

Community Homes of Intensive Care and Education Limited







Sandsground

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?	Requires improvement		
Is the service effective?	Requires improvement		
Is the service caring?	Good		
Is the service responsive?	Good		
Is the service well-led?	Good		

Overall summary

We inspected Sandsground on the 2 September 2015. Sandsground is a small care home offering accommodation and support to people with learning disabilities. There were three people being supported by the service on the day of our inspection. This was an unannounced inspection. This service was last inspected in August 2014 and was meeting all of the required standards.

There was a registered manager in post at the service. 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.

The service had risk assessments in place that supported clear support plans. However there was an occasion

Summary of findings

when risks identified had not been risk assessed in relation to pressure care. Action in relation to incidents and accidents was not always documented in a way that prevented future incidents.

Medicines were managed appropriately and administered in line with the prescription guidelines. Staffing levels appropriately met the needs of the people who used the service and was adequate to cover sickness and absence.

The service was focused on adhering to the principles of the Mental Capacity Act (MCA) 2005. The MCA is the legal framework that protects people's right to make their own specific decisions at a specific time. The service were using generic assessments with regard to assessing people's capacity. However people were being supported using the appropriate best interest process and staff we spoke with understood the principles of the MCA. Deprivation of liberty safeguards (DoLS) applications had been applied for appropriately and was kept under reviews. DoLS are in place to ensure that people's freedom is not unlawfully restricted.

Staff felt supported and were given adequate training and opportunities to develop professionally. Staff received regular supervision and appraisal to reflect on their practise and identify areas for development.

People benefited from a caring culture that involved people in decisions relating to their own care. We observed a number of caring and warm interactions and relatives we spoke with also told us the culture within the home was respectful and caring. The service also adapted to ensure people were supported in line with their own preferences regarding end of life care.

People were supported within a person centred culture that respected their wishes and preferences and identified goals and aspirations. People had access to activities that interested them and were supported to attend activities they enjoyed. There was an effective system in place to manage complaints and concerns.

The service was described by everyone we spoke with as 'well led'. There was an effective system in place to monitor the quality and safety of the service and the culture within the home amongst the staff team was described as caring and supportive. This was acknowledged, when the service received an award from the provider for having the best staff retention record out of all the services.

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, but required improvement.

Support plans identified how staff should manage risks to people's health and welfare. However some risks were not updated in a timely way.

Action with regard to incidents and accidents was not always documented in a way that would prevent future incidents occurring.

There were safe arrangement in place for the storage and administration of medicines.

There were sufficient numbers of suitably qualified staff to safely meet people's needs. Staffing levels were consistently maintained.

Requires improvement



Is the service effective?

The service as not always effective.

There was not a full understanding of the principles of the MCA within the service and assessment of capacity was not always adhering to the statutory code of practise.

Staff felt supported and received regular supervision and appraisal.

Care staff had a good knowledge and understanding of people's needs and were given appropriate training to meet those needs.

Requires improvement



Is the service caring?

The service was caring.

People and their relatives described staff as caring.

People's privacy and dignity were respected at all times.

People were involved in decisions about their care and were provided with clear and accessible information when they first entered the home.

Good



Is the service responsive?

The service was responsive.

Peoples benefited from a culture that understood the importance of person centred care.

People's needs were continually assessed and the service responded when their care needs changed with the support of appropriate professionals.

People had access to activities and opportunity to access the community.

Good



Summary of findings

Is the service well-led?

The service was well led.

The service monitored the quality and safety of the service.

The registered manager was approachable, open and committed to the people using the service and had a clear vision.

Care staff felt the service was well led and that the manager was inclusive and took their views on board.

Good



Sandsground

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 checked whether the provider was 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 the 2 September 2015 and it was unannounced. The inspection team consisted of two inspectors.

