

Mrs Jennifer Grego

Sapphire House

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Sapphire House accommodates up to five people who have a learning disability or autistic spectrum disorder, in one adapted building. At the time of our inspection there were five people living in the home.

Sapphire House offers three ground floor bedrooms with en-suite facilities. In addition to this there are two self contained annexes with a bathroom, bedroom, lounge and kitchenette. One annex is on the ground floor and one on the first floor. There is a large communal lounge and conservatory with direct access to the garden areas.

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

Risks in relation to people's care was not always sufficiently detailed to ensure people were cared for in a safe way. There was not always up to date guidance in place for staff about how to manage or reduce risk. Risk assessments in place required review to ensure they were accurate.

The service had not had a COVID-19 outbreak, however, we found failings in the service's infection prevention systems which increased the risk of the transmission of COVID-19, and placed people who were clinically vulnerable at increased risk. Staffing levels had not always been sufficient to ensure people and staff were kept safe. People received their medication as prescribed, although guidance for emergency medicines needed to be clearer.

There had been a lack of strong leadership, consistency and oversight at the service. Regulatory responsibilities had not been met. There was a new registered manager and deputy manager in post. Initial feedback from staff about the new management team was positive. The new management team understood the challenges facing the service and there was significant work to do to raise safety standards and to provide good care. We observed staff supporting some people in a positive manner during our inspection visit. However, significant work was needed to change the existing culture, ethos, attitude and practice at Sapphire House.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The provider had not ensured that people were supported safely. Staff told us that their colleagues had not always treated people with dignity. Previous leadership had not ensured that there was an open and inclusive culture at the service.

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 was Requires Improvement (published 9 April 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected

We received concerns from two whistle-blowers in relation to the care people were receiving, including poor infection control procedures, staffing levels, poor staff culture and governance. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We reviewed 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 changed from Requires Improvement to Inadequate. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to safe care and treatment, staffing, governance and reporting procedures.

We issued the provider with a Warning Notice, notifying them that they were failing to comply with the relevant requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and a timescale by which they were required to become compliant.

We will return to Sapphire House to check that improvements have been made. If the provider fails to achieve compliance within the given timescale, we may take further action.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration,

we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe

Details are in our safe findings below

Is the service well-led?

Inadequate ●

The service was not well-led

Details are in our well-led findings below

Sapphire House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector. A second inspector supported with phone calls to staff and relatives following the inspection.

Service and service type

Sapphire House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced, although checks were completed prior to entry to ascertain COVID-19 status.

What we did before the inspection

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 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. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who lived in the service, the operations manager, registered manager, and deputy manager. We reviewed three people's care records and medicines records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a variety of records relating to the management of the service, including policies and procedures, training data and quality assurance records.

We spoke with two relatives and five care staff. We also spoke with four health and social care professionals who know the service.

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 Requires Improvement. At this inspection this key question has now deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks relating to fire safety were adequate. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made in relation to fire safety, but we found other concerns in relation to the management of risk. The provider therefore remains in breach of regulation 12

- Risks assessments were in place for people in relation to diabetes, medicines, and behavioural management. However, these required updating as some information was lacking or inaccurate.
- Some people experienced behaviours which put themselves and others at risk. A positive behavioural support plan (PBS) was in place for one person, but this required a review as the approach staff should use to provide the most effective care had changed. The new registered manager had requested input from the learning disability team to assist with this.
- Another person's behaviour had become more violent. The new registered manager advised that their care records needed to be reviewed and updated and was awaiting input from professionals in the learning disability team, which has been requested. This will ensure staff have access to records which provide them with accurate guidance to keep them and the person as safe as possible. One staff member told us, "[Person's] care plan refers to challenging behaviour but does not reflect their violence at all. I don't feel safe."
- Staff had failed to ensure the safety of one person who was injured following an altercation with another person. Both people were receiving one to one care from staff at the time of the incident.
- We identified environmental risks such as glass ashtrays and planks of wood in the garden which could be used as a weapon or to cause damage to property.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager confirmed the items of risk in the garden were removed.
- Checks were in place to ensure fire equipment was serviced and water systems were safe.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff received the correct training. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made in relation to staff training, but we found other concerns in relation to staffing. The provider therefore remains in breach of regulation 18.

