Sahara Parkside Limited

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Inspection report

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19 February 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 16, 17 and 19 February 2016 and was unannounced.

The service is a registered care home for people with learning disabilities. The building is divided into 10 three bedroom flats. At the time of our inspection 13 people were living in the home.

The service was last inspected in June 2014 when it met the outcomes that were inspected.

The service did not have a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The manager of the service had been in post for two weeks and had submitted an application to register with CQC.

Risk assessments and support plans relating to behaviour that challenged the service and health conditions lacked detail and did not provide staff with the information they needed to provide good support. We have made a recommendation about supporting people with complex health conditions.

Permanent staff received a thorough induction, but this was not the case for agency workers who were not always provided with all the information they needed to provide people with good support. Staff had not received the specialist training they required to meet people's needs.

The management of the service had changed and there were concerns that information had been lost in the transition. Although the new management team had plans in place to assess and improve the quality of the service, these were not in place. We have made a recommendation about quality assurance systems.

The service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However, records of consent and capacity assessments were not always clear. The management team were taking action to address this.

People and relatives told us they thought the service was safe. There were safeguarding policies and procedures and staff had received training regarding abuse and knew how to report any concerns.

The service had robust recruitment procedures in place which ensured staff in post were suitable to work in a care environment. There were sufficient staff on duty to meet people's needs.

People had support plans in place in relation to their nutritional needs. Where people followed specialist diets for religious reasons this was supported. People were supported to maintain a balanced diet.

People, their relatives and staff told us they had time to build up positive caring relationships.

People were involved in making day to day decisions about their care. People told us they could speak up easily in the home. Relatives told us it was easy to talk to staff at the home.

People's privacy and dignity was respected and promoted. People were supported to practice their religious beliefs.

The service had a robust complaints policy which was available in an accessible format for people who lived in the home. The service responded to complaints in line with the policy. People and relatives told us it was easy to raise concerns.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risk assessments and measures to reduce the risk of behaviour that challenged the service lacked detail.

People were protected from the risk of abuse. Staff understood the different types of abuse and knew what action to take if they suspected abuse.

The service had sufficient numbers of suitable staff to meet people's needs.

People's medicines were managed in a way that meant they received them safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not received the specialist training required to meet people's assessed needs.

People's care plans did not contain sufficient detail on how to support people with their health needs.

The service sought consent to care and treatment in line with legislation and guidance. The service met the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink enough and maintain a balanced diet.

Is the service caring?

Good

The service was caring.

Staff and people living in the home had time to build up positive, caring relationships.

People were offered choices and made decisions about how they received their care.

People's privacy and dignity was respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Records of care delivered lacked detail and did not always contain information that should have been shared with staff.

Care plans were person-centred.

The service had a robust complaints policy and records showed complaints were investigated and responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not always well led.

Changes in the management team meant that actions from previous audits had not been completed.

Quality assurance systems had lapsed, although there were plans in place to reinstate them.

The service had a positive, person-centred culture where people and staff felt confident to speak up.

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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.

This inspection took place on 16, 17 and 19 February 2016 and was unannounced.

Before the inspection we reviewed the information we already held about the service including notifications they had submitted to us. We spoke to local authority commissioners and social workers for people who lived in the service as well as health professionals involved in their care.

The inspection team consisted of two inspectors.

During the inspection we observed support provided in communal areas of the building. We spoke with seven members of staff including the regional manager, the service manager, the deputy manager and four support workers. We spoke with five people who used the service and three relatives of people who used the service. We reviewed four people's care files, including support plans, risk assessments, medicines records and review notes. We reviewed six staff files including recruitment records, supervision and training records. We viewed various policies and procedures and audit records to see how the service was run.

Requires Improvement

Is the service safe?

Our findings

Care files contained a variety of risk assessments to address identified risks. These included moving and handling, medicines, isolation, behaviour that challenged the service, self-harm, absconding, personal care, the home environment, nutrition and hydration, finances and various health conditions. The risk assessments were not robust and did not contain sufficient information for staff to use to mitigate against the risks faced by people.

