East Sussex County Council

Sandbanks

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

Summary of findings

Overall summary

The inspection took place on 4 January 2017 and was unannounced.

Sandbanks is a purpose built property covering two floors. The service can accommodate 12 people with a learning disability for short or longer period of respite including emergency respite. The age range of people using the service is 18 to 68 years. Care and support was provided to people living with a learning disability and other conditions that included diabetes and epilepsy. On the day of our inspection there were six people at the service for planned respite and three people who had accessed the service for emergency respite. The service had 40 people accessing the service for regular respite.

The service has a registered manager in post. 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 recruitment procedures were robust, which ensured that appropriate checks were carried out before new staff started their employment. Staff received a thorough induction which included shadowing experienced staff. All staff undertook regular training to ensure they had up to date knowledge and skills to provide the right support and care to people.

Risks to people were anticipated, identified and monitored. Staff managed risk effectively and supported people's decisions, so they had as much control and independence as possible. Risks were regularly reviewed and updated.

Staff had received training in adult safeguarding and were assessed as competent in how to recognise and report abuse. Staff knew how to report concerns and were confident any concern would be fully investigated to ensure people were protected.

People were supported to take their medicines by staff who were appropriately trained and had undergone annual competency assessments. Medicines were stored, administered and recorded in accordance with the registered providers policies and procedures.

People were involved in the development of their care plans. These provided staff with clear direction and guidance about how to meet each person's individual needs. Care plans were regularly reviewed and updated. This meant people received person centred care.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Dietary needs were planned for and when required, monitored to ensure people had sufficient food and

drink to meet their individual needs.

Daily records and end of respite records clearly documented people's daily activities, medication administration, any concerns as well as other information relevant to the person.

People knew how to raise concerns and make complaints. People, their relatives and health and social care professionals who had raised concerns confirmed they had been dealt with promptly and to their satisfaction.

The management structure within the service provided clear lines of responsibility and accountability.

There were quality assurance systems in place to ensure areas for improvement were identified and addressed. People's feedback, views and ideas were actively sought from the management team and used for service development.

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.

People's medicines were managed safely by staff that were assessed as competent.

There were sufficient numbers of staff to meet the needs of the people at the home. The registered provider had robust recruitment procedures.

People were supported by staff who had an understanding of how to recognise and report any signs of abuse. All staff had attended safeguarding training and completed a competency assessment.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the right competencies, knowledge and skills to meet their individual needs.

People were supported by staff who confidently made use of their knowledge of the Mental Capacity Act (MCA) 2005.

Systems were in place to monitor people's dietary needs and this ensured that people received sufficient food and drink.

Is the service caring?

Good

The service was caring.

Staff built positive relationships with people and were given enough time to meet people's individual needs and offer companionship.

People were supported by staff that promoted their independence.

Staff respected people's dignity and maintained their privacy.

Is the service responsive?

Good

The service was responsive.

People were supported to maintain hobbies and interests. Staff understood the importance of companionship.

Care records were person centred and focused on a person's whole life. Staff had a good understanding of how people wanted to be supported.

People knew how to raise concerns and complaints about the service and felt their concerns would be listened to.

Is the service well-led?

Good

The service was well-led.

People were consulted and involved in the development of the service; their views were sought and acted upon.

There were effective quality assurance systems in pace to make sure that any areas that required improvement were identified and addressed.

The registered provider had appropriately informed the CQC of certain incidents as required by law.

Sandbanks

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 4 January 2017 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection, we checked the information that we held about the service including notifications we had received. A notification is information about important events which the registered provider is required to send us by law. The registered provider had completed a Provider Information Return (PIR) and we reviewed this. A PIR 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.

We spoke with two people who were staying for respite at Sandbanks and spent time observing the interaction between people at the service and staff. We also spoke to the registered manager, a senior support coordinator, a support coordinator and a person who undertook daytime activities with people. After our visit we spoke to two health and social care professionals and a family member of a person that uses the service by telephone.

We looked at some areas of the home, including some bedrooms (with people's permission) and all communal areas.

