

# 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

About the service: Sandwell Community Care Trust is located in West Bromwich in the West Midlands. It is a Charity Run Trust and supports people who live in their own home. It is registered to provide personal care to people who are elderly, have a learning disability or may have a physical disability. At the time of the inspection Sandwell Community Care Trust provided support to 118 people.

People's experience of using this service: People we spoke with told us they felt safe with the staff that support them. Dependent on a person's assessed needs people who used the service live in their own homes either alone or as a small group. Each property has been adapted to meet individual need. All are supported to be as independent as possible.

203 staff are employed across the service and suitable arrangements were in place to protect the people and keep them safe.

People were supported to have maximum choice and control of their life and they were supported in the least restrictive way possible.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff spoken with respected and understood a person's right to privacy and promoted their independence. People who used this service in the main had active social lives and staff supported them to positive experiences and opportunities. Staff told us people that used the service enjoy many community activities and holidays.

The registered manager and other managers spoken with showed respect and kindness towards people. They were passionate about their role and told us everything we do was centred around the individual. People were involved in making decisions about their care.

We met a number of people who used the service all were relaxed and we saw people were comfortable with their support worker. It was evident there were trusting relationships.

The people's nutritional needs were met and they chose what they would like to eat and drink. People were provided with advice on health choices to maintain their health and well-being and the management team and staff knew when to refer to other health professionals.

There was a complaints procedure which was made available to people. People told us they would discuss any concerns or worries with their support worker. The advocacy service is used should anyone need support to express themselves.

Rating at last inspection: Good (08 February 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. Ongoing monitoring included information that quality had improved. We checked this in looking at the quality and safety of the service.

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

For more details please see the full report which is on the CQC website at [www.cqc.org.uk](http://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.

# Sandwell Community Caring Trust

## **Detailed findings**

### Background to this inspection

The 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:

One adult social care inspector carried out this inspection.

Service and service type:

Sandwell Community Caring Trust is a supported Living Service provides personal care to people living in their own homes and flats.

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.

Notice of inspection

This comprehensive inspection visit took place on 22 February 2019 and was announced. The provider was given 24 hours' notice because the location provided a service to people who lived in the community. We needed to be sure that we could access the office premises and speak with people.

The registered provider is the Chief Executive Officer of the Trust who supports the registered manager in the operation of the service. Registered providers 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.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because support is provided in the community and the management team are often out. We needed to be sure that they would be available to speak with.

What we did:

During the visit we spoke with both the provider and some of the people supported. We also observed interactions between the people, management and staff. This helped us understand the experiences of the person.

We looked at the person's care records and discussed their activities and interests. We looked at records relating to the management of the service. We checked the environmental and personal risk assessments. This enabled us to determine if the person received care and support they needed in an appropriate safe way.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- ☐ The management team knew what action to take should they have any concerns about possible abuse. As part of the inspection process we contacted the local authority and they told us they had no concerns about the operation of the service.
- ☐ People felt safe using the service. One person told us, "They are good because the same people support me and I know them well, if I was worried I would show them the door".
- ☐ The safeguarding policy and associated procedure were available in every property,
- ☐ Staff confirmed they received safeguarding training as part of their induction and that it was a mandatory requirement to have refresher training each year.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- ☐ The management team had continued to have a positive approach to risk taking and encouraged the people to be independent.
- ☐ The management team had identified potential risks to the person in their care. This included safety arrangements for accessing public transport and taking part in activities within the community. Risk assessment are reviewed on a weekly basis to ensure no undue restrictions were in place on people.
- ☐ Environmental risk assessments were in place for each property to make sure it was safe for people living there and for staff to be sure they were working in a safe environment.
- ☐ Emergency plans were in place. Each person had a Personal Evacuation Plan in the event of having to leave the property quickly.
- ☐ There was a system in place to record incidents and accidents that occurred. The record also contained information on how the accident or incident had occurred and what action had been taken to minimise any future risk.

Staffing and recruitment

- ☐ New staff members had been recruited safely and in line with the recruitment policy and procedure, which is reviewed in line with legislation.
- ☐ Staff and people who used the service we spoke with did not have any concerns about the staffing levels in the service.
- ☐ Staff we spoke with told us there was enough staff employed to meet the needs of people using the service. All staff told us, "I always get enough time to spend with people".