- The registered manager told us that recently several staff had left the service, and this had affected staffing levels in the service.
- Rotas showed that there had not always been sufficient staffing in place, which posed a risk to staff and people.
- Some people required a high level of observation from staff to ensure they and others remained safe. Rotas showed that some staff had worked a 12-hour night shift, followed by a day shift. This had the potential to affect their concentration and was not safe practice.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager confirmed they had booked agency staff to ensure shifts were covered with the correct number of staff.
- Staff continued to be recruited safely, and records showed that staff were vetted for their suitability to work with vulnerable people, through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files.

Preventing and controlling infection

- The inspector was not screened for symptoms of COVID-19 on arrival at the service.
- The service was not clean. We found heavy dust in the medicines room and the laundry. Sofas were unclean with heavy debris under the seating.
- The service was not ensuring that used Personal Protective Equipment (PPE) was disposed of safely to prevent the spread of COVID-19; waste bins used to dispose of PPE were not pedal operated and some had no lids or internal waste bags. We found a used face mask in an open bin with no waste bag.
- Communal toilets were not cleaned between use.
- The above findings all increased the risk of transmission of COVID-19.

The provider had failed to ensure proper and safe infection, prevention and control which is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When we raised our concerns with the operations manager, they arranged for a deep clean of the service, and ordered appropriate waste bins.

Using medicines safely

- It was unclear whether emergency medicines, such as those used to control a seizure, were to be administered. The management team told us they weren't being used and the GP had advised to call emergency services if a person experienced a seizure. However, people's care plans made reference to administering the medicines in the event of a seizure. Records needed to be clear to prevent any confusion.
- There were protocols in place for administering PRN (as required) medicines. The use of PRN medicines for psychological agitation was being monitored by the registered manager to ensure these were only given when needed and other options had been considered first.

- There were suitable arrangements for receiving, storing and disposal of medicines, including medicines requiring extra security. Staff recorded a running total of medicines to ensure there were clear accurate records.
- Staff completed regular medicine audits which identified follow up areas for improvement. We saw that learning from these had been shared with the care team.

Systems and processes to safeguard people from the risk of abuse

- We received contact from two whistle-blowers alleging that abusive practices were taking place by staff working in the service. We made referrals to the local authority safeguarding team, and these allegations are being investigated.
- Staff received training in safeguarding and the protection of adults. They told us how they would raise concerns, and what constituted abuse.
- The registered manager had made improvements in the monitoring and oversight of the safeguarding systems at the service. This included a monthly review of any safeguarding incidents.
- The registered manager liaised with the local authority safeguarding team when they needed to establish if incidents met the safeguarding threshold.

Learning lessons when things go wrong

- The provider had not ensured that lessons were fully learnt. For example, there were repeated breaches of regulations relating to staffing and governance and reporting found at the previous inspection in January 2019.
- The new registered manager had introduced better systems to ensure accidents and incidents were recorded, investigated and action taken. This included monitoring the use of physical intervention and use of 'as required' medication. The management team told us they shared any learning through daily handover meetings.

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 Requires Improvement. At this inspection this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not ensure the delivery of high-quality care.

