

# The Council of St Monica Trust

# Care and Support Service

# Sandford Station

## Inspection report

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## Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

We undertook an announced inspection of Care and Support Services – Sandford Station on 3 November 2015. When the service was last inspected in February 2014 there were no breaches of the legal requirements identified.

Care and Support Service – Sandford Station provides personal care to people living in privately owned or privately rented apartments within the provider's

retirement community site. The service also supports people nominated by North Somerset Council. All of the people at the service have 24 hour access to staff in the event of an emergency. People who lived within the retirement community have access to facilities such as a swimming pool, gym, a small shop, a hairdressing salon as well as a restaurant area. At the time of our inspection the service was providing personal care to 29 people.

# Summary of findings

A registered manager was in post at the time of 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.

People felt safe and were well cared for by the staff team. One person described the service as, "Being part of a big family." People said their scheduled care appointments were completed as agreed and where they needed support they received their medicines on time. We saw that medicines records were completed accurately and audits were effective.

Staff knew how to identify and respond to suspected abuse and the provider had appropriate policies to guide and support staff. There were processes in place to ensure that staff recruitment was safe and completed in accordance with legal requirements. Reported incidents and accidents were reviewed and people benefited from a daily reporting system that allowed them to inform the service they were safe.

Staff received appropriate training to deliver effective care and people commented they received personal care from well trained staff. The provider had an induction for

new staff aligned to the care certificate and staff received support through supervision and appraisal. People told us that although they accessed their own GP, they felt assured staff would support them if required.

People told us the staff at the service were caring and said they had a good relationship with staff. We made observations of positive interactions between staff and the people they supported. The service had received numerous compliments from people and their relatives about the care and support provided. Staff understood the people they supported well.

People felt the service was responsive. People gave examples of when the service had been responsive to their changing care needs through the short term increase in care and support. People's care needs were reviewed and people were involved in their care planning and reviews. The provider's complaints procedure had been followed when required and issues at the service were resolved quickly.

People understood the management structure at the service and said the current retirement community manager was friendly and approachable. Staff spoke very positively about the management at the service and told us they enjoyed their role and said there was a good team ethos. There were systems that monitored the quality of service provided to people, and key messages were communicated to staff and people who received care.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People felt safe their care appointments were completed as scheduled.

Staff could identify and respond to suspected abuse.

There were sufficient staff on duty to meet people's needs and recruitment procedures were safe.

People were supported with their medicines where required.

Good



### Is the service effective?

The service was effective.

People were appropriately trained to deliver effective care.

Staff understood the Mental Capacity Act 2005 and how the principles of the Act applied to their role.

Staff received regular supervision and appraisal and inductions were aligned to the Care Certificate.

People could assess healthcare professionals if required.

Good



### Is the service caring?

The service was caring.

The service had received a number of compliments about the care and support the service provided.

Staff knew the people they supported well.

People spoke of positive relationships with caring staff.

People's privacy and dignity was respected staff communicated with people positively.

Good



### Is the service responsive?

The service was responsive to people's needs.

People's care records were personalised and people were supported to maintain their independence.

People made choices about the level of support they received.

The service was responsive when people's relatives required support and information.

The provider had a complaints procedure and people felt able to complain.

Good



### Is the service well-led?

The service was well-led.

People understood the management structure of the service.

Staff were supported by the management team and spoke of job satisfaction and enjoyment.

There were systems to communicate key messages to staff.

Good



# Summary of findings

There were systems to monitor the quality or service delivered by staff.	
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# Care and Support Service Sandford Station

## 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.

The inspection took place on 3 November 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure senior staff would be available in the office to assist with the inspection.

This inspection was carried out by two inspectors. The last inspection of this service was in February 2014 and there were no breaches of the legal requirements identified.

Before the inspection the provider completed 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 the improvements they plan to make. We reviewed the information in the PIR and information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

On the day of the inspection we spoke with four people and the relatives of four people. We also spoke with the registered manager and five care and support staff. We looked at five people's care and support records.

We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

# Is the service safe?

## Our findings

People said they felt safe and commented they knew support was always available and felt reassured by this. People and their relatives made positive comments about the staff saying they are kind and helpful and felt their needs were met. One person we spoke with told us, “This is a lovely place to be, I feel safe.” Another person commented, “It’s like part being part of a big family.”