We reviewed a range of records including the care records for three people using the service. These included support plans, risk assessments and daily records. We also looked at other records relating to the management of the service. These included staff training, support and employment records for four staff members, Medication Administration Records (MAR) charts, quality assurance audits and findings from questionnaires the registered provider sensor people and relatives.

We contacted the local authority monitoring in safeguarding teams and they did not raise any areas of

concern. The service was last inspected in 2014 and we did not identify any areas of concern.

Good

Is the service safe?

Our findings

People told us they felt safe when they stayed at Sandbanks and trusted the staff who supported them. One person told us, "Staff treat me nicely, I am happy".

Risk assessments were carried out to identify risks to people and to the staff supporting them. These included an initial overall risk assessment, a moving and handling risk assessment and a falls risk assessment. Individual risk assessments were also in place for specific risks to people including road safety, epilepsy and mealtimes. All risk assessments were clearly written, up-to-date and had been regularly reviewed. The documentation demonstrated processes that were easy to follow and very clear. The registered manager showed a clear process for the management of risk while they encouraged people to engage in a variety of activities.

We saw that the registered provider based the amount of staff on the numbers of people being supported by the service and their individual care needs. Rosters showed that there were the correct amount of staff available at all times. People told us there were enough staff to meet their needs and someone was always available if they needed them. The service had a number of as required (bank) staff available to cover for sickness absence and annual leave. They also used a minimal amount of agency staff and always requested staff that were familiar to the service. Our observations confirmed there were sufficient staff available to meet people's individual needs.

Recruitment practice was safe. Staff recruitment files included a completed application form, interview records; employment checks including two valid references from previous employers and confirmation of identity and the right to work. Necessary vetting checks had also been carried out through the disclosure and barring service (DBS). These checks identified if prospective staff had a criminal record or were barred from working with adults at risk. The registered provider demonstrated a safe recruitment process by recruiting staff suitable to work at their service.

A safeguarding policy and procedure was in place and all staff attended regular safeguarding training. Staff demonstrated a good understanding of adult abuse. They described the different types of abuse and the signs that would indicate abuse may have taken place. They talked about steps they would take to respond to allegations or suspicions of abuse. Staff were aware of their own responsibilities to raise a safeguarding concern with the local safeguarding team. The local authority safeguarding policy and procedure was also available to all staff. Records showed that staff undertook a competency assessment in safeguarding every year which included them attending a sequence of training sessions, completing a quiz and undertaking a written knowledge test which was then marked. Staff were only deemed competent having completed this process to the required standard. This ensured staff had the relevant knowledge to undertake their role and to support people to remain safe.

Incidents and accidents were clearly reported and documented at the service. All records were clearly written and reviewed by the registered manager who analysed the information to highlight any areas for development. Their analysis included actions to be taken, by whom and when this should be completed.

This meant the likelihood of recurrence had been reduced and future risks had been minimised.

The registered provider had a range of policies and procedures in place for the management and administration of people's medicines. Care plans described people's level of assistance required by staff and the reasons why they required medication. For example; for the management of diabetes, epilepsy or pain management. We saw that Medication Administration Records (MARs) were correct and up-to-date, had people's photographs on them and that allergies were clearly recorded. Staff administering medicines had undertaken appropriate training for this role. This included competency assessments which were repeated annually.

Medicines were ordered, stored and disposed of in accordance with the medicines management policies and procedures. The fridge temperature within the medicines room was checked regularly to ensure it was correct for medicines that needed to be stored at a specified temperature. Medication audits were undertaken every Tuesday by the shift leader and monthly by the medication lead person. Actions were clearly identified, evidenced as completed and signed. This meant people received their medicines safely in accordance with their needs.

Health and safety audits were regularly undertaken by the registered provider to ensure that people remained safe. Records showed that there were satisfactory up-to-date inspection certificates for areas including gas and electric and legionella. Water temperature checks were in place and up-to-date as well as fire alarm and equipment safety testing. Regular reviews, servicing and repairs were undertaken and recorded for equipment including moving and handling hoists, slings, profiling beds, ceiling track hoist's and manual wheelchairs.

