

Sapphire Support Services Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Sapphire Support Services Limited is a 'supported living' service that provides care and support to people living in shared accommodation including younger adults with mental health conditions. At the time of the inspection the service supported 23 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The service had grown since the last inspection, but systems and processes to provide good governance of the service were not fully in place and embedded. There was a lack of analysis of accidents, incidents, safeguarding and information gathered, that would provide the registered manager with further oversight of the service and could result in opportunities to learn lessons being lost.

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

People's views of the service were regularly sought and people told us they felt involved in their care and their opinions were listened to and acted on.

People were happy with the service and support they received. They were complimentary of the registered manager and staff and felt safe being supported by a consistent group of staff.

People were supported by staff who had received training in infection control and wore PPE [personal protective equipment] in line with the latest government guidance.

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

Rating at last inspection

The last rating for this service at the previous premises was good (published 10 December 2019).

Why we inspected

We received concerns that people supported by the service may be at risk of abuse, and concerns in relation to staff management, medicines management and staff training. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We review the information we held about the service. No areas of concern were identified in the other key

questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the well-led section of this full report.

We found no evidence during this inspection that people were at risk of harm from this concern as the provider took immediate action to mitigate the risks.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Sapphire Support Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The service was inspected by one inspector.

Service and service type

This service provides care and support to people living in 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one relative and six members of staff including the registered manager, care co-ordinator and care workers. We also spoke with three healthcare professionals who regularly visit the service.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

Following the inspection, we spoke with five people over the telephone about their experience of the care provided. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were aware of their responsibilities to raise and act on any concerns they may have regarding the people they supported. Safeguarding concerns were raised and acted on appropriately. However, we could not be assured there were effective systems in place to take the appropriate action regarding safeguarding. For example, we noted an incident that had been dealt with, but as a complaint and not as a safeguarding. The registered manager confirmed they would arrange for a notification to be sent in retrospectively.
- People told us they felt safe supported by the staff from the service. One person told us, "[Staff] help me through the difficult times I'm going through and that makes me feel safe" and a relative told us, "I feel [person] is safe; they have been in vulnerable positions before and it is ok here."

Using medicines safely

- Staff were able to describe the circumstances in which a person's 'as required' medication would be administered. However, one prn [as required] protocol held the wrong information and referred to another person who used the service. This was immediately addressed during the inspection and the protocol amended.
- People told us they were happy with the support they received with their medication. Staff confirmed they received training in how to support people with their medication and their competencies were assessed.

Assessing risk, safety monitoring and management

- Staff were aware of the risks to people and what they should do to minimise those risks. Risk assessments were in place which provided staff with the information required to support people safely and effectively. For example, risks associated with taking part in activities in the community and supporting people who may display behaviours that could challenge others.
- The registered manager advised that due to the COVID-19 pandemic they had had problems sourcing some areas of training for staff. In response to this, the registered manager had enrolled on a number of 'train the trainer' courses to ensure staff training was up to date in a number of areas, including management of medicines, diabetes, epilepsy and moving and handling.
- Staff were able to describe people's needs in detail and how they supported them safely. They told us they were kept informed of changes in people's care needs and that communication systems in place for staff were good.

Staffing and recruitment

- People told us they were supported by the same consistent group of staff who were always on time and stayed for the correct amount of time. Staff confirmed that as the service had grown over the last twelve

months, staff numbers had increased accordingly.

- We checked files of three members of staff. Recruitment checks were in place to ensure newly appointed staff were suitable to support people. A member of staff told us, "When I started the job there were in-depth checks to make sure I understood what the expectations of care were."
- Staff confirmed their practice was regularly observed to ensure they supported people safely and in line with their care needs.

Preventing and controlling infection

- People told us staff wore appropriate PPE [personal protective equipment] when supporting them.
- Staff had received appropriate guidance and training with regard to the appropriate use of PPE in line with the latest government guidance. Staff confirmed there were plenty of supplies of PPE available to them.
- There were systems in place to monitor staff compliance with wearing PPE appropriately and in relation to staff testing.