There were adequate systems in place to ensure that people received their medicines safely. People’s current medicines were recorded in their care records. Where assessed as safe to do so, some people self-medicated and did not require any assistance from staff. People we spoke to said their medicines arrived on time and they received them when they needed them. Medication audits were in operation and these audits had been effective. We saw they had identified errors such as unclear recording or staff signatures missing from the records. The service was currently moving to a new medication system which aimed to rectify some of the issues highlighted in the audits.

The provider had arrangements to respond to actual or suspected abuse. There were specified policies for safeguarding and whistleblowing. Staff told us they had completed safeguarding training and understood the concept of whistleblowing. Staff were able to explain the reporting procedures for safeguarding concerns to both senior management in the service and external agencies. These examples included the Commission and the local safeguarding team. We reviewed current records on any safeguarding incidents that identified the action taken and the subsequent outcome. There was a system in operation that ensured the provider communicated safeguarding incidents between senior management to learn from specific events.

There were systems to help people to live safely. Each person was required to use the ‘I’m OK’ telephone system. This was a daily service where people used a telephone within their own home to press a button which notified the service that they were OK by a specified time every day. If the person did not register that day, the ‘I’m OK’ system alerted the relevant people which allowed the person to be called on the telephone or a member of staff could attend the person’s home to establish if the person was safe and well.

Individual risk assessments were in place which detailed any current risks both in the delivering of personal care and risks within the person’s living environment. Where a person required assistance with their mobility, specific guidance and details were in place to identify the equipment needed and how it was to be used. For example, within one person’s record it showed what type of hoist the person used, what sling they needed and what adjustable sizes and settings the straps needed to be set at to support the person safely. There was also picture guidance for staff to follow that showed a picture of the sling and which parts of the sling to use. This reduced the risk of unsafe or inappropriate care.

New staff were appointed following the completion of safe recruitment processes. Prospective members of staff completed an application form with their previous employment history. An enhanced Disclosure and Barring Service (DBS) check had been completed that ensured people barred from working with certain groups such as vulnerable adults would be identified. Previous employment and character references had been obtained and verification of the staff member’s identity had been obtained through photographic and documentary submissions.

The provider had appropriate staffing levels to ensure people’s needs were met. The staff team comprised of a set number of staff. There was a team of dedicated bank staff who were used to cover sickness, holiday and any shortfalls. This meant that staff had a good knowledge of the people they delivered care to and positive relationships between people that use the staff could be developed. People commented that their scheduled appointments were kept to and were on time. One person commented that the only time an appointment was delayed was if there was an understandable emergency for someone else in the service. People also commented that there was flexibility within the service to have additional support when needed and the staff team would adapt to this to meet their needs.

Reported incidents and accidents were reviewed to establish any patterns or trends. The aim of this process was to reduce people’s risks of harm through falls risk management and intervention if required. There was a system whereby all reported incidents and accidents were evaluated by a dedicated team within the provider’s staff

## Is the service safe?

and the results were returned to the relevant people. In addition to this, there was a system to review 'near misses' which also allowed the service to identify any action required in order to prevent a future incident.

# Is the service effective?

## Our findings

People felt they were supported by well trained staff which had a positive effect on the level and standard of care they received. One person we spoke with told us, “The staff team work very well together.” Another person said, “Staff are very good, they are kind and helpful.” During a conversation with one person who was very complimentary about the staff, they commented, “The carers are wonderful, we are very well looked after.”

New staff employed at the service received an induction to ensure they could provide effective care. Staff completed a three day induction period. This was followed by a period of shadowing senior staff and then being monitored by senior staff to ensure they were competent at their role. The induction included training in subjects such as moving and handling, safeguarding, equality and diversity and infection control. Staff received information about the provider’s missions and values they were expected to work in line with. One member of staff we spoke with told the induction was thorough and helpful.

The provider had recently implemented the new Care Certificate as their induction process. This was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. Some staff at the service had completed training to enable them to be an assessor of new staff undertaking the care certificate induction process.

Staff told us they felt they received sufficient training from the provider to support them in delivering effective care. The training records showed that essential training was completed in subjects such as emergency first aid, the principles of safeguarding and adult protection and fire safety. Additional training to meet the needs of people who received care such as dementia training, communication, dignity and respect and person centred care was completed.