The environment was well maintained, clean and free from odours. Staff completed infection control training and had access to information and guidance in relation to the prevention and control of the spread of infection. Staff completed "Don't spread infection" quizzes annually which were scored to ensure staff knowledge remained up-to-date. Personal protective equipment (PPE) including disposable gloves and aprons were located around the home and were readily available to all staff. Staff used PPE as required, for example when they assisted people with personal care.

Individual personal emergency evacuation plans (PEEPS) were in place. These plans highlighted the level of support a person would require in the event of a building evacuation. These plans gave staff clear direction to ensure people received the appropriate amount of support required. The registered provider had a business continuity plan in place to support people in the event of an emergency. An example of this would be if the home were flooded, experienced a loss of power or had a fire.

Good

Is the service effective?

Our findings

Staff had all completed an induction programme at the start of their employment which had included shadowing an experienced member of staff. Newly appointed staff completed the care certificate. The care certificate is a set of minimum standards that social care and health workers follow within their daily working life. The standards give staff a good basis on which they can further develop their knowledge and skills. The registered manager told us that all care certificate formal training takes place away from the service to ensure staff can focus on their learning. Staff told us their induction had fully prepared them for their role.

People were supported by staff who had the knowledge and skills required to meet their needs. There was a programme in place to ensure all staff received training relevant to their roles that was kept up to date. Training undertaken included health and safety, infection control, moving and handling, fire safety and food hygiene. Staff also received training specific to people's individual needs. Records showed people had received training in epilepsy, preparing pureed foods and the use of thickeners in liquids. Staff demonstrated a good understanding of people's individual needs. A member of staff told us that they felt confident in their role due to the specific training they received to meet individual people's needs. They described a person's liquidised meals and the process for this. They understood the actions they needed to take and the importance of following this.

Staff were supported to achieve nationally recognised vocational qualifications. Six staff including members of the management team were being supported to undertake a Qualification and Credit Framework (QCF) in health and social care. This encouraged and enabled staff to take part in training designed to help them improve their knowledge. It also helped staff to develop a clear understanding of their specific roles and responsibilities and have their achievements acknowledged.

Staff explained their role and responsibilities and how they would report any concerns they had about a person's health or well-being. Records showed that staff worked with other healthcare services to ensure people's health care needs were met. Care records demonstrated that staff shared information effectively with professionals and involved them appropriately. A health and social care professional told us they had worked closely with the service following a person experiencing a family bereavement. They said this had ensured continuity for the person during a very difficult time.

Records showed that all staff received regular supervision and an annual appraisal from their line manager. This gave staff an opportunity to discuss and identify further training needs and skills development. Records showed that both formal and informal supervisions regularly took place. Line managers highlighted areas of good practice and for staff development in a timely manner.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the MCA 2005 and the associated DoLS, with the staff and management team. Staff demonstrated a good understanding of the Mental Capacity Act 2005 and associated safeguards. They were able to outline the key principles of the Act and explained how people could be deemed to have capacity unless proven otherwise. Staff had received training and undertaken competency assessment in MCA and DoLS and this was verified through training records.

Mental capacity assessments were in place and there was evidence of decision specific best interest decisions within people's care plan files. DoLS applications had been submitted to the appropriate authorities to cover for periods of time that a person was on respite at the service. For those people who had not yet had an application authorised, all supporting documentation was in place.

People were supported and encouraged to maintain a healthy balanced diet. One person told us, "I like all my vegetarian foods", another person told us, "The food is always good". The weekly menu was displayed in words and pictorial format, there were also pictorial menus for breakfast and lunch as well as drinks and snacks. People told us that if they did not like what was on the menu there were always jacket potatoes with a variety of fillings, omelettes, salads or sandwiches available.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person told us, "Staff treat me nicely, I am happy", "The staff treat me with respect" and "Staff are really good". Quotes within compliments cards received included "Thank you to all the staff for giving [name] such a relaxed and enjoyable stay throughout the year", "Thank you for looking after me" and "Without your kindness, patience and dedication [name's] transition would not have happened so smoothly".