Using medicines safely

- ☐ We found management of medicines was safe. Administration records were kept in people's own home and checked weekly by a member of the management team. Once the month's cycle has been completed

they were filed safely and confidentially.

- ☐ We reviewed the medicines administration records and found them to be accurately maintained.
- ☐ All staff have successfully complete a competence based training programme before being responsible for medication administration.

#### Preventing and controlling infection

- ☐ Checks were carried out to ensure staff were following the infection control policies and procedures correctly. This included wearing protective clothing appropriately and ensuring all measures were in place for people to not be at risk of infection.
- ☐ A member of staff told us, "We have to protect the person we are providing the support for but at the same time it also protects us."



# 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

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

- ☐ We saw a number of care plans, each person we spoke with were keen to show us their care plan and personal profile. These files detailed support required with an emphasis on promoting independence for the individual.
- ☐ The management team continued to retain good relationships with health and social care professionals. This supported them to provide effective, safe and appropriate care which met the person's needs and protected their rights.
- ☐ The management team told us, "We care for people with complex needs and it is important we get the care package right. We are proud of the service we provide and the successes we have had. We have turned people's lives around."

Staff support: induction, training, skills and experience

- ☐ We spoke with staff and found they had a good knowledge and experience of supporting people they cared for. This was enhanced by training courses relevant to their roles. In addition. A number of staff were of long standing including the management team. This helped build effective relationships. One staff member said, "It does help when we have supported these people for a long time, we have great relationships and are like a family."
- ☐ The registered manager had a wide-ranging training programme to enhance and develop staff skills, in addition to support them in their roles. Induction training is comprehensive and all staff are expected to complete the care certificate. Annual mandatory training included, safeguarding, fire safety, food and hygiene, medicines and infection control. One staff member said, "No other place better for training opportunities than here. I have come for some bespoke training on challenging behaviour to help me better understand the person I am supporting".
- ☐ The training provider spoken with said, "The management are extremely proactive in providing training to up skill the staff and enable them to feel confident that current best practice is being applied."

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

- ☐ The management team and staff told us they supported people to choose and cook their meals whenever possible.
- ☐ Advice was given on healthy choice and direction offered when shopping and menu planning.
- ☐ All staff had food hygiene training.
- ☐ All staff had training in the specific needs of the person they were supporting, for example people at risk of choking.
- ☐ Care plans confirmed that involvement and advice was sought from the Speech and Language Therapist on the safest way to ensure people can enjoy a nutritional diet in the safest way possible.

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

- People were supported with their healthcare needs and to attend appointments when necessary.
- The management team and staff worked closely with other healthcare professionals to ensure a joined-up approach to the support people received. These included the dentist, GP and an optician.
- Staff had developed good relationships with district nurses and other health professionals. We saw evidence that staff always followed the advice of district nurse. In a letter the district nurse commended the care, compassion and professionalism of the staff that she had been working with recently.

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

- The service provided was adapted to meet the needs of individual.

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

- 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 with appropriate legal authority. In community settings applications must be made to the Court of Protection in order to deprive an individual of their liberty.
- We checked whether the service was working within the principles of the MCA. The management team had a good understanding of their responsibilities under the MCA and DoLS and the rights of the person were protected. We saw people made decisions for themselves as far as they were able.
- We saw all care documentation was signed by the person giving their consent for the assistance required and appropriately sharing their personal information.

# 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

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

- ☐ During our inspection with spoke five people that used the service. We saw their were positive relationships between the person and their support worker. People were comfortable and happy. It was clear there continued to be close bonds between people and the support staff. They laughed and joked and told stories of trips out they had been on and showed me their care files and photographs.
- ☐ Observing the relationships demonstrated the support staff were caring, respectful and protective with a clear understanding of the person's needs. The person received personalised care that focussed on their needs and provided an interesting and fulfilling life. The people all said they were happy and the staff were 'great'.

Respecting and promoting people's privacy, dignity and independence

- ☐ The support staff recognised they were supporting people in their own homes and therefore they respected people's privacy. One staff member told us, "We work in people's home, we have to respect that, I try not to intrude."
- ☐ A person who used the service told us he was supported to maintain relationships with people who were important to him. He told us he frequently met up with his friends.