At the time of the inspection there were three people being supported by the service. We spoke with one person who was using the service and conducted a SOFI observation. A SOFI is a short observation framework designed for inspection so we can observe the experiences of people who cannot communicate with us verbally. We spoke with two care staff, a senior carer, the deputy manager and the registered manager. We also spoke with two people's relatives and a professional who knows the service. We reviewed three people's care files, records relating to staff supervision, training, and the general management of the home.

Is the service safe?

Our findings

People had risk assessments in place to ensure risks in relation to their needs could be managed safely. For example where one person had mobility issues there was a risk assessment in place with guidance for staff. Staff understood this guidance and we observed staff following this guidance throughout the day. However, we observed that for one person identified risks had not been included in their risk assessments. It was identified that this person was at risk of pressure sores. We raised this with the registered manager who took immediate action to rectify the issue. We also identified that this person's risk assessment stated they should never be left alone. However during the course of our formal observations we identified a number of occasions where this person was alone. We raised this with a staff member who told us that this person wanted their space and they were now doing regular observations. The registered manager confirmed this approach and took immediate action to update the risk assessment.

We also found that due to a restructuring of the filling system it was not always easy to identify how risks in relation to people's needs would be easily identified by staff. We discussed this with the registered manager who informed us the provider is standardising the paperwork across its services and it didn't always work for the complexity of the people this service supported. The manager told us they would raise this issue with their manager.

Staff we spoke with told us that the amount of paperwork now involved in people care files did make it harder to ensure support plans were easily referenced to risk assessments. Comments included, "It was working fine before, I'm not sure why it's changed, it was an area of strength at the last inspection" and "The system was working, you can't always make things the same for each service, because services are different". It was clear that both the manager and staff were also finding it hard to find specific information we were requesting.

We found that incidents and accidents were recorded and reviewed and some actions had been taken to prevent future incidents occurring. For example we reviewed an accident record where a person had banged their head in their room. We were informed this person's risk assessment

was updated as the review identified the issue may have in fact been a side effect of medication. However, other incidents we reviewed did not clearly show action taken to prevent further incidents.

People and their relatives told us the service was safe. One person told us, "Very safe" and was nodding and smiling. We observed other people were observed respectively to ensure they had freedom to move around but staff were able to respond quickly if needed. One relative told us, "I think people are very safe, no concerns at all".

Staff we spoke with had a good understanding of safeguarding, what constitutes abuse and what to do in the event of suspecting abuse. We also found that alerts were being raised appropriately by the service. Procedures for safeguarding were on display.

Medicines were managed appropriately. We observed medicines being administered by two people who checked stock levels and both signed to say that medicines had been administered. We saw the service had PRN protocols for 'as need' medication. Medicines stored within the service were in date and clearly labelled on the medicine administration record (MAR). Medicines were checked weekly and any concerns were raised with the manager if needed. Medicine keys were kept with a designated person as required by the NMC (National Midwifery Council).

There were sufficient staff to support people safely. Each person had a member of staff available to them and due to numbers in the wider team, sickness and absence could be covered when needed. Staff told us there was never an issue with staff. Comments included, "There are plenty of staff we are lucky really" and "The team cover each other and there are loads of us, always enough". One relative we spoke with confirmed that when they visited at unexpected times there were always enough staff. Staff rotas also reflected that staffing levels were adequate.

The service followed safe recruitment practices. We looked at five staff files that included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records were also seen which confirmed that staff members were entitled to work in the UK.

Is the service effective?

Our findings

Staff within the service had a good understating of the mental capacity act (MCA). We also saw visual reminders around the service of the five key principles in relation to this act. Staff had received training regarding mental capacity. However, we found there were not always assessments in place for certain decisions being made for people. We found the broad mental capacity assessments had been conducted as part of the service correctly following the process with regard to deprivation of liberty, but no further assessments had been done in relation to the management of peoples finances or general day to day decision that may need to be made for people.