Staff had a good understanding and knowledge of people. Staff had spent time with people getting to know them and the best way for them to be supported. People appeared happy and comfortable with the support they received from staff and the staff were seen to be caring in their approach. For example we saw a member of staff supporting a person to choose an afternoon drink and snack as well as their evening meal. The member of staff patiently explained to the person what was available and encouraged them to make their own choices. This involved the member of staff leaving the dining area and coming back with the person on several occasions before the person was ready to make their choices. The interactions were comfortable and familiar and it was evident that a positive relationship had been formed between that person and the staff member that supported them.

Records showed that all staff had undertaken training in relation to dignity and respect. Staff were respectful of people's privacy and maintained their dignity. We saw one person sitting in a quiet lounge with a member of staff sitting across the room supporting them. They told us that the member of staff was there if they needed them; however they just wanted some quiet time to themselves. Staff gave people privacy while they undertook some aspects of their personal care, however; they remained nearby to maintain the person's safety.

Staff were observed actively encouraging people's independence through discussion and actions. For example, people were actively supported and encouraged to complete activities of daily living including making their bed, putting clothes away and choosing clothes to wear. One person usually attended a day centre but had decided not to attend on the day of inspection. This decision was supported and alternative activities were made available to this person. Another person had decided they were ready to go home a day early from respite and this was supported in a sensitive way ensuring their relatives were able to accommodate this.

Records showed the registered provider had sought to include everyone's views and opinions by responding to suggestions and ideas. The service was due to be moving to new premises and people had been asked for their views and opinions on new furniture, décor and furnishings. People had created a wish list of items they would like to be in the new building which included a computer, an Xbox games station, Wi-Fi access, a games and activity room and a fish tank. They had also commenced planning an opening party. One person told us they were looking forward to visiting the new premises and had enjoyed choosing furniture. They said they were excited about the party as they were looking forward to party food and dancing.

People had access to an external organisation that provided an advocacy service to people with learning disabilities. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services as well as defending people's rights and responsibilities.

Good

Is the service responsive?

Our findings

Before people used the respite service provided at Sandbanks, the registered manager or another appropriate person visited them in their own home to assess their needs. People and where appropriate with the involvement of their relatives were encouraged to share their history, likes, dislikes and ways they would like to be supported. This information was used to develop an, 'All about me' document, as well as other comprehensive person centred care plans. The 'All about me' document included headings: 'About Me, What is important to me, What others like and admire about Me and My hopes and dreams'. These documents had been completed using the person's own words and descriptions. People's care plans were reviewed each time they stay at the service to ensure information was up to date. This showed people were fully involved in the development of their care plans wherever possible.

Each person had their own care plan file which contained care plan documents, risk assessments, involvement of other health professionals and daily records. Care plan files contained all the information required to support people throughout the day and night. For example people's care plans considered their personal care needs, medication administration support needs, mobility needs, continence, communication and individual health requirements. People's daily routines were divided in to time frames that included their morning routine from 08.00am to 12.00pm, lunchtime, afternoon, evening and night time routines.

Staff completed daily care records to show what support and care they provided to each person. Staff discussed any changes to people's needs during the daily shift handover meeting, to ensure continuity of care. Daily care records were fully completed and signed. Records included reference to activities undertaken, diet and hydration, medication and other information specific to the person. This information was used at review meetings and also to develop people's care plans to ensure they remained up to date.

People were protected from the risk of social isolation by staff that knew the importance of maintaining relationships. People were supported to take part in activities of their choice and encouraged to main hobbies and interests. As part of people's time at Sandbanks staff supported them to engage in activities of their choice. One person told us they were looking forward to going tenpin bowling on the day of our visit. They said it was an activity of their choice and they were waiting by the front door to be transported. Another person said they were looking forward to visiting the cinema at the weekend. Other activities recently undertaken included a visit from a local theatre company, fish and chips following a walk along the seafront at Eastbourne, meals out, shopping and visiting the pantomime. The registered provider had recruited two activities co-ordinators who had been in post for eight weeks to offer stimulating activities to individuals and small groups of people. They were in the process of getting to know the people visiting the service for respite and developing activities to meet their individual needs. One of the staff said "Activities are used to promote fun, independence and develop motor skills".