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

- ☐ The management team and support staff recognised what was important for the people. They ensured they supported them to express their views and maintain their independence.
- ☐ The people we spoke to were all able to verbalise their wishes and choices and it was evident that they did so freely.
- ☐ Staff told us, "Everything we do is done in the best interest of the people we are supporting, they have a fabulous life and have so many opportunities and certainly a better social life than me."
- ☐ A number of people have advocates. An advocate is a person who works as an independent advisor in a person's best interests and support people in making decisions. The management team told us an advocate would always be sought as and when needed. This ensured the person's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

# Is the service responsive?

## Our findings

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

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

- ☐ We saw that people continued to receive a personalised care service which was responsive to their needs and promoted their wellbeing. The support staff knew the people well, what they liked and disliked and their preferences.
- ☐ People's care plans were personalised and placed people's views and needs at the centre. Care plans were detailed and informed staff what the person's abilities were and the support they required.
- ☐ Daily visit logs were maintained. These were detailed and audited each week by a manager who then amended the care plan according to persons changing needs.
- ☐ Staff were knowledgeable about people's preferences, needs and how people wanted to be supported. The person was empowered to have as much control and independence as possible.
- ☐ People had no restrictions placed upon them with their daily routines. Staff supported people to enjoy their preferred social interests and hobbies. For example, going out for coffee, a meal, trips to the cinema and holidays away etc. One person told us about a cruise he had been accompanied on by staff. Another person told us, "I am going for a posh coffee".

Improving care quality in response to complaints or concerns

- ☐ The registered provider had not received any complaints since the last inspection.
- ☐ People told us they were, "Happy" and had no concerns.
- ☐ Care records in people's homes contained a complaints/concerns/compliments form that the person or their relatives could complete and submit to the registered manager.
- ☐ There was a complaints policy and procedure in place within the service to guide staff.

End of life care and support

- ☐ The management team are keen that people using the service know they will have a home for life. Everything possible is done to support people at the end of their life.
- ☐ Other professionals are requested to support individuals, for example district nurses, specialist nurses and GPs.
- ☐ The service is currently supporting a person at this difficult time, relatives are kept informed and extra staff are in place to ensure the person is as comfortable as possible.
- ☐ Where possible and when know peoples wishes are recorded.
- ☐ A district nurse had complimented support staff for their care and compassion.

# 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

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 duty of candour responsibility

- ☐ We found the registered manager and management team were open and transparent. They focused on the needs of the people and on their wellbeing and strived to give them the best quality of life possible.
- ☐ The management team were confident they provided the best possible experiences for people.
- ☐ Staff spoke highly of the management team. Comments we received included, "I can ring a manager or the on call and ask absolutely anything. They are very approachable and straight talking, you know where you stand but the support you get is fantastic, certainly the best I have worked for."
- ☐ We found evidence that confirmed the service is planned and delivered around the needs of the people. Management team and staff are flexible to ensure the service people received was not compromised and remains person centred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- ☐ There was a clear management structure in place. The registered manager was supported by another manager who shared the duties and tasks. Both were keen to lead by example and in turn support four Support Managers who have responsibility for the staff and the direct care provided.
- ☐ During the inspection we spoke with both members of the management team and two support managers. It was evident there were clear lines of responsibility and accountability. All were knowledgeable and familiar with the needs of people they supported.
- ☐ The management team consistently monitored the service and evidence demonstrated that quality assurance processes were in place. These ensured that effective, best practice was always adopted and the requirements of current legislation were being met.
- ☐ Systems involved meetings with staff and people that used the service to ensure the service continued to improve.
- ☐ Staff spoke highly of the management team, all stated the support they received was excellent. They explained all they had to do was ring the office and there was always someone that was able to offer the support needed.
- ☐ The provider took appropriate action to minimise the risks to the person's health and wellbeing. Regular checks took place in the home to drive forward improvement and maintain quality. These included reviewing all care records and safety checks.
- ☐ The management team was experienced, however they understood the service had to consistently evolve to meet current legislation and standards.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- ☐ The people were actively involved in how their support was delivered and they spoke positively about the support they received.
- ☐ There were good relationships with other services involved in the person's care and support and the management team knew to ask for help and advice if needed. A manager told us, "In this job you learn something new every day, everyone is an individual. We are constantly reinforcing with staff that it is us that has to adapt to people's needs and wishes and respect cultural, sexual and religious choices."