

Community Integrated Care Sandy Mount

Inspection report

Blackmoorfoot Road
Crosland Moor
Huddersfield
West Yorkshire
HD4 5QP

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

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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

The inspection took place on 13 and 28 July 2016 and was announced. The service has not been previously inspected by the Care Quality Commission.

Sandy Mount is a purpose built 41-apartment complex, which allows tenants to live as independently as possible whilst providing flexible care and support to meet their needs. It has a number of communal facilities including a lounge, activity room, therapy suite, hairdressing salon, landscaped garden and a restaurant. This service is registered with the Care Quality Commission to carry out the regulated activity of personal care. At the time of the inspection 24 people were being supported with personal care.

There was a registered manager in post although they were absent at the time of our inspection. 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 had received training in how to keep people safe. All the staff we spoke with demonstrated they understood how to ensure people were safeguarded against abuse and they knew the procedure to follow in an emergency situation such as if a person had fallen.

Risks were managed at the service and there were systems and processes in place to ensure risks were minimised. The service operated a positive risk approach to promote people's independence in their own home.

Staff completed the Care Certificate on taking up their post in addition to the registered providers own induction programme of classroom based learning.

Staff received regular training to ensure they developed skills and knowledge to perform in their role and regular supervision and appraisals to support their development.

Staff had received training in the Mental Capacity Act 2005. We found staff could confidently define the principles of the Act and were able to describe how they would support people lacking in capacity. They told us they would always assume capacity and just because a person made unwise decisions this did not mean they lacked capacity.

All the people living at Sandy Mount spoke highly about the kind and caring staff who ensured their privacy and dignity was maintained at all times. Staff encouraged people to remain independent and told us the vision of the service was to keep people independent.

People received care that met their needs, choices and preferences. The service could evidence people had

been involved in the compilation of their support plans in line with what mattered to the person.

The service had a formal and informal complaints system. Overall responsibility for ensuring complaints were responded to with a satisfactory outcome rested with a Quality Manager who was alerted to the complaint through an electronic recording system.

Processes were in place for reflecting upon and evaluating the quality of the provision and these were being developed further as lessons were learnt from the registered providers extra care facilities.

There had been an investment into developing the quality of the service provided by the registered provider working in partnership with the local authority.

We found an open and transparent culture meant staff understood their roles and responsibilities.

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.

Staff we spoke with demonstrated a good understanding of how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents.

Risks were managed at the service and there were systems and processes in place to manage risks positively.

Accidents and incidents were recorded and analysed to identify themes and prevent future incidents.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff that were well trained and supported to meet people's needs. People had access to external health professionals as the need arose.

Staff received supervision, appraisal, and competency checks to ensure they developed in their roles and were motivated to develop.

People's capacity to consent was considered when decisions needed to be made and where there was a Lasting Power of Attorney, a copy was on file to ensure staff were aware of who could consent on behalf of others.

Is the service caring?

Good ●

The service was caring.

People told us permanent staff were caring and compassionate in their approach and spoke highly of staff at the service.

People were supported in a way that protected their privacy and dignity.

There was a clear emphasis on promoting people's

independence and staff were fully engaged with the vision to enable people to remain independent.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs, choices and preferences.

Care plans detailed the support people required and evidenced people had been involved in the support planning process.

Staff were focused on person-centred care and involved people in ways that encouraged and enabled people .

There was a complaints process in place. The only negative comments we received during the inspection related to the high use of agency staff which was being addressed through a recruitment drive.

Is the service well-led?

Good ●

The service was well-led

The service was continually striving to improve and monitored what they did well and what they could do to improve.

The culture at the service was good and staff were motivated to provide good care.

The service worked in partnership with the local authority and with local groups.

Sandy Mount

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 inspection took place on 13 and 28 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed all the information we had about the service including statutory notifications. The registered provider had been asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This had been submitted by the registered manager prior to our inspection. The local authority also shared the information from their recent contract monitoring visit in relation to their commissioned service.

We used a number of different methods to help us understand the experiences of people who used the service. We visited four people who lived at the service and spoke with one relative of a person. We also spoke with the two Quality and Excellence Partners, the regional manager, the team leader and two care staff.

We reviewed information and audits in relation to the quality of the service provided. We also looked at four care and support plans and records held in people's apartments.

Is the service safe?