The service had a policy and procedure in place for dealing with any concerns or complaints. People, their relatives and professionals that we spoke to all knew who to contact if they needed to raise a complaint and said they felt confident any concerns would be addressed quickly by the registered manager. A relative said

"The manager responded appropriately when I raised concerns", a professional told us, "The service respond very promptly to any concerns or queries" and a person at the service told us, "I know who the manager is and would go to them if I had a worry or complaint". Records showed that complaints received by the service had been responded to appropriately and in a timely manner. The service had an easy read concerns and complaints procedure that included pictures within the format. The registered manager told us that they used all concerns and complaints to improve their service.

Good

Is the service well-led?

Our findings

The registered manager had been registered with the Care Quality Commission (CQC) since January 2012. They knew people well and were able to summarise individual' wishes and needs. People knew who the registered manager was as well as the management team and said they were approachable. A social care professional told us the registered manager regularly attended meetings and was accessible as well as approachable. A relative said they had faith in the manager and felt they wanted to make a difference to people's lives.

There was a clear line of responsibility and accountability within the staff team. There was the registered manager, a deputy manager, a team leader as well as senior support co-ordinators who were responsible for managing each shift. Staff were aware of who their line manager was and who they could gain advice and support from at any time. Staff had access to a 24 hour on-call manager during weekends and out of hours. This ensured management support was available at all times for staff.

The registered manager monitored the quality of the service by asking people for their opinions through feedback cards and face to face contact. People, their relatives and health and social care professionals spoken with, all spoke positively about the service. Comments included "It is great here, I love it", "I would recommend the service" and "In my opinion it is an excellent service".

Feedback cards were completed at the end of every respite visit. Card topics included food, activities, bedrooms, support and environment. We looked at feedback cards which had been developed to include written and pictorial answers and allowed for facial expressions to be included in the feedback. The visual comments included if someone was happy, sad, angry or other. This meant people were valued and treated as individuals with an opinion. Recent comments had included "I like the quiet room", "The rooms and building are all clean" and "Brilliant service and it always has been". Any negative feedback that had been received for example "I would like more space" and "my bed was too low" had been responded to individually by the registered manager and clearly recorded. This showed that the registered provider actively sought people's opinions and feedback.

The registered manager regularly held ,'Ask me anything' meetings which were used to encourage people to share any ideas or concerns as well as suggestions for forthcoming activities. These meetings were recorded using words and pictures which ensured they were accessible to all people using the service.

A representative of the registered provider visited the service regularly to review the service and offer support to the registered manager. Records showed they had identified areas for development and improvement and action plans had been put in place. For example, senior staffing levels had been increased following concerns being identified regarding tasks not being completed in a timely manner due to people already working to capacity. Actions were signed off on completion or a reason was documented why an action had not taken place.

Records showed a selection of staff meetings took place on a regular basis. These included mini team

meetings, full team meetings, shift handovers and senior team meetings. These meetings were minuted and made available to any staff that were unable to attend. Staff told us the management team were all readily available and had a genuine interest in staff well being.

The registered provider had notified CQC promptly of al significant events which had occurred in line with their legal obligations. Registered providers are required to inform the Care Quality Commission of certain incidents and events that happen within the service.

The registered provider undertook regular daily, weekly and monthly audits that included medication, accidents and incidents, environment, health and safety, care plans and daily records in line with the organisations policies and procedures. All audits clearly identified actions to be taken and were fully updated following the completion of the actions. Analysis was undertaken to identify trends of areas for development to improve the quality of the service provided. We saw that audits had highlighted shortcomings within the environment of the service. Following this, plans had been put in place to move the service to a more suitable building that would meet people's needs more fully.