At our last inspection the provider had failed to ensure the governance systems in place were effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made, and the provider therefore remains in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The previous registered manager ceased working in the service in August 2020 and following this the operations manager stepped in to manage the service and set up action plans after finding numerous failings. The service had not been well-led since its first inspection in January 2019.
- A new registered manager started at the service in October 2020; they also managed three of the provider's other locations. A new deputy manager was also recruited in November 2020. Both had identified that systems had not been effective and there were a lot of improvements to be made to ensure people and staff were safe.
- There were auditing systems in place to monitor the quality of the service. Breaches of regulation we found at this inspection demonstrated that systems to assess and monitor the service were not sufficiently robust.
- Staff's work was not being checked. For example, thorough cleaning was not being carried out. Records had been signed by staff to say work had been completed, but the service was unclean in many areas.
- The provider had not ensured that the service was following strict infection control procedures to limit the spread of COVID-19. Several people were clinically vulnerable so at a higher risk of becoming seriously unwell if they contracted COVID-19.
- The incompatibility of the people who lived in the service had led to incidents occurring between people.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the registered manager had failed to notify us of important events such as safeguarding incidents and serious injuries. These findings meant the provider was in breach of Regulation 18 of the Care Quality Commission (Registration Regulations) 2009.

At this inspection the new registered manager had notified us of several safeguarding events but had not

notified us of a serious injury. The provider therefore remains in breach of regulation 18 of the Care Quality Commission (Registration Regulations) 2009.

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

- We received information from whistle-blowers that indicated that the day-to-day culture in the service was poor, including the attitudes, values and behaviour of staff. The new registered manager had already identified this as an area for improvement and had started addressing this in supervision sessions with staff. They also spent time working with staff in the service.
- The complex needs and incompatibility of people living in the service did not support good outcomes for people. Incidents had occurred between people. Staff told us they were sometimes scared of people's behaviours and had themselves come to harm.
- The service was not able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. We observed staff supporting some people in a positive manner during our inspection visit. However, significant work was needed to change the existing culture, ethos, attitude and practice of some staff at Sapphire House.

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

- A number of staff had left the service. This meant that there were new staff and agency staff working in the service, which for some people, was unsettling.
- People were asked for their views via monthly progress summaries, and weekly resident meetings. However, these had not taken place in August or September 2020, which did not ensure people's views were known.
- We asked staff their views about working in the service. One staff member said, "We are improving paperwork gradually, the new manager is really good." Another said, "The new registered manager works at three other homes, she is spread too thinly; you need a manager there all the time or nothing will change." And a third told us, "We did have issues with the old management team and not so much support they were not really here and we were just left, but [Registered manager and deputy manager] are amazing they are so supportive and they are so kind and take the time to talk to you."
- Relatives told us they felt involved and updated with anything of significance. One relative said, [Registered manager and deputy manager] I'm quite impressed with, they're accommodating, they'll always get back to you if you ring or email, and they go the extra mile." Another said, "If there is ever a problem, I get a phone call to ask my advice if they need it. I'm involved and feel that [relative] is happy and safe. They keep you informed of what is going on."

Continuous learning and improving care

- Previous management arrangements did not promote the importance of continually improving care and ensuring staff were knowledgeable, skilled, and supported in their roles.
- The new registered manager had identified that care plans and risk assessments needed updating and had already made a start on this work. The local authority learning disability team were planning to also support with this.

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 provider, operations manager and registered manager were aware of the duty of candour, which sets out how providers should explain and apologise when things have gone wrong with people's care.
- The registered manager and operations manager were honest with the inspection team about the current

failings within the service.

Working in partnership with others

- The service worked closely with other health professionals such as community learning disability nurses, social workers and the GP.
- External agencies had confidence in the new registered manager to make the necessary changes to improve the service. However, the provider should have identified the issues much earlier and acted to resolve these promptly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not informed us of a serious injury which had occurred in the service. 18 (1) (2) (a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments did not always provide accurate guidance for staff. The provider had failed to ensure proper and safe infection, prevention and control. Environmental risks had not been identified. 12 (1) (2) (a) (b) (2) (h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not always deployed sufficient numbers of staff to make sure that they can meet people's care and treatment needs. 18 (1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems in place to monitor, assess and improve the quality and safety of the service had not been effective at identifying where improvement was needed. Staff's work was not being checked.</p> <p>17 (1) (2) (a) (b)</p>

The enforcement action we took:

Warning notice