For example, one person had complex health needs but would refuse to meet with health professionals. Despite the risk of this person's health deteriorating, leading to hospitalisation or death, being identified through the assessment, the overall level of risk was noted as being medium. The control measures in place were, "Discuss with [person] the need for appointments." "Discuss seeing preferred professionals" and "Seek support from [relative]." This did not provide staff with the information they needed to be able to manage the health risks as it did not describe the type of communication to be used and contained no pro-active strategies to support the person to engage with services. Other risk assessments for this person lacked detail, for example, stating that staff should "Assist with [tasks]" and "Support and encourage [activity]." This was not a robust measure that managed risk.

People who lived at the home could present with a range of behaviours that challenged the service, including violence and aggression towards themselves and others. Measures in place to avoid and manage these situations were not sufficient and did not provide clear guidance for staff on how to reduce the risk of incidents occurring. Although triggers were well identified, for example, for one person certain topics of conversation and styles of interaction were clearly identified as triggers, prevention and de-escalation strategies were not always clear. One risk assessment relating to behaviour and mental health conditions stated the control measures as being that the person was working with a psychologist and would only work with male staff. This did not provide information for staff to use to prevent or manage incidents.

The above is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Records of incidents showed that staff were taking appropriate action when incidents occurred. The new management team were in the process of reviewing and updating all the care files and risk assessments. The need for detail of the actual measures and actions to prevent and manage risks was highlighted and an updated plan contained more information on how to prevent harm.

People, their relatives and professionals told us they thought the service was safe. One social care professional said, "It felt safe." A relative told us, "I think [relative] is safe." The home had a policy regarding safeguarding adults from harm, and this provided details on how to respond to concerns. During our inspection the local contact details for the local authority were added to the policy. The management team were confident in the actions they would take if they had concerns and records showed that appropriate action was taken when safeguarding concerns were raised. Staff demonstrated they understood the different types of abuse and how the people they supported were potentially vulnerable in various circumstances. Staff knew how to report and record any concerns. One member of staff told us, "If I had a

concern about abuse I would report it to a senior member of staff. I have had training and we talk about abuse in one-to-one and team meetings." This meant that people were protected from abuse.

The staffing levels in the service were determined by people's assessed need. Many of the people living in the home were allocated one-to-one support. Social care professionals told us they thought there were enough staff and that where people were allocated one-to-one staffing this was in place. Rotas showed that sufficient staff were on duty to meet the needs of people living in the service. Absences were covered from within the team or through the use of agency staff. The management team were in the process of recruiting additional staff in order to reduce reliance on agency staffing. There were sufficient numbers of staff to keep people safe. Two relatives told us they had concerns regarding the deployment of staff. One was concerned that there were times when staff were not available to respond to emergencies and the other was concerned that their relative was frequently allocated agency staff. These issues were raised with the manager who told us they would monitor the deployment of staff.

The service had a robust recruitment policy. Checks of recruitment files showed that this was followed. Each staff member had a fully completed application and interview records. Where there were gaps in employment history these had been explored. Identification and right to work checks had been completed. The service had completed Disclosure and Barring Service (DBS) checks to ensure staff employed were suitable to work in care settings.

The service supported people to take medicines as prescribed. Where people were supported with their medicines there were appropriate support plans which detailed how people liked to be supported with their medicines and which medicines they were taking. Care files contained details of what people's medicine was for and when they should be supported to take it. Where appropriate there were clear guidelines for staff to follow when people refused to take their medicines. Medicines that were prescribed on a "take as needed" (PRN) basis came with clear guidelines to tell staff when they should be administered. The home used Medicines Administration Recording Sheets (MARS) which were supplied by the pharmacy. These included photographs of the medicines to be administered as well as the time, route and form of the medicine. This meant there were clear records of what medicine had been administered to each person. MARS showed that people were receiving their medicines as prescribed. Medicines were administered by trained staff. Records confirmed staff had received training and this included a check of their competency to administer medicines.