Our findings

People we spoke with all told us they were safe living at Sandy Mount. One person said "I like the security here. I've never had any bother with people knocking and coming in by mistake." Another person said "I feel safe here. The carers come in every morning, dinner time and tea time." One relative we spoke with said "I love it here. I really do. For the position I am in, I couldn't live anywhere better."

We asked staff about their understanding of safeguarding. All the staff we spoke with demonstrated they understood how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents. Staff knew the whistleblowing procedure and said they would be confident to report any concerns with poor practice if they witnessed this in order to ensure people's rights were protected. One member of staff we spoke with said "If you see something and ignore it you are as bad as them. I am confident that any concerns I have would be acted upon by the registered manager or regional manager."

We asked the team leader how they managed risk to keep people safe. They told us they assessed risk depending on people's needs and put in plans to ensure risk was managed. They informed us about a recent incident with a power failure and how they had managed to keep people safe when essential community equipment such as pressure mattresses failed. They also told us of lessons learnt to ensure this situation did not happen in the future such as the installation of a backup generator at the service.

We found risk assessments were individual to people's needs and minimised risk whilst promoting people's independence. The service used general risk assessments which assessed environmental hazards and rated the risk as in terms of high, medium, low and insignificant and a time frame for review of these risks. In the files we reviewed we found risk assessments in place for identified risks such as falls, fire, social isolation, poor diet and hydration, skin break down, environmental risks, infection control, and moving and handling. This demonstrated the service was managing known risks to keep people at Sandy Mount safe.

The service employed a total of sixteen permanent staff and recruitment was ongoing to ensure less dependency on agency staff. The regional manager told us they had received a high number of applicants from a recent recruitment drive and they would be involving people using the service during the interview process. People using the service spoke highly of the permanent staff although they were not as complimentary about the agency staff. One person said "So many agency staff. No consistency. They don't seem to be as well trained as the regular carers and tend to stand around whilst the regular carers are running around." The regional manager acknowledged there had been a high use of agency staff but assured us agency staff were always paired up with a permanent member of staff to ensure appropriate care was provided to the people using the service. The recruitment drive once completed would reduce the need for the use of agency staff.

We looked at three staff files and found all necessary recruitment checks had been made to ensure staff suitability to work in the service. This included a Disclosure and Barring Services (DBS) checks, reviews of people's employment history and two references had been received for each person.

As part of our inspection process we checked to see whether people's medicines were managed appropriately. We were aware prior to our inspection there had been several medications errors which had been reported to the Care Quality Commission. We spoke with the registered provider's Quality and Excellence Partner who had undertaken a full review of medicines management at the service and was in the process of undertaking competency checks for all staff to ensure they were competent with the management of medicines. They had also undertaken an review of the weekly audit of medicines undertaken at the service and highlighted issues. An action plan had been drawn up from this to ensure standards continued to improve. We found the policy, and information in people's support plans to be very detailed around the management of medicines which included information to be followed if the person lacked capacity to consent. The information in one of the medicines files which had been reviewed contained detailed information about the person and their medicines profile, what form the medicines were in, a reconciliation record, communication with the GP, consent, risk assessments, what the medicines were prescribed for, and important information and main side effects. There were also detailed administration records. People using the service had locked medicines cabinets in their apartments and depending on their level of assessed needs were supported with medicines from prompting to administration. We found the management of medicines to be safe on the two days of our inspection.

As part of our inspection process we looked to see how the service managed accidents and incidents. The team leader told us all staff inputted any accident onto an electronic system which were investigated by the registered manager. We were shown the electronic system by the Quality Manager who had the overview of accidents and incidents for Sandy Mount. They told us they analysed this monthly and if they identified a theme such as falls, they would analyse this in detail to determine the root cause. We could see also calls that were more than 30 minutes late were reported as an incident (missed call) and investigated. Two people living at the service had been referred to the local Falls Team as a result of the analysis of incidents at the service.

Community equipment such as hoists and slings were provided and serviced through local community equipment service arrangements. The local authority had a contract to service overhead tracking hoists and the regional manager told us they had recently undertaken an audit to ensure they had the up to date details of the required checks and they were in contact with the local authority to ensure these checks were undertaken in a timely manner.

Cleaning was only provided to people at the service if assessed as a need by the local authority. We found an issue with cleanliness with one toilet and commode during our inspection and suggested the cleaning of these were added to the persons support plans to ensure the control of infection was maintained.

Is the service effective?

Our findings

People we spoke with all told us staff had the knowledge and skills to care for them and spoke highly of the permanent staff. One person told us "The permanent staff are well trained and know what they are doing." Another person said "They know what I need done when they come and take me to bed."

