

Mrs Jennifer Grego

Sapphire House

Inspection report

56 Long Lane
Bradwell
Great Yarmouth
Norfolk
NR31 8PW

Tel: 07403663550

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sapphire House accommodates up to five people who have a learning disability or who are autistic, in one adapted building. At the time of our inspection there were three people living in the home.

Sapphire House had three ground floor bedrooms with en-suite facilities. In addition to this there were two self-contained annexes with a bathroom, bedroom, lounge and kitchenette. One annex was on the ground floor and one was on the first floor. There was a large communal lounge and conservatory with direct access to the garden areas.

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

Risks were identified and recorded so staff knew how to respond to these, in order to keep people safe. There were enough staff to meet people's needs and they were recruited safely. People received the medicines they required. The service was clean and tidy and staff were seen following good infection control practices.

Care plans were personalised and gave staff the information they needed to support people. The staff had worked with the local community learning disability team to develop positive behaviour support plans which ensured there was a person-centred approach to supporting people. Health care professionals' input was accessed when required. Health care professionals spoken to said, the staff were good at keeping them up to date and sharing information for the benefit of the people living at the service.

The management team looked for ways to improve the service, including learning from incidents and events to know people better. They enhanced people's lives by identifying their aspirations and encouraging and supporting them to achieve them.

Since the last inspection the management team had changed. As a result the governance arrangements in place to help monitor the service were in the process of being embedded.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of Safe and Well led, the service was able to demonstrate how they were meeting the

underpinning principles of Right support, right care, right culture.

Right support:

- People were supported to access local shops, activities and amenities if they wanted to. Staff were observed to enable people to make day to day choices, including around food choices and things they wanted to do.

Right care:

- Staff understood people's specific care needs and preferences and supported people in a person-centred way. People's privacy and dignity was respected. Staff enabled people to make choices about how they wished to be supported in any given activity. People had been supported to personalise their own rooms.

Right culture:

- The management team and staff showed commitment and respect to people whom they supported. They spoke with passion and knowledge about their role, central to which was to empower those whom they supported to live their best life possible.

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

Rating at last inspection (and update)

The last rating for this service was Inadequate (published 15 April 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sapphire House on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Sapphire House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Sapphire 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

This inspection was unannounced, although checks were completed prior to entry to ascertain COVID-19 status.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. 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 sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who lived in the service, the operations manager, registered manager and deputy manager. We reviewed two people's care records and medicines records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a variety of records relating to the management of the service, including policies and procedures, training data and quality assurance records.

We spoke with three relatives and five care staff. We also spoke with two health and social care professionals who knew the service to obtain their feedback.

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 Inadequate. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider's risk assessments did not always provide guidance for staff. The provider had failed to ensure proper and safe infection, prevention and control. Environmental risks had not been identified. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The service promoted positive risk-taking and realistic goal-setting. There was a positive approach to risk taking in order to promote independence. This meant if there was a known risk or if an incident happened which placed a person at risk, the service reviewed the situation, with health care professionals, if appropriate, and the person. From this action was identified which could be taken to help manage the risk for the future and enable the person to continue/resume the activity.
- The service worked with the community learning disabilities team to develop positive behaviour support plans for people who lived in the service, so they were up to date and reflected their needs.
- Staff, through these plans, had changed the way they supported people and built better relationships with them. This led to people enjoying more social and leisure time of their choosing which they had not tried before, for example, horse riding, trampolining, and meals out. For one person staff built a trusting relationship where the person could express more emotions which helped them deal with life events in more appropriate ways.
- Staff spoken to explained without hesitation how they supported people, catering for their individual needs, to ensure they remained safe.
- People's care records were person centred, up to date and easy for staff to understand.
- Regular maintenance checks, auditing and servicing of equipment were carried out to mitigate any risks associated with the premises.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place and all staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse.
- The registered manager understood their responsibility to report any potential safeguarding concerns to the local authority. Policies and procedures were in place to support this.

Staffing and recruitment

At our last inspection the provider had not always deployed sufficient number of staff to make sure that they could meet people's care and treatment needs. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager had recruited new staff who had suitable experience and knowledge to meet the needs of the people who lived at the service. This process was ongoing so there were regular agency staff working to ensure there were sufficient numbers to provide safe care.
- Staff spoken to said there was enough staffing with agency and acknowledged the registered manager was actively recruiting.
- Staff told us their morale was improving with the change of the management and the new staff team who were being supportive of each other and starting to work well together. One staff member said, "Most of us used to dread coming into work, it is almost enjoyable now. I love coming into work and doing different things."
- Staff who had recently started working at the service told us the recruitment process was robust and they received the training and introduction they needed to enable them to support people who lived in the service effectively.