People's relatives felt staff were effective. Comments included, "The staff are excellent, they know what they are doing" and "Very knowledgeable, the way they have adapted to [relative] needs has been astounding". The comments reflected our observations. We observed people being supported by people who understood them and were skilful in there interactions with them. For example, one person who became anxious by our presence was supported to settle, ensuring they were included in what was happening but from a distance they felt comfortable. We spoke with staff who had a good knowledge of people's needs and were committed to learning more. Comments included, "We all have a good understanding of what people need and if we don't we ask questions, to the manager and professionals" and "We do whatever we need to understand how to best support people".

Staff we spoke with felt supported. Comments included, "The support is great, we're a close team and support each other" and "I get as much support as I need and also happy to offer it when needed". Whilst staff felt supported we did not always see this support reflected in staff's formal support through supervision and appraisal. Supervision is a space for staff to discuss and improve their practise, raise

issues and access the support required to fulfil their role in a formal space. An appraisal is an annual meeting where objectives for the year are discussed and performance for the previous year is reviewed. These processes support staff to reflect on their work to benefit themselves and the people they support. Staffs supervision notes often lacked detail to evidence what support they received and how their performance was being reviewed. We raised this with the manager who agreed the quality of supervision recording could be improved and felt that as a team, support occurred through day to day interaction. This often left little to discuss in supervision.

Staff we spoke with felt they received adequate training. Comments included, "The training is very regular here, we could do more class based, but it's good" and "There is always lots of training we could do". We saw staff undertook mandatory training such as fire safety, first aid, and infection control. Staff told us they had received periodic renewals of mandatory training. Staff were also encouraged to take further professional qualifications. One staff member we spoke with had just completed their Level 3 qualification in Health and social care, another staff member had also been encouraged to register for the level 5 qualification. The deputy manager also attended the providers training academy. This was set up to develop staff internally who wished to further their career in care.

People benefited from a varied and balanced diet of their choosing. On the day of our inspection food was being prepared and contained fresh vegetables. People who had specific dietary requirements had these documented in their support plans. People had access to appropriate professionals as and when required. People were supported to attend GP appointments and visits to the dentists. The service also accessed support of other professionals such as speech and language (SALT) and district nurses when required.

Is the service caring?

Our findings

People and relatives we spoke with felt staff were caring. Comments included, “Very caring”, “The same support [relative] wonderfully, they are superb” and “The care is wonderful, each and every one of them are excellent”. We also observed a number of caring interactions during our observations. For example, we saw one person being supported to have lunch, laughing and smiling in response to staff interaction and attention. This lunchtime experience was also enjoyed by the other people using the service. Staff sat around the dining room table with people and talked about the day and plans for the evening. There was a pleasant atmosphere throughout the house.

Staff we spoke with clearly cared about the people they supported. Comments included, “It’s like coming from one family to another, I love them all”, “I’d do anything to make sure these guys are ok, they are the most important things here” and “I respect them like my own family, they get all the care in the world”. People clearly valued their relationships with the staff supporting them. We observed people were comfortable in the presence of their staff, visibly pleased at certain times and eager to be near them. The service was undergoing maintenance at the time of our inspection which meant that there were a lot of

people and loud noises through the day. However, despite these being known triggers for anxiety some of the people in the home they had adjusted well to the noise and were very relaxed on the day of our inspection. One relative told us, “The way people have managed all this disruption is incredible and shows how much care they receive”.

The service had adapted to the need of one person who was on end of life care. This person had all of their preferred arrangements in place and remained supported by the home despite a short stay in a hospice. This person’s relative told us, “The professionals could see how much their support team meant to them, so let them go home”. We experienced the care each member of staff had for this person to be extremely warm and the support plans in place respected this person’s wishes and had their full involvement.

Due to the complexity of some of the people’s needs they could not always communicate verbally. However people’s support plans identified their preferred means of communication and staff had the skills to understand and respond to that communication. For example, one person made certain noises and hand gestures when anxious. We observed a staff member identify this communication and reassured the person through soft touch and verbal reassurance. This approach was documented in the person’s support plan.