The management team told us all new staff completed the Care Certificate to induct them into their caring role. The aim of the Care Certificate is to provide evidence that health or social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. The staff we spoke with told us they had shadowed experienced staff to gain confidence. One member of staff who had recently started working at the service told us they had a four day induction before starting work. This included classroom based training in areas such as medicines management and moving and positioning. Following this they told us they shadowed other staff before being placed on a shift.

We asked the team leader how they ensured agency staff were inducted into the service. They told us they had a grab file for new staff which contained information and emergency contact information. They showed agency staff the fire panel, floor plans and fire safety information. They said agency staff were always paired up with permanent staff to ensure people were not supported by people who they did not know and they were never allowed to manage people's medicines.

Staff told us they had supervision every six to twelve weeks and at their most recent session they had discussed their wellbeing, concerns, how to use the pendant call system, plus whether any people had been complimentary about the care they had received. The team leader told us appraisals were undertaken annually and they had only just started to complete these.

Staff told us they had regular training to enable them to perform in their roles including nationally recognised qualifications in care. Some of the training completed included dementia training and end of life care. Staff attended classroom based training around the management of medicines and completed a workbook following this training plus had three separate assessments of their competencies. The Quality and Excellence partner had recently worked with staff on the management of medicines and had undertaken several days of additional training with staff. These focussed on the medicines management procedures in operation including the correct completion of the medicines administration records, signing the sheets, gaps in recording, and the quality of the information recorded. Staff we spoke with who had received training told us they had learnt from these sessions and one member of staff was due to have their competency assessed on the afternoon of our inspection. The registered manager and the team leader had been trained to be able to undertake medicines competencies. This would ensure staff developed knowledge and skills in this area and were assessed as competent to carry out this aspect of care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The quality manager told us all staff had received training in the Mental Capacity Act 2015 and had access to information to support them. They showed us the recent training they had undertaken with staff which was detailed and comprehensive. They embedded this learning with case study discussions at staff meetings and during supervision.

We asked staff about their understanding of mental capacity and their replies demonstrated they understood their role with people who might lack capacity such as supporting people to make decisions about what to wear and what to eat. One member of staff said "We can assess ourselves whether people have capacity or not on a day to day basis." The team leader told us they had not been involved in undertaking any formal capacity assessments but had been involved with the memory clinic regarding one person who was deemed to have capacity but was making unwise decisions. They described the principles of the Act by telling us "Don't assume they haven't got capacity. They might not have capacity in one area but they might have it in another. It might just be an unwise decision." They were supporting one person who lacked capacity but whose relative made decisions on their behalf. We found the supporting paperwork in relation to this person's Lasting Power of Attorney in their care file. A lasting power of attorney (LPA) is a legal document that lets a person appoint another person to make decisions on a person's behalf.

We saw evidence in the care files we looked at that consent was sought from people using the service. This was reinforced by the people who used the service who told us staff asked permission before commencing care.

The care staff we spoke with told us they encouraged people where possible to eat healthily. They told us they supported one person who was a diabetic. They encouraged the person to eat healthily and recorded what they had offered and what the person had chosen to eat. They also said they left a drink with people on leaving their properties to ensure they encouraged people to remain hydrated. The service had a communal lunch time bistro which was open to people using the service and the community. People who used this facility spoke highly about the quality of the food served. One comment was "It's good quality food. Where else would you get this quality for the price you pay? It would be nice if it was open for every meal."

We found the service was working with other health and social care colleagues to ensure the best outcomes for people. Staff told us they worked with district nurses, GP's, podiatry and the dietician to ensure people were supported to maintain their health. We saw evidence of this in the care files we looked at and from our discussions with people using the service.

The environment was purpose built and designed to be accessible for people with physical and mental health needs. It was maintained to a high standard with the managing agency sharing the office facility, which ensured prompt responses to issues.

Is the service caring?

Our findings

We asked people using the service and a relative whether the staff were caring when providing support. All the people we spoke with commented on the caring nature of the staff. The relative we spoke with said, "The staff were everything and more than I expected when I came here." One person receiving support told us "I am happy here. The carers are really nice. All of them. No fault with any of the carers." One person said "They become like family. They are friendly. Lovely and they chat." Other comments received included "Wonderful", "Marvellous" and "Good carers".

The team leader told us they observed staff interacting with the people they support to ensure the care provided is to the required standard. They told us they undertook formal observations with staff as part of their supervision process.