Learning lessons when things go wrong

- Accidents, incidents and safeguarding concerns were all dealt with on an individual basis and responded to appropriately.
- Individual lessons were learnt when things went wrong, for example, following a recent incident which occurred in the community, it was realised that some people may prefer to be supported by different carers whilst taking part in things that they enjoyed doing.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since the last inspection, the service had grown in size. However, systems and processes in place had not consistently developed and grown with the service. The registered manager had a comprehensive knowledge of the service and the people the service supported. However, there were a lack of audits in place and analysis of information gathered which meant opportunities to learn lessons could be lost.
- Existing medication audits had not identified that one person's protocol for 'as required' medication was incorrect.
- The registered manager had failed to recognise that a particular incident that had arose [and had been dealt with as a complaint] was an actual safeguarding event.
- There was no system in place to ensure care plans were reviewed and up to date. For example, we found information in one person's care file referencing a review of their care needs within two months but could find no evidence that this had been done. We were told this had been done but there was no evidence available to confirm this.
- We requested sight of a number of documents during the inspection, but filing systems were not consistently organised and it took time to locate a number of documents, for example spot checks of staff practice. Once found, it was clear they had taken place for some staff, but there was no clear system to ensure they were completed on a regular basis for all staff.
- We also requested sight of signed consent forms where people had agreed to have their photos taken and consented to CCTV being in place in communal areas. When the forms were found, only eight had been completed. The registered manager advised they were confident other forms had been signed but they could not be located. They assured us this would be followed up immediately.
- Accidents and incidents were responded to appropriately, but there was a lack of overall analysis of this information which meant opportunities to learn lessons from these events could be lost.
- There were a number of systems in place which were being developed to assist with oversight of the service. The beginnings of a comprehensive governance system were in place, but more work was required to develop, organise and embed these areas.
- People told us they were happy with the support they received and were complimentary of the manager and the care staff who supported them.
- Staff were aware of their roles and responsibilities and felt well supported by the registered manager. A member of staff told us, "[Registered manager's name] is available, even out of hours, I rate her a lot."
- Staff spoken with were clear about their roles and who to contact if they had any concerns. They

confirmed their practice was regularly checked by the registered manager and care co-ordinator and they were provided with numerous opportunities to improve their knowledge and skills.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager confirmed they were related to two other staff working at the service and that this was known by all staff. They advised that supervision with one of their relatives was conducted by them alongside a person who was independent of the service. We asked them how they ensured transparency and they confirmed they would remove themselves from these meetings moving forward.
- The registered manager was open and honest during the inspection and received feedback positively. Areas identified for improvement were acted on immediately.

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

- People spoke positively of the service and the support they received. They told us they felt listened to and supported by staff and manager. One person told us, "I am very happy with the service and they [care staff] are here when I need them, it's safe and very reliable." A relative told us, "They [care staff] look after [person], they are nice people and they have got a heart, if there's a problem they let us know."
- People told us their views of the service were sought and they felt listened to. They told us if they had any concerns or worries, they were able to raise them with staff and management and felt confident they would be dealt with. One person described a time when they were feeling upset and told us, "They helped me through that, they have done a lot for me, [Registered manager's name] is like proper supportive, phones me all the time and checks up on me."
- People's views of the service were also regularly sought through surveys which were completed on a regular basis. We noted we feedback received was consistently positive.

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

- Feedback from people was regularly sought and we saw that people were happy with the service they received.
- People's views were taken on board and listened to. We saw one person had raised concerns regarding staffs understanding of supporting people with mental health issues and felt this was an area that could be improved. The registered manager had arranged some additional training for staff in response to this, including placing some staff on mental health first aid training.
- People, staff and relatives all spoke highly of the registered manager. They told us she was always readily available with a kind word and support. A relative told us they had been given the registered manager's direct number, as had staff and people using the service.

Working in partnership with others

- Systems were in place to ensure the service worked alongside other health care professionals to improve people's care delivery and meet their healthcare needs.
- We spoke with four health care professionals during and after the inspection. One professional told us, "I'm very happy with the service [person] receives, I've no concerns at all" and provided several examples of how the service had supported the individual. Another healthcare professional described how the service was supporting a person. They told us, "They [care staff] have worked really hard with [person]. [Person] doesn't normally settle but they have been here a while and told me they are settled. The registered manager and care co-ordinator are very approachable and the registered manager has given me her direct number."