Audits of medicines and MARS were carried out by senior members of staff. A review of these audits found two errors relating to the same medicine. This was investigated by the management team who concluded a combination of a non-recorded return of medicine and a calculation error had caused the error in the audit. Appropriate action was taken by the provider to address this.

Requires Improvement

Is the service effective?

Our findings

Staff were provided with a range of training and development opportunities. Records showed that staff had completed training in diet and nutrition, safeguarding adults, first aid, fire awareness, food hygiene, health and safety, infection control, diabetes, equality and diversity and record keeping.

The service also provided specialist training where this was required to meet people's needs. For example, two people were diagnosed with autism, two people were diagnosed with epilepsy and most people living in the home presented with behaviour that could challenge the staff and service. Training on autism, epilepsy and challenging behaviour was available for staff. However, the proportion of staff who had completed the specialist training was low. 11 out of 39 staff had completed training on autism, 10 had completed training on epilepsy and 21 had completed training around challenging behaviour and de-escalation. In addition, a review of one person's care file showed that their primary method of communication was through Makaton signs. Makaton is a specialist sign language developed for people with learning disabilities. No staff had received training in this area. This was brought to the attention of the management team who took immediate action to facilitate Makaton training for staff. This meant not all staff were not equipped with the skills required to meet people's needs.

The service had an induction policy, whereby staff were introduced to people living in the home and built up their relationships with them. Permanent staff told us they were given time to read care plans and get to know people before working with them. However, the induction for agency staff was not robust. An agency worker informed us they had only received a verbal handover of information regarding the person they were working with. A relative told us they had concerns over the use of agency staff as they were not confident they knew all the details required to keep their relative safe. They said, "The agency staff didn't have the information they needed. Staff should know the people they are working with." The quality of the induction for agency staff was brought to the attention of the manager who introduced a system where agency staff were given time to read care plans before working with people.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The service had a policy regarding staff support and supervision. This stated that staff should receive a minimum of four supervisions a year. The management confirmed that the records available were accurate, and that staff had not received supervision in line with this policy. The current manager had been in post for two weeks at the time of our inspection and had a clear plan and schedule for supervising staff working in the service.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had applied for appropriate authorisations and submitted the correct notifications to CQC regarding DoLS authorisations.

Care files contained various forms showing that people had consented to different aspects of life in the home. For example, each file contained a form regarding key holding, financial administration, the use of CCTV, sharing information and use of photographs. However, these were not fully completed, for example, one person had signed the forms but it was not detailed whether they had or had not consented, and another person had not signed any of the forms. In one person's file there were various capacity assessments around specific decisions, where the person had been found to lack capacity. However, the documentation relating to the following Best Interests decision was not clear. It was not clear what the outcome of the Best Interests process was and whether or not a decision had been made.

The management team showed that they understood the issues raised by the lack of clarity around this person's file. The paperwork pre-dated this management team's involvement. They demonstrated that they understood and would follow the principles of the MCA and associated guidance. Staff told us how they supported people to make decisions and care files contained details of how to present information to people to assist their decision making.

People had support plans and risk assessments relating to their nutrition and hydration needs. People's preferences were clearly recorded. Where people followed special diets for religious reasons this was clearly recorded and guidance on how to follow the diet were included in the care plan. Shared food storage areas had separate areas for this food which was clearly labelled to prevent people eating food that was not in line with their religious beliefs. Where there were concerns about people's nutritional intake, the service monitored their weight and food intake. Records of nutritional intake showed that people were supported to eat a nutritious and balanced diet. People told us they liked the food. However, relatives expressed concern that healthier options were not promoted.