The provider had introduced a system that ensured staff received regular updates in training. A ‘Mandatory Update

Day’ had been introduced to give staff the opportunity to complete a full day of update training in specific subjects. This helped to ensure staff were regularly updated in current best practice and legislation if required. These training days included subjects such as health and safety, first aid, moving and handling, safeguarding, the Mental Capacity Act 2005 and equality and diversity.

Staff received regular performance supervision and appraisal. Staff felt supported through this process and told us it gave them the opportunity to discuss their performance with the registered manager or senior staff. Staff received supervision every three months and annually completed an end of year review document that incorporated a personal training and development plan for the following year.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). Staff told us they received training in the MCA and training records supported this. Staff told us that some people they supported were living with a dementia type illness, and that their capacity could at times fluctuate at times. Staff explained how they gave people choices when assisting them with personal care, and ensured they were supported in line with their wishes.

People had access to their own GP and appointments were generally arranged privately by people or their relatives. Some people also received support from the district nursing team for different health and medical conditions and this was arranged privately. People said that although most of their health needs were arranged privately, they would feel confident approaching the staff for assistance if required. One person commented, “No-one [staff] intrudes upon us but support is there if we need it.”

People we spoke with prepared their own meals within their private accommodation. Staff told us how some people were supported with the preparation of smaller snacks such as sandwiches but told us in the main they did not support people with their nutritional needs. At the time of our inspection no-one was at risk of malnutrition or receiving specialist healthcare input for weight management. There was a restaurant within the retirement village that people spoke highly of and staff told us how this restaurant could also be used as a ‘take away’ service.



# Is the service caring?

## Our findings

People were positive about the staff and the management at the service. They told us that staff met their needs in a caring and personal way and said the management always listened to them if they had any concerns. People did not raise any concerns about their relationships with staff and all of the feedback we received was positive. One person we spoke with said, “Staff are very good.” Another commented on the Retirement Community Manager [responsible for day to day running of the service] and said, “If the Manager says he is going to do something, he does, he is very reliable, he does not commit to something he cannot deliver.”

People’s privacy and dignity was respected. People said they were spoken with in a polite, friendly and respectful manner by staff and we made observations of this in the communal areas of the service. People would be acknowledged by staff, and the staff clearly knew people well addressing them by their first name or in a more formal manner if that was what people preferred. One person when we asked about the service told us, “This is a super place, truly wonderful.”

During our discussions with staff it was apparent they knew the people they cared for and supported well. When asked,

staff were able to detail people’s individual care and support needs, what their preferred routines were. Staff were able to explain how some people’s support levels changed frequently, and that on some day’s people would require more support than on other days. They told us this could be due to illness, tiredness or their mental state but staff said they always encouraged and supported people with their independence. People said that staff knew them well and that they had good relationships with them. People commented that the care they received was in line with the needs and wishes.

We reviewed the compliments log maintained at the service which showed the positive feedback people and their relatives had given about the service and the staff. We reviewed a selection of the 15 compliments the service had received in 2015. One person’s relative wrote, “just to say a massive thank you for all the help and care you put in place for my parents. I can’t believe how relieved I was to know they had all the support they needed.”

Another comment from a person’s relative read, “Thank you for all the help and support you have given over the years. You have helped him be the happy, cheerful person he has been.” One person who used to receive care and support from staff at the service wrote, “Many thanks for all of your help during my time at Sandford.”

# Is the service responsive?

## Our findings

People's care needs were met. All of the people we spoke with and their relatives commented positively about how their needs were met. People gave examples of how the service had been responsive in meeting their care needs, for example in increasing and decreasing care packages when appropriate. People also commented on how the service had responded by arranging social events with specific themes such as a 'pub night'. The Retirement Community Manager explained how this had been a success.

People's care records were personalised and demonstrated people's involvement in producing a care package. The information about people's preferences was detailed, giving information for staff about how care should be delivered. For example, within people's care records there was fine detail about how people preferred to receive their assessed care needs. Records contained information such as the type of drink people preferred left by their bed each night, or if people only wanted assistance with washing certain parts of their body as the person wanted to be as independent as possible. This meant that people were able to choose to receive care in a way that was individual to them. The Retirement Community Manager told us that care needs were reviewed every six months or earlier if a change in people's needs was identified.