Care staff told us they encouraged people to be as independent as possible throughout personal care. One care assistant said, "I will always encourage people to do things themselves like washing their own face." Another member of staff described how one person had lost confidence in their ability to stand and walk and how staff encouraged this person to build their confidence. They said this approach had worked and this person was now able to manage to transfer themselves on most occasions without support.

People told us staff always respected their privacy and dignity and treated them with respect. One person said "They make sure the doors are closed when I am using the toilet or getting dressed. They make sure I have privacy. That's what I like about them. They never leave anything on show. They make sure I'm dressed properly and everything is as it should be." Staff told us they always respected people's privacy and dignity such as ensuring people were covered by a towel during personal care, keeping the door shut and the curtains closed. One member of staff said "Explain what you are doing, ask permission, put a towel over their knees, talk to them and ask them if they want to do certain bits themselves."

The team leader told us they supported people who wished to stay at home at the end of their lives. They had recently been involved with a person who had reached this stage in their life and they had been involved in drawing up a support plan. They said the district nursing service had praised the way the support had been delivered.

Is the service responsive?

Our findings

People told us they received care that met their needs, choices and preferences. We were told by the team leader that the local authority social care worker usually completed the initial assessment (person led assessment) which included how many hours or minutes of support was required for each task and whether care was to be provided by one or two care staff. There was always a contingency arrangement if people's needs changed and they required additional support. Following this initial assessment, the service worked with the person supported to draw up a support plan which took account of their needs and preferences. Staff told us they ensured information in care plans was correct and they would inform the team leader immediately if people's needs changed or they required a review of their care. One staff member said "We make sure all the information is correct. If it's not we take it straight down to the team leader and [name] updates it."

The staff we spoke with had a good awareness of the support needs and preferences of people who used the service. They were able to describe to us how they ensured people had a choice in how care was delivered. To confirm this we asked people using the service whether they had choice in the way the service was delivered to them and at the time they wanted the care to be provided. One person told us "They asked me when I first moved in how I like things done. They've asked me if I don't mind getting up early or whether I'd change times for this and that, to keep the battleship running. I've said it's alright with me."

Staff told us that although they were not involved in compiling support plans they were involved in working with people to complete one page profiles to ensure they are reflective of the person. A One Page Profile captures all the important information about a person on a single sheet of paper under three simple headings: what people appreciate about me, what's important to me and how best to support me. They told us each care worker was responsible for two person's care files to ensure it was constantly updated to reflect people's needs. They told us the team leader completed the risk assessments but there were plans in place for the care staff to be trained to complete risk assessments. This showed us the service were involving care staff who knew people they supported well in devising plans which reflected how people were to be supported.

We looked at three care plans as part of our inspection. Care plans contained detailed information to enable staff to deliver person centred care in areas such as nutrition, medication, mobility, personal care and emotional and social needs. The moving and handling care plans contained step by step instructions for staff to follow and were of a high standard. Staff completed a daily log of tasks for each person. We found this information was task focussed with a tick box for staff to confirm that they had completed the task. This information often lacked the detail of the personalised care people told us they received and did not reflect the daily choices made by people using the service. For people whose mobility varied on a day to day basis these lacked the evidence to support how they had been moved on that day. However, it was a record of the tasks staff had undertaken and we were told by the management team, this form was to demonstrate to the local authority that the service was fulfilling its contractual obligations. They told us they would consider requesting staff to complete these records to demonstrate outcomes achieved and reflective of the personalised care provided by staff.

The extra care facility acted as a community hub in the area and community organisations ran groups which people living at Sandy Mount could attend, such as exercise groups. There was a part time activities coordinator at the service and a tenants committee determined what activities they would like to be held.

The service had a complaints procedure which was visible in the building. People were given a copy of the complaints procedure in their tenants' handbook, when they started using the service. There was a comments book at the entrance to the building. We reviewed comments in this book and the negative comments related to people parking in the disabled parking bays without relevant authorisation. Not all comments had been countersigned that they had been read or the outcome, but the service was able to demonstrate issues had been acknowledged and actioned where appropriate.

We asked people using the service if they knew how to complain about the service. People told us they knew who to speak to if they had any concerns and said they would go to the team leader or the registered manager although no one had any recent complaints. The only negative comments we received during the inspection related to the high use of agency staff which was being addressed through a recruitment drive.