People had various complex health conditions, including diabetes, mental health conditions, and heart failure. Although people had support plans and risk assessments in order to assist them to manage their health conditions, these lacked detail. One care plan stated "[Person] does not recognise any issues with their health." And "Staff to monitor my health closely." However, the only specific indicators that the person might be unwell were symptoms that were recognisably very serious. For example, "Bluish grey skin, shortness of breath, chest pains." This plan also stated that the person, "Will and is able to let staff know if they feel unwell." This conflicts with the previous information that they do not recognise issues with their health and means there was a risk that their health needs were not met. This person's relative confirmed that they did not express when they felt unwell or experienced pain. Another person was at risk of low blood sugar levels. Their care plan stated that staff should "Watch for signs of low blood sugar" but did not describe these signs.

We recommend the service seeks and follows best practice guidance on supporting people with complex health conditions.

Good

Is the service caring?

Our findings

People and relatives told us they thought the staff were caring. One person told us, "Staff are kind." Relatives told us they found the staff at the service friendly and approachable when they visited. A relative said, "It feels like home. The staff are lovely, they always make me feel welcome." Staff knew the people they worked with and had had time to build up relationships with them.

The assessment process for new people moving into the service included details about their preferences and important relationships. One person told us, "When I moved in, I was shy but the staff helped me to get to know the other people who live here." The manager told us that staff worked with the same people over a period of time to enable them to build up relationships.

Care files contained details of people's religious beliefs and where people wished they were supported to attend religious services.

Staff told us they offered people choices on a day to day basis. One staff member said, "I always help people to make choices for themselves, like what to wear, eat, drink, and where to go when they go out."

The manager told us they were confident that staff promoted people's dignity when supporting them and would speak up if they had any concerns that people's dignity was being compromised. Staff told us they ensured people's dignity was promoted during care by making sure that care tasks were completed in private. One staff member said, "I always protect people's dignity when helping them with personal care by ensuring that doors and curtains are shut." We saw staff sensitively address a situation where one person's clothing had become misplaced putting their dignity at risk.

Some care files contained a document called "Listen to me" which was a person-centred plan detailing important relationships, what people found important and what they did not like. Although some were completed with photos and contained good, person-centred details, others were lacking in detail. For example, in two people's files although siblings were listed as being important to the person their names were not included. These people had lived in the service for over a year but the home had not collected this detail despite recognising it was important to people.

Care files contained plans about how to support people to make choices about meals, clothing and every day decisions.

Requires Improvement

Is the service responsive?

Our findings

Care plans were reviewed monthly and updated when needed, for example, one person had their night time care plan reviewed and updated after an incident. People's care plans were updated at least annually. Care files contained personalised information and people's preferences regarding staff were respected. For example, it was clearly recorded and observed that only female staff worked with one person. Social care professionals told us they felt the assessment process for new people moving to the home was robust and included all the details staff would need to provide personalised care.

The service operated a keyworker system whereby one member of staff would take the lead in working with a particular person, supporting them to update their care plans. These provided a forum for people to raise any issues they had with their support. One person told us, "I have monthly key working meetings where we can talk about things." Records of these meetings were not contained in people's care files and the new management team told us they would introduce a system for recording people's feedback about their care.

Previously the service held regular meetings for people who lived in the house as well as a separate meeting for relatives. The manager told us they planned to re-start these. Relatives told us this would be welcomed, as they had found previous meetings useful. Likewise, the annual feedback survey had not been completed in the last year. This was recognised by the management team as a lapse and plans were in place to ensure feedback mechanisms for people and their relatives were strengthened.

People told us they were supported with a range of activities. One person said, "I have been out to the café with staff and had dinner." People had timetables which included both activities of daily living such as laundry and cleaning as well as leisure activities. During our inspection we observed people engaging in leisure activities such as needlework and colouring. Feedback from relatives and professionals included that they felt more could be done to support people with activities. One relative said, "They don't seem to use the activities room. I think they could be more creative with the activities they do."

