

Parkcare Homes (No.2) Limited

# Sapphire House

## Inspection report

166 Tonbridge Road  
Maidstone  
Kent  
ME16 8SR

Tel: 01622673776  
Website: [www.craegmoor.co.uk](http://www.craegmoor.co.uk)

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13 December 2018

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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

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.

At our last inspection on 27 and 29 January 2016 we rated the service good. At this inspection on 12 and 13 December 2018 we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

There were good systems in place to protect people from abuse and avoidable harm. All risks to people were assessed individually and there was detailed guidance available for staff. There were enough suitably trained and safely recruited staff to meet people's needs. Medicines were received, stored, administered and disposed of correctly. Staff understood how to prevent and control infection and all the necessary health and safety checks were completed to ensure a safe environment. Accidents and incidents were recorded, analysed and reviewed to identify any trends and to prevent future reoccurrence.

People's needs had been assessed before they moved into the home and people received personalised care which was responsive to their needs. Support plans were person centred and focused on outcomes for people and the support they needed to meet these outcomes. People had enough to eat and drink, were supported with their dietary needs and were offered choice around their food. People had access to the healthcare they needed. 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.

People were supported by caring staff who respected them and promoted their independence. People's needs around their communication were met and people were encouraged to be involved with all aspects of their day to day support. Staff protected people's privacy and dignity and supported them to keep in contact with their families who could visit whenever they wanted.

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 and relatives told us they could raise any complaints they had with the registered manager. The complaints procedure was available and the provider actively sought feedback from people and their relatives. The registered manager reviewed any complaints to ensure the appropriate action had been taken and any learning identified.

People and staff told us the home was well managed and all our observations and evidenced gathered during our inspection supported this. Staff understood the vision and values of the home and felt supported by the management team. The managers promoted a positive, person centred and professional culture, had good oversight of the quality of the home and managed any risks. There was good record keeping and monitoring to ensure people received the support they needed. The provider promoted continuous learning by reviewing all audits, feedback and accidents and incidents.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service has improved to Good.

A registered manager was in post who was knowledgeable in their role and responsibilities.

Staff understood the vision and values of the home and were supported by the management team.

The registered manager promoted a positive culture and had good oversight of the quality and safety of the home.

The provider promoted continuous learning by reviewing all audits, feedback and accidents and incidents.

Record keeping was good and included monitoring to ensure people received the care they needed.

People were engaged in the home through day to day conversation as well as more formal methods, such as meetings.

The managers and staff worked in partnership with other services.

# Sapphire House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 12 and 13 December 2018 and was announced. The inspection team consisted of two inspectors. We gave the service 48 hours' notice of the inspection visit because people living there needed to be prepared for our visit.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This included support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

Before our inspection we reviewed the information available to us about this home. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that we ask providers to complete at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at the previous inspection report and notifications which had been submitted to us. A notification is information about important events which the provider is required to tell us about by law. We took this into account when we inspected the home and made the judgements in this report. We asked commissioners and healthcare professionals for feedback and received two responses.

During the inspection we spent time with two people and met two other people who lived at Sapphire House. We observed the interactions between staff and people. We inspected the environment, including the kitchen, bathroom and people's bedrooms and apartments. We spoke with two people, three care staff, two deputy managers, the registered manager, a behaviour support practitioner and the providers senior quality improvement lead. Following this inspection, we received feedback from two relatives and two healthcare commissioners.

We reviewed two people's care records. We looked at medicines records. We reviewed three staff

recruitment files, staff induction and training records and a variety of records relating to the management of the home including staff rotas, incident reports, surveys and quality audits.

# Is the service safe?

## Our findings

People told us they felt safe and could speak to the registered manager if they had any concerns. One commissioner told us, "I have a young person living there who can be really tricky but they have managed him really well... They keep him safe and make him feel safe. I know this because there have been no incidents of physical aggression which is great. They have been able to take positive risk and have greatly improved his independence and confidence from being 2:1 to now going out locally on his own."

Safeguarding and whistleblowing policies were in place and worked in line with Local Authority safeguarding procedures. Systems were in place to protect people from avoidable harm. The provider had notified us of any concerns. Staff had received training, were able to recognise the signs of abuse and could tell us what they would do in the event of a safeguarding concern. Staff told us they were confident that the registered manager and deputy managers would act immediately. Appropriate systems were in place which ensured information held about people was secure.

Risks to people were assessed on an individual basis and there was detailed guidance for staff in people's care records. Risk assessments considered the risk of harm to the individual, from others and to others and had detailed risk reduction plans.

There were enough suitable staff available to keep people safe and meet their needs. Rotas identified minimum staff numbers, including drivers to ensure people's needs were met. People and staff told us there was enough staff. The registered manager had successfully reduced the use of agency staff to ensure a consistent staff team. Rotas were planned around people's needs and their activity plans for the day. Safe recruitment and selection processes were in place.