When asked about complaints one person told us "I had to complain once to [name of registered manager] about the night staff." They explained how the registered manager had resolved the complaint to a satisfactory outcome. Another person said "If I want anything I go to [team leader's name]. I know it's going to be done or seen to. I have never had to make a complaint, but I would go to [team leader] if I had any complaints." The Quality and Excellence Partner told us notifications about complaints were received by them electronically and they sought feedback from the complainant within a month. If the complainant was not happy about the outcome, the investigation was reopened. This showed us the service had an effective system in place for dealing with complaints and ensuring the complainant was listened to and an outcome was achieved to the satisfaction of the complainant.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post who had been working at the service since it opened in 2014. They were absent at the time of our inspection. The two Quality and Excellence Partners, the regional manager, and the team leader were all present on both days of our inspection and were able to explain to us how they were each involved in assessing and monitoring the quality of the service provided at Sandy Mount.

The registered provider had undertaken a review of the eight extra care facilities in their portfolio of services in March 2016. The Quality and Excellence Partners told us this extra care report looked at key issues and systems. The registered provider had measured and monitored the service and utilised the Quality and Excellence partners where necessary to drive up improvements. The effects of this investment were evident at Sandy Mount. An example of this was around medicines management and how processes had been put in place to raise standards including a comprehensive competency assessment process for staff, a detailed policy and engagement of staff.

One of the Quality and Excellence Partners had been responsible for quality and excellence at Sandy Mount since March 2016. They had benchmarked the service to measure how the service was working against the organisations requirements. They had identified areas which required improvement and were working on ensuring all processes were followed to ensure a high standard of service provision. They said services were audited on a risk scale from a central data set and the amount of input at a service was dependent on the risk score. They sent us a copy of the quality assessment tool they would be completing which was comprehensive and covered specific areas such as medication, safeguarding, MCA Deprivation of Liberty Safeguards, leadership and staffing, and overall quality. They told us the registered provider had employed an external quality inspector who had inspected the service and they were measuring the service in relation to meeting its regulatory requirements. By having both internal and external audits in place evidenced the registered provider was effectively assessing and monitoring the quality of the service provided to people at Sandy Mount.

The regional manager told us they completed a regional manager audit. Individual audits were carried out at the service such as care plan audits, medication audits and pendant call audits. They told us they had seen an improvement in the service since March/April 2016 including "The atmosphere and better feedback." The service had comprehensive policies and procedures in place for all areas and we were told the registered provider was in the process of reviewing and updating these. The team leader told us the service was due to have an electronic shift scheduler introduced which would improve the process of scheduling staff rotas. They were also looking at improving the completion of paperwork by staff by scheduling in 10 minutes at the end of each shift to ensure staff had time to complete paperwork.

The team leader described the culture at the service as open, honest, friendly with good team working. They told us the registered manager had an open door policy where staff were encouraged to raise concerns. Staff told us they enjoyed working at the service. One person said "It's very friendly with good team working." When asked about the vision of the service one member of staff said "Make people more independent. Give

the highest level of care and support."

The registered provider carried out its own quality assessment of the service through stakeholder, relative and client questionnaires. The Quality and Excellence Partners told us these had been returned and analysed and the report was due to be compiled. The partner told us they had visited people in their flats and all the people spoke highly of the organisation. We were told an additional in-house survey had been completed to gain a more local perspective about the service. However, in the absence of the registered manager, the results of these could not be found. This showed us the people who used the service, their representatives and staff were asked for their views about their care.

The Quality and Excellence Partners told us they were encouraging good practice through nationally recognised guidance. For example, they had advised all managers to download a smart phone app from NHS England to help make decisions around mental capacity. They were working on introducing a tool to help observe and identify distress cues in people who have severely limited communication because of cognitive impairment or physical illness. The management told us the service received information on a monthly basis from the Quality Team to ensure best practice and information relating to MHRA (Medicines and Healthcare products Regulatory Agency) field safety notices came from the Clinical Governance Team.

Staff meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people using the service. We were shown the minutes of two recent meetings which involved discussions about a system of rating pendant alarm calls according to risk, Mental Capacity Act, Deprivation of Liberty Safeguards and the principles of the Act, medication management, bed rails entrapment risk and documentation and recording. These showed us the registered provider was utilising staff meetings to monitor and improve the service it provided.

The service worked in partnership with the local authority and with the property management agency. Tenants meetings were held regularly and organised by the local authority and people told us they had attended these meetings. This demonstrated the service had systems in place to listen and act on the views of the people living at Sandy Mount.