Is the service responsive?

Our findings

People and professionals we spoke with felt the service was responsive. One person told us, “They keep an eye on me and do what they need to”. Professionals we spoke with spoke highly of staff responsiveness. Comments included, “Each person is understood and staff know what to do if people aren’t well or need additional support” and “Staff are very responsive, not just to people but to recommendation’s we have”. One person’s relative told us, “The way they have responded to [relative] has meant the world to [relative].

People planned their own time with the support of staff. They chose what they wanted to wear and were also actively involved in furnishing their own home. However the documentation with people support files had changed since our last inspection. The service used a ‘living the life’ framework for each service user. This framework is to ensure the appropriate records are in place to ensure peoples wishes and preferences regarding their life were captured to support a person centre culture. However, this had been removed from people support files. We spoke with the manager about this and she agreed that the documents were important and should be within the files to ensure each file remained person centred to reflect their day to day practise as they had been. We have been informed since the inspection that these documents have always been separate to the main file.

People’s needs were assessed and these assessments were used to develop support plans. The support plans were regularly reviewed and when people’s needs changed the service responded. For example, when one person’s risk of choking had increased the service involved the speech and language therapist to ensure guidelines were in place to keep this person safe. We saw these guidelines being followed on the day of our inspection.

People and staff told us about a range of activities in which people were engaged. For example one person enjoyed going horse riding, and another person enjoyed attending day centres. People also enjoyed going for drives in the car and going into the local towns. We saw that staff responsible for medicines had worked with the appropriate professionals to adapt one person’s medicines to ensure they could go out for longer activities and not be restricted by having to return to the house.

There was a system in place to manage concerns and complaints. However there had not been any complaints or concerns since our last inspection. We discussed this with the manager who told us they valued resolving issues before they escalated to the formal complaint process. We did see one relative had raised concerns regarding the ongoing building work to create another bedroom; however this concern was managed well. We also spoke with this relative who told us they “were very happy with how the maintenance was being managed”.

Is the service well-led?

Our findings

People relatives felt the service was well led. Comments included, “Yes the service has good management, they communicate well and everyone seems happy” and “the leadership seems very good”, Staff we spoke with also felt the service was well led. Comments included, “Good manager, supports the team and cares about the people we support” and “Very good manager, you know where you stand”.

Whilst we receive numerous comments regarding the quality of management within the home, we were also told that this had often been challenging due to the number of changes at regional level. Comments included, “The day to day management is good, but the senior management could be more settled, it feels like the direction changes each time, it needs to settle” and “Management is good on the whole, its hard sometimes when the senior managers keep changing”.

The registered manager had a clear vision for the service that respected it as each person’s home and should be treated with dignity and respect. The manager told us, “I don’t see the disability, I see the people, this is their home and we make sure it’s treated that way”. Staff we spoke with shared this vision. Comments included, “Its people’s home, it’s their home, we respect each one of them and support them as best we can” and “The team are all passionate

about respecting each person as an equal, making sure their difficulties are overcome as much as we possibly can”. These comments reflected our observations. We observed staff engaging respectfully with each person, support them to move freely around their own home.

Staff we spoke with felt able to raise concerns if they felt they needed to. All staff we spoke with were aware of the services whistleblowing policy and dedicated system to whistle blow through should they need to. Comments included, “I would feel very comfortable raising issues with the management, there is an open feel here, but if ever I couldn’t, there is a whistleblowing system I could access” and “I am happy to speak up, but would use our whistleblowing line if ever I didn’t feel I could”.

There was an effective system in place to monitor the quality and safety of the service. This system included a number of audits including an audit carried out by service users from other services, regional managers audits, day to day management audits and medicine audits. We found that audits were effectively identifying areas for improvement and were being actively worked on. For example the most recent audit had identified the need for paperwork in one person’s file to be updated. This had been done. We did raise with the registered manager that further updates could be added to these audits to evidence action taken.