Medicines, including 'as required' medicines, were received, stored, administered and disposed of correctly. People had an individualised medicine administration sheet (MAR), which included a photograph of the person and their known allergies. MAR charts are a document to record when people received their medicines. There was clear guidance for staff on how to support people to take their medicines. People's medicines were securely and safely stored in a locked cupboard and they were administered by staff who had received appropriate training and competency assessments.

The home was maintained and clean. Staff understood how to prevent and control infection and followed procedures, for example wearing gloves and aprons. All the necessary health and safety checks were completed and certificates were in place, for example around fire safety, electrical safety, fridge and water temperatures and Legionella. Emergency evacuation plans were in place; fire drills had been held and people had personalised emergency evacuation plans to provide guidance on the support people needed in these circumstances.

All accidents and incidents were recorded and the cause reviewed to prevent future reoccurrence. Incidents of behaviour that challenged were analysed by the providers behaviour support practitioner and where needed a debrief was given to the staff involved. This allowed staff to be supported whilst identifying any

improvements which could be made. The behaviour support practitioner also held 'clinical supervision' workshops with staff to promote reflective practice and learning from incidents.



# Is the service effective?

## Our findings

People's needs had been fully assessed before they moved into the home. The registered manager told us how the service had been reshaped to meet people's needs as they received referrals for people with more complex needs. For example, the building had been converted to house apartments as well as bedrooms and communal areas. People's needs assessments were kept up to date and reflected in people's care records.

People had comprehensive positive behaviour support guidelines for staff to follow. Staff received training in positive behaviour support which was tailored to the needs of people at the home. The providers approach had resulted in a reduction of people's behaviour that challenges for four people. In the last year there had been no use of 'as required' medicines for one person's behaviour and no use of restrictive interventions. This was a significant achievement for people and evidence of effective outcomes.

The provider ensured managers and staff had the right induction, training and on-going support to fulfil their roles. Staff told us they had received an induction, on-going training, competency assessment, supervision and appraisals. One staff member described how they had received specialist training around one person and how their health condition impacted on them which had helped them understand their needs better.

People had enough to eat and drink, were supported with their dietary needs and were offered choice. Photos were used to help people make choices for their main meal. Staff told us how people often choose something different and that people choose what they wanted for breakfast and lunch on the day. Staff also told us how they worked with dieticians to ensure people's needs were met. One person who would often miss their meals had only missed one meal since moving to the home six months ago. This was a significant achievement.

The environment had been adapted to meet people's needs. For example, specialist furniture was used and a Christmas tree had been drawn on a chalk wall board as people's needs meant they could not have a Christmas tree in their environment. The provider had maintained the property and had continuously replaced items of furniture and repaired property damage. A quiet space was being built in the garden as the existing space was not meeting people's needs due to its location.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty 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). The home was working within the principles of the Mental Capacity Act 2005 and was supporting people as identified in their DoLS authorisations. Where people had capacity to consent they were asked to do so. One person who did not like to sign their care plans showed their consent verbally. The registered manager was also considering voice recordings for this person to evidence their consent to their care and support.

People were supported to live healthily and access the healthcare they needed. Records included hospital

passports. These were documents to help provide important information when a person was admitted to hospital. The provider worked with other health care professionals to ensure individual's health needs were met.

The provider had robust systems in place to assist and support people to maintain a good level of oral health care. This included regular visits to the dentist and for some, the hygienist. The provider had actively sought advice regarding each person's oral health from the dentist and hygienist and this had been used to form each person's care plan in relation to oral health. The use of electric toothbrushes, mouthwashes and timing aids were recorded and monitored via a daily log sheet to ensure that full oral health routines were completed twice daily where possible. Staff were aware of changes in behaviour could be due to dental pain and this was monitored closely and recorded. However, access to secondary dental care for people was difficult although out of the providers control and this resulted in prolonged discomfort.

## Is the service caring?

### Our findings

People told us they liked the staff who supported them and said they were caring. Relatives and commissioners told us staff were caring. We observed positive, personal and caring interactions throughout the day, for example, the registered manager had a routine series of movements and gestures they did with one person each time they saw them. There was a relaxed atmosphere in the home. One commissioner said, "Staff are very caring and very patient."

Staff knew people well and understood their communication needs. People's support was in line with the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. There were visual aids around the home, for example documents were produced in easy read formats with pictures. Information about people's communication needs was available in their care plans and the staff sought support from the speech and language therapy team. Makaton was used by one person who had limited verbal communication. Makaton is a language programme using signs and symbols to help people to communicate. Staff knew people well and could understand their communication needs.

The management team were committed to ensuring there was a culture which treated people with kindness, respect and promoted their independence. People were encouraged to be involved with all aspects of their support and their home, from shopping and cooking meals to training new staff. People were involved in developing their risk assessments and support plans as much as possible. People had monthly meetings with their key worker which is an identified staff who takes the lead in their care. People's apartments and bedrooms were personalised to their tastes and interests. People were encouraged to be as independent as possible. For example, one staff member told us how they have taught people how to make their own drink, they asked people to choose their own clothes to wear and what they would like to buy when in a shop. One person who previously required two staff to support them in the community had become more independent and now went out independently, had their own passport and bank account.