Care records showed additional information about people to aid staff in supporting and communicating with people. Some people's care and support records had a 'This is Me' record that included information about a person's life

history. This helped staff to know about the people they were supporting to aid communication. The registered manager told us that the service were currently in the process of completing information about people on an 'Autobiography' document where it was considered more appropriate.

The service had been responsive to the needs of people and their relative. We saw an excellent example of how the service had created a support group for people and their relatives where the need was identified. The Retirement Community Manager explained how a relative of somebody had approached the service and explained they wanted information and support on how to understand and care for a person living with dementia. They told the service they had no idea where to obtain such support. As a result, and in conjunction with a manager accredited in dementia care from the retirement village, a support group has since been set up. The first meeting was held in September 2015 and the service now aimed to increase awareness of the group amongst other relatives.

The provider had a complaints procedure that outlined how complaints would be addressed. People told us they knew how to complain and felt confident in raising issues within the service. One person we spoke with commented that they knew who the Retirement Community Manager was and felt confident that if they had an issue it would get dealt with appropriately. We reviewed the complaints log at the service that showed and found these complaints had been addressed in accordance with the provider's procedure.

# Is the service well-led?

## Our findings

People understood the structure within the service and were aware of who to speak with if they had a concern. The retirement community manager, who was responsible for the day to day running of the service, was currently going through the process to register as a manager with the Commission. We received a very high level of positive feedback about this person from people and their relatives. One person commented, “The Manager is brilliant.” Another person told us, “The Manager has been a good addition, he ensures things get done.”

Staff felt supported by the registered manager and senior management team. Staff told us they felt the service was well led and spoke positively of their employment. All of the comments we received about the retirement community manager were positive. One member of staff said, “I’m listened to a lot, if I knock on the door I’m always invited in.” Another member of staff told us the Retirement Community Manager was very approachable and said, “[retirement community manager’s name] always listens to what we have to say.” This showed an open approach to leadership drawing on the ideas and suggestions of staff.

All staff said there was a good team spirit and approach to working. All told us they felt the service had a good team attitude and that the staff worked together to ensure people received a high quality of service. One member of staff told us, “The team is really good, always offering to help each other. We support one another throughout the day. I enjoy working here.” Another staff member commented, “It’s nice working in a team, it’s what I enjoy.”

People’s care needs and any associated risks were discussed regularly to ensure that any identified concerns were shared. A weekly team brief was completed by senior management at the service where matters such as any recent falls, any hospital admissions, if people were unwell or if their relatives were away were discussed. This ensured that key information was shared between the management and this information was then communicated to staff to ensure issues that may have an impact on people’s health and welfare were known.

The retirement community manager ensured they communicated key issues within the service to staff. Staff meetings were held periodically. We saw from the notes available from previous meetings that matters such as the

new medicines recording system, policies, The Care Act, staff shifts and inspections by the Commission were discussed. In addition to these staff meetings, additional meetings between senior management were held. These discussed matters such as new electronic care planning system, quality assurance visits, pay structures and updates from the provider’s head of care. Additional meetings were also held that discussed the environment and facilities at the service.

There were systems to monitor the quality of service provided. For example, trustee assurance visits were undertaken every six months. This involved a member of the board of trustees attending the service and reviewing the service against the five key questions the service is inspected against by the Commission. This involved speaking with people who receive care, staff and undertaking observations. Recent visits had reported positive feedback. The retirement community manager also held meetings with people at the service. These discussed the standard of care delivery, social activities, the facilities, the 2016 budget and the role of the Commission.

There was a system to audit areas of the service that may have an impact on the safety of people who received personal care. There was a dedicated staff team that completed regular and robust audits that monitored the environment and associated health and safety risks. In addition to this, the service had systems to audit people’s medicines records and care records.

The retirement community manager, who was in the process of replacing the current registered manager, told us they were well supported by the provider. They explained how they had received the required level of support with training and told how they were currently completing a higher level diploma funded by the provider. This diploma was in Health and Social Care and was being completed in order for them to have sufficient knowledge to assume the post of registered manager.

The retirement community manager demonstrated they understood their legal requirements in relation to submitting notifications to the Commission and a review of our systems showed that notifications had been received as required. The Provider Information Return (PIR) had been completed by the retirement community manager and returned within the specified time frame.