Using medicines safely

- The provider had medication policies and procedures to advise and guide staff. Staff had received training and their competence assessed to ensure they knew how to administer medicines safely.
- Where people took medicines 'when required' (PRN) to help them manage their mental health, guidance on when to take the medicines was linked to a positive behavioural support plan. This was to ensure medicines were only taken as a last resort. This had led to a drop in the use of this medication to the point where some people were no longer prescribed it.
- Medicines were stored securely and regularly audited by the deputy manager to ensure they were being managed safely.
- Detailed support plans were in place. For one person there was a protocol in place for when they refused to take their medication. This was written in consultation with health care professionals to ensure no harm came to the person and medical advice was sought when needed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Incidents and accidents were recorded and analysed to identify any trends or patterns to reduce the likelihood of these events reoccurring, and look to see if any lessons could be learnt.
- Debrief meetings were held after incidents to look at what happened, what went well, what could be improved on and to support staff involved. For example, changes were made for one person on how they travelled to the shops so they could continue to go out and the triggers which upset them were reduced.
- There was an open culture in which staff felt they could raise any safety concerns, and this feedback was highly valued and led to learning and improvement by the management team.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the systems in place to monitor, assess and improve the quality and safety of the service had not been effective at identifying where improvement was needed. Staff's work was not being checked. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

At our last inspection the registered manager had failed to notify us of a serious injury. These findings meant the provider was in breach of regulation 18 of the Care Quality Commission (Registration Regulations) 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 of the Care Quality commission (Registration Regulations) 2009.

- At the last inspection there was a new registered manager and deputy manager who had recently started. Since then a new operations manager had been appointed.
- At this inspection we found not all the governance systems were in place with audits which gave oversight not being completed. Some policies and risk assessments needed updating to reflect current guidance.
- The registered manager had submitted notifications to CQC for all safeguarding referrals. However, when a referral to safeguarding was made and this was not taken forward as a safeguarding, they did not notify CQC of these incidents, although they were recorded on their safeguarding log.
- The management team had completed an action plan following the last CQC inspection and had also worked with the local authority which had improved the running of the service.
- The management team had assessed the suitability of the people who lived in the service resulting in a couple of people moving to more appropriate accommodation. This had led to a decrease in incidents and allowed staff to spend more time getting to know the people who lived at the service.
- Though further work was necessary to set up systems to give regular governance oversight, it was clear the management team were taking steps to review and improve governance arrangements with the new operations manager taking the lead. There had been no impact on the running of the service as the

management had been working with the local authority to improve the running of the service. Audits were taking place in areas such as medication and care plans. The new management team have all had a positive impact on the running of the service.

We recommended the provider review their process for notifications of all potential safeguarding incidents to CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The new registered manager and deputy manager had worked hard to recruit new staff and although they had a number of vacancies, the current group of staff were having a positive impact on the running of the service.
- Staff spoken to said there had been a big difference in the support they received and how empowered they felt since the new management team had taken up post. They felt there was an open culture where they could raise suggestions on ways of working with people, which were welcomed, and had led to positive outcomes.

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

- Satisfaction surveys were sent to relatives, health care professionals on a six-monthly basis with any actions identified being completed.
- Staff meetings had taken place. Staff told us they were involved in discussion about the service and their feedback was sought.
- People's relatives told us the registered and deputy manager were approachable and very good at responding to any concerns by telephone or email, which helped to keep them updated.
- Staff had worked on improving relationships with people's relatives and to develop regular, consistent contact. This had led to reduced anxiety for the person as they knew exactly when contact would be each week with their family.
- People's views were sought each month via individual meetings. This included feedback on improvements to the home, menu choices, activities they would like to participate in, their current concerns. Actions completed were recorded at the end of the notes of these meetings to show what had been achieved from the feedback.
- People also had their feedback on significant events and to reflect on progress or difficulties identified in meeting their personal goals, in monthly summaries which contained pictures to illustrate events and activities. This gave a record which could be shared and showed progress over time.

Continuous learning and improving care

- The manager was constantly evaluating and looking at ways to improve the service with such things as new shift pattern from discussion at staff meeting.
- The management team were often supporting staff and people, by working with them for a part or whole shift. This was to build relationships, assess quality of care, provide guidance and the opportunity to discuss concerns and ideas.
- New feedback forms had been created to be used at meetings to capture main topics and action points, so these could be taken forward.
- The management team had worked with the local authority quality improvement team and developed an action plan of areas of improvement, which they were working through.

Working in partnership with others

- The registered manager and staff worked closely with health care professionals such as social workers, community learning disability nurses and the GP to ensure that people received effective healthcare support.
- The staff team had worked with the community learning disabilities team to review the positive behaviour support plans for everyone and had referred people who lived with epilepsy to a specialist nurse led clinic. As a result, reviews of people's epilepsy support plans and specific medicines had taken place which had resulted in better outcomes for people.
- Health care professionals contacted said they had been very impressed by the improvements since the new management team commenced employment. This was in relation to how well staff know people and their preferred communication methods. The feedback was that the management team were skilled and experienced.
- An advocate who visited the service regularly said they felt communication had improved and the staff team's knowledge and understanding of the people, had greatly improved.

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

- The registered manager was aware of the duty of candour, which sets out how providers should explain and apologise when things have gone wrong with people's care.
- The management team had been honest with the inspection team about the changes within the management structure and impact this had on the running of the service.