People were given emotional support when needed. Care records had guidance for staff how to talk to people and help them to stay happy; how to recognise when they were becoming anxious and how to help people to remain calm. Staff told us they got to know people by spending time talking to them and their families. People told us that staff protected their privacy and dignity. Staff described how they did this, for example, by not going into people's apartments or bedrooms without knocking and making sure curtains were shut when people were in the shower.

People were supported to keep in contact with their families. One relative told us they were able to visit whenever they wanted and they were kept informed if anything happened to their loved one. Relatives had been involved with people's care reviews and in some cases with training the staff team around their loved one's needs. Advocacy services were used as needed. Advocacy services offer trained professionals who support, enable and empower people to speak up.

People's individual protected characteristics under the Equality Act 2010 were considered during needs

assessments and within people's care plans. This meant people were protected from unfair treatment in relation to identified personal characteristics: people's age, disability, race, religion, gender, sexual orientation and gender reassignment.

## Is the service responsive?

### Our findings

People received personalised care which was responsive to their needs. One commissioner described how the registered manager had worked closely with them, health professionals, the person and their relatives to facilitate a complex discharge and to develop very personalised care plans and an environment to meet the person's specific needs.

Care records were detailed and person centred. For example, they looked at what people liked about the person, what was important to the person, including their short, medium and long-term goals, what they liked and disliked and how they wanted to be supported. Support plans focused on outcomes for people and all the support they needed to meet these outcomes and to be in control of their own lives. Monthly evaluations of people's support were done to ensure people continued to receive the support they needed. These looked at what was working well and not so well and identified people's achievements. One staff described how far one person had developed, for example, their behaviour that challenges had reduced; they wanted to go out and do things, they had lost weight and were taking care of their appearance.

In line with 'registering the right support' people were part of their communities. People were encouraged and supported to take part in activities they liked in the home and within their community. For example, on the day of our inspection, one person had been to the library for a book they wanted and for some food. Another person went shopping. One person told us how they went out to do various activities including playing golf, bowling, swimming and trampolining. One person had managed to go to the cinema after not going for seven years. One person was planning a holiday abroad next year as they wanted to go on a plane. The registered manager told us how one person had made local friends who they played football with and how the local shop knew people's orders. The home had a quiet lounge where people could relax in a sensory environment or do activities, for example arts and crafts or play the guitar.

People and relatives told us they would raise any complaints they had with the registered manager. One person told us they didn't have any complaints and they would speak to the staff if they did. The complaints procedure was available and the provider actively sought feedback from people and their relatives. The registered manager reviewed any complaints to ensure the appropriate action had been taken and any learning identified.

Technology was used to support people's needs. For example, one person used voice controlled appliances extensively.

The service was not supporting anyone who was receiving end of life care at the time of our inspection.

## Is the service well-led?

### Our findings

At our last inspection we rated the home as Requires Improvement in well-led as there was no registered manager in post. At this inspection the management team consisted of two deputy managers and a registered manager, supported by the providers senior managers. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood the vision and values of the home. One staff said, "It's to give the best quality of life we can. It's all about the guys, everything we do, we look at their best interest." Staff told us they felt supported by the management team. One member of staff said, "I would be listened to, they are very approachable and always make time if I need to speak to them." Another staff described the registered manager as, "(Name) is very good at their job, easy to talk to. The management team I have at the moment is probably the best I have had." Staff were supported to develop in their role and their careers through the providers career pathways system via the registered manager.

The registered manager promoted a positive, person centred and professional culture, had good oversight of the quality and safety of the home, and risks were clearly understood and managed. Internal audits were completed with action plans implemented as a result, for example on medication, fire and health and safety. Quality audits had been done by the providers quality improvement lead which identified actions for improvements that had been completed. There was a high level of analysis of behaviour support plans, incidents and any interventions used, both at the home and at a provider level. Regional quality leads would review and monitor the information to identify any trends and learning. The provider promoted continuous learning by reviewing all audits, feedback and accidents and incidents. Record keeping was good and included monitoring to ensure people received the care they needed.

The registered manager was open and receptive to feedback. Surveys had been done or sent recently to people, relatives and health professionals which showed mixed feedback and actions planned in response. People were engaged in the home through day to day conversation as well as more formal methods, such as meetings. Regular management and team meetings took place to ensure good communication within the staff team and staff told us that managers were good at keeping the staff informed. The managers and staff worked in partnership with other services, for example community pharmacists and dieticians to ensure people's needs were met.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards (DoLS) authorisations and deaths. The registered manager was aware of their regulatory responsibilities, had notified CQC about important events that had occurred and had met all their regulatory requirements.

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 the service can

be informed of our judgments. We found the provider had displayed a copy of their ratings and it was on the provider's website.