and the support they required. People told us they were supported to eat, and drink and we saw staff had left drinks within reach for people after providing their care.
- The deputy manager told us during the hot weather last summer they had provided each person with information to ensure they did not dehydrate.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and deputy manager told us excellent relationships had fostered with other professionals which ensured they were able to support people to maintain their health and wellbeing. The

deputy manager told us, the "District Nurses come two, three, four times a day. Pharmacists are really good. Our staff will support the district nurses. They will speak to us if any concerns. OT's are really good as well. We asked for a profiling bed for someone who deteriorated, it came on the same day."

- We saw evidence of referrals to other health services in people's care records which demonstrated staff at the service were appropriately referring people to other services. We saw care records referenced multi-disciplinary working to ensure a positive impact on people's health and wellbeing.
- Staff were provided with information to support people to access services. For example, the housing related support officer had created prompt cards with essential information for staff to provide them with telephone numbers for support services.
- The service worked closely with the local authority, the community nursing services, and the housing department to ensure people's needs were met. Staff from other services were base at the location on several days each week to ensure they could respond promptly to provide effective and timely care.

Adapting service, design, decoration to meet people's needs

- The service was designed to be accessible and to promote independent living. People we spoke with were full of praise for the accessible environment and adaptations which had been made to meet individual needs. For example, lowering of kitchen work surfaces to be accessible in a wheelchair. People told us they enjoyed the communal facilities including the outdoor areas.
- Assistive technology was used, when a need had been identified, and care plans gave clear direction for staff regarding its use. The registered manager told us they would ensure developing technologies were used to have the maximum impact on people's independence.
- Pictorial reminders had been provided to orientate people living with dementia.

Ensuring consent to care and treatment in line with law and guidance

- People told us staff sought their consent before providing care.
- 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.
- We checked whether the service was working within the principles of the MCA and found people's autonomy, choices and human rights were promoted. We found people had consented to their care plans where they were able to do so. Where there were concerns about a person's capacity to consent they had considered whether they needed to assess mental capacity formally. We saw one two stage capacity assessment in a care file completed by the person's social worker and the best interest decision showed all the relevant people had been consulted about the decision to remain living at this service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All the people we spoke with told us how caring the care staff were. We received comments such as, "The care staff are friendly. It's nice, you can get a rapport with them." Another person said, "Kind, yes, very. We have our favourites." Another person said, "The staff are lovely."
- Staff had been trained in equality and diversity and the registered manager told us, "Everyone is trained, and aware of what they need to be doing."
- People's personal preferences regarding the gender of staff who cared for them was respected. People using the service confirmed this and said, they had requested a specific gender of staff to undertake intimate care and this had been respected.
- People's diverse needs were catered for and equality was promoted within the service. The registered manager told us they employed an ethnically diverse team.

Supporting people to express their views and be involved in making decisions about their care

- The regional manager told us how person-centred the staff were. They said, "The staff go the extra mile to make sure people we support have what they want and what they need. We have people stay on, staff do activities in their own time." This was confirmed by the staff themselves and the management team, who all showed how committed they were to supporting people.
- Relatives told us they were made to feel welcome when they visited and were kept fully informed. People and relatives told us they were involved in meetings where decisions about the service were discussed and they were encouraged to put forward ideas and suggestions.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with were aware of how to promote the dignity and privacy of people who used the service. People using the service confirmed this and one told us, "They are very good at respecting privacy." Another said, "You can speak with them confidentially."
- People were supported by staff to maintain their independence. The registered manager and deputy were able to demonstrate they were helping people to achieve their goals in relation to independence. They had supported several people to move from a residential care setting to manage their own tenancy. They had also supported people to become less dependent on emergency services by supporting people to manage their own health conditions.
- Staff had supported people to be able to undertake activities of daily living independently through support and by the appropriate use of assistive equipment. The regional manager said, "We have seen success in

