

Parkcare Homes (No.2) Limited

# Sapphire House

## Inspection report

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Date of inspection visit:  
01 July 2020

Date of publication:  
18 September 2020

## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Sapphire House is a residential care home for up to seven people who may be living with a learning disability, autistic spectrum disorder and a mental health condition or complex needs. The property is a detached house on a residential street which has been converted to self-contained flats and bedrooms with communal areas. There were five people living in the home when we visited. People using the service received support with their personal care. This is help with tasks related to personal hygiene and eating.

The service had been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service could live as ordinary a life as any citizen. These values were seen in practice at the home. For example, the building was like any other on the road with no signs to show it was a care home. Staff did not wear uniforms and people lived their lives in the ways they wanted.

### People's experience of using this service and what we found

Some people were diagnosed with new mental health conditions just before the restrictions put in place due to the Covid-19 pandemic. They did not receive the required support from outside specialist services, due to the restrictions. This led to a decline in the quality of support they received from specialist health professionals; this was reflected in adverse behaviours and a decline in mental health.

People had positive behaviour support plans (PBS) which enabled staff to support people consistently and were regularly reviewed. However, staff had to develop these for some people without the usual support from specialist healthcare professionals.

Staff felt supported by the registered manager and provider, although staff supervision had not always taken place in line with the provider's policy. An action plan was in place to address this.

Where people presented specific risks to themselves or others, risk assessments were in place to minimise the risk and occurrence. People were involved in review meetings about their support and aspirations. They were involved in setting goals and targets and were supported by staff to achieve these.

Support plans detailed people's preferred routines, wishes and preferences. They detailed what people were able to do for themselves and what support was required from staff to aid their independence wherever possible.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Staff recognised that most people had the capacity to make day to day choices and supported them to do so. People were encouraged and supported to be independent. People were engaging in the community, for example utilising their local community to use ordinary community resources, shops, access day services and activities. However, some restrictions had been in place to meet with national Corona Virus guidance.

The registered manager and staff demonstrated a detailed knowledge of the people they supported. Over time they had developed trusting relationships, so that people felt safe receiving support. People were able to have privacy and independence with staff accessible nearby if support was needed.

Staff had a detailed understanding of people's support needs and training was in place to help staff to meet them. Staff were encouraged to continuously learn and develop by completing qualifications and additional learning.

People had positive relationships with staff who knew them well. There were enough staff available to meet people's needs and give individual care and support. There was a strong emphasis on person-centred care. People were supported to plan their support where possible and they received a service that was based on their individual needs and wishes. The service was flexible and responded to changes in people's needs.

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

#### Rating at last inspection

The last rating for this service was good (published 18 February 2019).

#### Why we inspected

The inspection was prompted due to concerns received about ligature risks, safeguarding and support for people experiencing mental health crisis. A decision was made for us to inspect using our targeted methodology developed during the Covid19 pandemic to examine those specific risks and ensure people were safe.

We undertook this targeted inspection to check on specific concerns we had. The overall rating for the service has not changed following this targeted inspection and remains Good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service effective?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service well-led?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Sapphire House

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection on a specific concern we had about ligature risks, safeguarding and support for people experiencing mental health crisis.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Sapphire house is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

We gave a short period notice of the inspection. This was because of the COVID-19 pandemic. We wanted to check if anyone was displaying any symptoms of the virus and to be aware of the provider's infection control procedures.

Inspection activity started on 29 June and ended on 20 July. We visited the location on 1 July.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and local authority safeguarding teams. We took this into account when we inspected the service and made the judgements in this report. We reviewed

information we had received about the service since the last inspection. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We observed staff interactions with people and observed care and support in communal areas.

We spoke with four staff including; support workers, the registered manager and the operations director.

We reviewed some records and requested additional information to be forwarded to us. This included three people's personal records, support plans and a range of people's risk assessments, staff rotas and staff training records. We also received a variety of records relating to the management of the service, including policies and procedures and meeting minutes.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. This meant people were safe and protected from avoidable harm. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about ligature risks, safeguarding and support for people experiencing mental health crisis. We will assess all of the key question at the next comprehensive inspection of the service.

### Learning lessons when things go wrong

- The provider had systems in place to monitor accidents and incidents. This was to inform and introduce measures to reduce the risks of issues occurring again. All incidents were reviewed, and support plans updated when needed. When the service felt they were no longer able to safely support because of evident risk to a person, they worked with placing authorities and care professionals to source an alternative placement.
- The service supported some people with very complex mental health needs. To meet these needs, there was a dependency on and co-working with external resources, for example, community mental health teams, hospitals and psychiatry input. Although the service had on several occasions sought to solicit such support, it was not always forthcoming within required timescales. The registered manager explained they felt this was largely due to unprecedented disruption caused by the Covid 19 pandemic.

### Assessing risk, safety monitoring and management

- Risks to people's safety, individual health and wellbeing had been assessed and plans were developed to help people and staff manage these risks.
- We observed staff supporting people to maintain their safety in the service. Staff had a sound understanding of triggers which may cause people to become distressed. Positive behaviour support plans informed staff how to respond to people consistently and constructively.
- Any incidents were linked to the positive behaviour support plans and analysed. This helped to identify emerging changes in behaviour, inform reviews and determine required responses. These were regularly reviewed and updated.
- Risks within the environment had been considered and acted upon. For example, items which could potentially be used as ligatures were no longer readily accessible to some people and staff were aware of any remaining potential risks.
- Where people had placed themselves at risk, staff had acted to reduce immediate risk of harm and sought the support of professional and emergency response services.

### Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to protect people from abuse. Staff described what abuse meant and how they would respond and report. All staff had received e-learning safeguarding training and most

staff had completed classroom safeguarding training. They had received training to make sure they had the information they needed to keep people safe.

- Staff told us the management team were approachable, listened and acted where necessary, so they would have no hesitation in raising any concerns. Staff felt sure action would be taken straight away. Staff knew how to raise and report concerns outside of their organisation if necessary.
- The service had reported and worked transparently with safeguarding authorities when incidents had occurred.
- Posters and information were displayed telling people about how to stay safe. This information was in an easy to read format to help people understand.

#### Staffing.

- There were suitable numbers of staff to provide the care and support people were assessed as needing. Assessments of staffing levels had been undertaken to ensure there was adequate staff to meet people's needs. When needed, additional staff were rostered on duty to provide additional support to people who needed it. This ensured people remained as safe as possible when they experienced times of crisis and needed intensive support.
- The service had some staffing vacancies which they were recruiting to. Existing staff picked up additional shifts when they were needed. This reduced the need to use agency staff and helped fill any shortfalls during the recruitment period. People received care and support from staff they knew well.



# 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.

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about ligature risks, safeguarding and support for people experiencing mental health crisis. We will assess all of the key question at the next comprehensive inspection of the service.

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

- People were supported to access health services, including referrals to consultants, mental health teams and specialist nurses. Some people had been diagnosed with new mental health conditions shortly before the pandemic. However, although referred by the registered manager, some referrals did not always result in the anticipated support. Staff had developed positive behaviour support plans when people's needs changed but without the necessary input from specialist health professionals.
- The lack of timely external specialist support contributed to increased incidents with some people, a decline in their mental health and behaviours associated with crisis. This resulted in people experiencing diminished outcomes while staff were developing positive behaviour support plans.
- The provider for Sapphire House specialises in meeting needs and delivering positive outcomes for people with mental health difficulties. However, while the service tried to support people to access co-working resources, there was no contingency plan about how to provide alternative support when established resources could not be accessed.
- Records detailed how the registered manager and staff sought to work closely with healthcare professionals to ensure people's health needs were met. This was evidenced throughout people's care records.
- When people's needs changed, this was discussed at staff handover. Handover records were checked each day by the registered manager to keep an updated view of people's care and support and health needs.

Staff support: induction, training, skills and experience

- Staff received additional training to enable them to meet people's specific health needs, such as, Autism, Asperger's Syndrome, Mental Health Awareness, Obsessive compulsive disorder and Suicide Prevention/Self-harm. The service had recently assigned crisis management training for staff to complete and acknowledged a need for additional training, relating to a condition a person had recently been diagnosed with.
- Staff felt supported, however, supervision for them to carry out their roles had not always been completed within the service's eight week policy.
- An action plan was received after the inspection setting a timescale for the training and outstanding supervisions to be completed. It is nevertheless identified as an area requiring improvement.

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

- A thorough assessment of people's needs took place before they moved to the service. This included staff visiting people in their places of care and people visiting Sapphire House before they moved in. Assessments included input from funding authorities, families and health and social care professionals.
- The assessments were used to determine the appropriateness of placements, develop care plans and make decisions about staffing hours and the skills needed to support the person. People were reassessed as their needs changed to ensure their care needs could be met.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had correctly applied for DoLS within the MCA for some people living at the service and one application had been authorised. The concerns examined at this inspection did not relate to people with DoLS in place. However, where their capacity fluctuated at times of crisis, urgent DoLS applications were made to local authorities where appropriate.
- People with capacity to consent to decisions about their care had signed consent forms.
- People made decisions about their care and treatment. People's choices and decisions were respected. Staff encouraged people to make their own choices to support independence and development of daily living skills within the safety measures set out in care and positive support plans.

# 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.

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about ligature risks, safeguarding and support for people experiencing mental health crisis. We will assess all of the key question at the next comprehensive inspection of the service.

Continuous learning and improving care; Working in partnership with others; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Sapphire House website informs readers that they provide 'Specialist support for people with autism, learning disabilities, obsessive compulsive disorder (OCD) and mental health needs'.
- To enable people to receive the support needed to meet often complex needs, the service worked in partnership with other public sector services. This was intended to ensure people received support from appropriate professionals so that risks were effectively managed and care pathways could be met.
- Following the inconsistent support from specialist health professionals during the pandemic the provider completed an investigation to learn from the incidents. They acknowledged they needed to review training in respect of some mental health conditions and when people are young and still developing.
- The provider acknowledged in their investigation, there were occasions when they could have escalated matters further with the relevant agencies. The provider wanted to learn lessons from the management of these incidents. We will check this at our next inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Otherwise, audits were effective, the manager and quality improvement team completed regular audits. Shortfalls were highlighted and formed the basis of an action plan. Each action identified a person responsible to resolve it and when. Action plans showed shortfalls were actioned and addressed quickly.
- The registered manager understood their responsibility to notify the Care Quality Commission of important events and had done so as required. This helped to assure us that matters, such as the concerns that prompted this inspection, were appropriately recorded and reported.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about a service can be informed of our judgements. We found the provider had conspicuously displayed their rating.
- The management team had a good understanding of their responsibilities under the duty of candour. The registered manager said, "We have a good relationship with relatives." The service kept in regular contact with people and their relatives to check everything was going well or if anything needed to improve. This

helped to underpin transparency around the care and support provided.