The service had a robust complaints policy which was also available in an accessible format for people who lived in the home. People told us they would tell staff or the manager if they had cause to complain. One person said, "If I was unhappy about anything I would tell the manager." Relatives told us they knew how to complain and would speak to the manager if they had serious concerns. Records showed that the service responded to complaints in line with their policy and thorough investigations were completed into any complaints raised.

Staff completed daily log books to record people's activities and wellbeing and these were read by staff at handover. Log books viewed showed that staff recorded what activities people had been involved with and their general wellbeing. However, the records were brief and not always accurate or complete. For example, on the first day of our inspection one person became distressed and was visibly upset for approximately 15 minutes. Although staff provided appropriate support to the person to help them to calm down, their log book did not record that this had happened. The log stated "Start of shift in [person's] flat. Later went downstairs then up to his flat – a few times downstairs come and give him water to drink. [Person] looked

happy." This meant that staff did not have the full information required to provide the correct support.

We recommend the service seeks and follows best practice guidance on record keeping.

Requires Improvement

Is the service well-led?

Our findings

The management and leadership team for the service had changed three times in the past year. The current manager, who had applied to register with CQC had been in post for two weeks at the time of our inspection. The regional manager had been in post since October 2015. The management team recognised and acknowledged there had been limited handover from the previous management team and the inspection took place during a period of transition. They recognised there was a need for consistency in the management of the home. This reflected the feedback received from staff and professionals. A member of staff said, "They need to make an effort not to change the management again. We all need a bit of stability." A healthcare professional said, "I found the changes in management quite challenging. There were several quick changes and information was lost."

People, relatives and staff all gave positive feedback about the current management team. The manager had previously worked in the service and people were positive about their return. People, relatives and staff described the manager as approachable. A relative said, "[Manager] has come back, she seems down to earth." Professional feedback included that the new manager was "Very organised, seemed on top of everything."

The management team told us they promoted an open door culture and encouraged staff to raise any issues or concerns they had as well as making suggestions for how to improve or change how people were supported. Staff confirmed to us there was an open door policy with management and they could raise issues easily.

Records showed the service completed regular health and safety audits of the home and this led to action plans relating to buildings and maintenance. Records showed that equipment and maintenance records were up to date and appropriate checks were in place.

The provider had a system of quality audits in place to monitor the safety of the service and use of the systems in place. The regional manager conducted regular audits covering safekeeping, security, finances, staffing issues and care files. Records showed these resulted in action plans where issues were identified. For example, action had been taken to address issues with staff file organisation. Records also showed that actions that had been identified by the previous regional manager had not been completed. Records showed that the quality of risk assessments had been identified as an area for improvement by both the current and previous regional manager. However, this was still an issue during our inspection. This meant that the management and governance of the provider was not always effective as information had not been carried forward when the post holder changed.

Records showed that the management analysis and action taken in response to incidents had improved since the new management team was in place. The team had identified the low number of incident reports was likely to be under-reporting rather than a lack of incidents. This had been discussed in staff meetings and following incident reports had been appropriately analysed with de-briefing for the staff and people involved. Clear actions had been recorded and taken in response to incidents.

The service held regular staff meetings. The timing of these meetings had been varied to allow more staff to attend them, which was appreciated by the staff team. Staff meetings were used to discuss timekeeping, management arrangements, people and their support, safeguarding, policies, annual leave and teamwork. Staff told us they found these meetings useful and felt confident to raise issues during them. One member of staff said, "We have staff meetings where we discuss the service users, health and safety, policies and procedures, record keeping and training."

The management team recognised the systems the provider had in place to monitor the quality of the service had lapsed. For example, the quality assurance survey had not been completed, house meetings were not being recorded and relatives meetings had not been taking place.. The management team told us they had plans to re-instate quality monitoring into their work. The manager has sent us detailed plans for how and when they will re-instate the systems for monitoring the quality of the service.

We recommend the provider seeks and follows best practice guidance about monitoring the quality of the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way as risk assessments were not robust and did not contain the information needed to mitigate against identified risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received the specialist training they required to meet people's assessed needs.