reducing support packages."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and relatives received a flexible and personalised service that was responsive to their individual needs and preferences. People told us their support arrangements were flexible and how they benefitted from this. For example, one person regularly attended a social event which meant they returned home late at night. They said, "When I get back I just buzz, and they will help me get to bed."
- Through speaking with people and staff we felt confident people's views were considered and they were involved in planning their care. We saw care records were held in the office and people's apartments. Care plans we reviewed were up to date and contained the outcomes people wished to achieve. The registered manager was changing care plans to be less task orientated and more person-centred, and these changes were in process. Care was regularly reviewed to ensure it remained appropriate for people.
- Staff told us they provided personalised care and treated everyone as, "Individual and put them at the centre of everything you do." They told us they offered people choice, "Check and ask them. Ask them which way is more comfortable for them, any preferences. Most of them will tell you. If you know they have toast and tea every day, still ask. Don't assume."
- The Accessible Information Standard requires the service to ask, record, flag and share information about people's communication needs and take steps to ensure that these needs are met. We found information regarding people's communication needs recorded in care plans to enable staff to involve people in their care. The management team told us all information was available in varying formats to be accessible to people. As a standard, information to people using the service was in larger print such as the newsletter and complaints information.
- Activities were provided at the service and the housing related support officer and the deputy manager had taken responsibility for developing this area. They were always on the lookout for new activities and sought the views of people for their preferences. They shared many of their ideas for activities with us and shared their enthusiasm.
- People who lived in the service organised and facilitated activities such as quizzes, and film nights. Activities which benefitted people's wellbeing were held in the communal areas. These included a falls prevention class, chair exercise, dance and yoga.
- People received support from staff to engage in their chosen interests and to access the community if this was part of their assessed needs.

Improving care quality in response to complaints or concerns

- People told us they would feel comfortable raising issues and concerns with any of the staff or the managers and they knew how to complain. Every person we spoke with told us they had no reason to make a complaint and were happy with the service provided. One person said, "If I had any concerns I would

speak to the office. They are all happy to help in any way they can."

- There was a well-publicised complaints leaflet around the service and people had been provided with information on how to complain. People had the opportunity to air their views about the service through various meetings and questionnaires and they used this to raise any issues they had.

End of life care and support

- The service supported people to receive end of life care. People's wishes regarding end of life care were recorded in some of the care plans we looked at and will be included in all the new care plans the registered manager is in the process of introducing. Some people had a Do Not Attempt Resuscitation (DNACPR) in place and a copy of this was kept in their care plan.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager who started in post in August 2018. They were supported by a deputy manager. The registered manager led a team which promoted openness and transparency throughout the workforce.
- Staff told us they felt supported by the management team and gave us positive feedback about how well the management team worked together.
- Quality assurance systems were effective. Audits we reviewed identified areas for improvement and action plans showed these were acted upon.
- The regional manager attended the service regularly at least monthly to assess the quality of service provision and provide support to the registered manager. We saw visit reports were thorough and identified any actions required.
- The provider's Quality and Excellence Partners visited every six months to audit the service against CQC key lines of enquiry. We saw evidence where issues were identified the registered manager had acted upon their recommendations.
- The provider's policies and procedures were available on line and in paper format to be accessible to staff to support them in their roles.
- People, relatives and staff spoke highly of both managers and said they thought the home was well run and recent changes in the management structure had a positive effect.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys were sent out annually to people living at Sandy Mount to gain their views of the service. Results of the survey was collated into a document with a "You said, we did" section to show people they were acting upon any issues to continuously improve people's experience.
- We saw records of tenants' meetings which showed people were fully involved in the running of the service.
- The registered manager held regular staff meetings and minutes showed the focus was on improving the quality of care for people. Staff told us, "we have team meetings every two months, newsletters as well. They ask us if there is anything you want to add."
- Staff told us they felt appreciated by managers for the job they did telling us about the reward system.

They said, "We all get the certificates that we are stars. For time keeping, for anything. Anything that's a good job. It shows we are appreciated. It makes a massive difference."

Continuous learning and improving care

- The registered manager understood their legal requirements. They were keen to listen and open to change. They acted immediately to address issues to improve care.
- The deputy manager and the housing related support officer were equally passionate about improving the experience of people's care. They were proud of the changes they had made and shared with us many positive comments they had received from professionals about the care provided.
- The management team had been supported to develop and were all in the process of achieving nationally recognised qualifications in management. They were using the skills gained from their learning to drive improvements at the service.

Working in partnership with others

- This service was a partnership arrangement between Kirklees Council who owned the building, Pinnacle Housing who were responsible for maintaining the building and grounds, and the provider who managed the care and support staff. This worked well, with each partner having clearly defined roles and responsibilities.
- The facility was used as a community hub with regular sessions run by groups such as Age UK, and Masoom Care a carer support group for the BME community. The bistro was open to the public and was well attended on both days of our inspection.
- Links had also been forged with visiting health and social care professionals and evidenced good partnership working to benefit people at the service.