

Haven Care Services Ltd

Sandy Hill Court

Inspection report

9 Sandy Hill Road
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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

About the service

Sandy Hill Court is a service which provides care for six people living in a supported living environment. This is a large building comprising eight flats. People supported have complex physical needs, learning disabilities and autism.

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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff were caring in their approach and had good relationships with people. Promoting independence was a key part of the service and people were encouraged to improve their daily life skills.

There were enough staff to ensure people were safe. Where risks associated with people's health and wellbeing had been identified, plans were in place to manage those risks while ensuring people could remain independent.

Staff understood their responsibility to safeguard people from harm and knew how to report concerns.

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; systems supported this practice.

People received care which was responsive to their individual needs. A keyworker system was in place and staff had a good understanding of how to support them well.

Care records provided staff with information in relation to people's backgrounds, interests and individual health needs.

The provider ensured care was based upon good practice guidance to help ensure people received an effective service.

As part of a thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

Staff encouraged people to maintain a balanced diet and respected their individual choices. The provider and staff team worked closely with external healthcare professionals to ensure people's health and wellbeing was maintained.

A registered manager was in post. Positive feedback was received in relation to the management of the service. People, staff and professionals had opportunities to feedback about the running of the service.

Quality checks were carried out to monitor the service, and these identified where improvements could be made.

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

Rating at last inspection

The service was rated as Good (published 10 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will 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?

Good ●

The service was safe

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.□

Sandy Hill Court

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 inspection was completed by one inspector.

Service and service type

This service provides care and support to people living in 'supported living' settings, so 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. Care was provided by staff to people living in flats.

The service had a manager registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. They had been in post for two years.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the manager would be in the office to support the inspection.

What we did before the inspection

Prior to the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as safeguarding concerns. We sought feedback from the local authority who work with the service. They were happy with the service provided.

The provider completed a provider information return. 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 used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service, however people were not able to tell us about their experiences of the care in any detail. We also spoke with four relatives over the telephone. We spoke with three support workers, two senior support workers, an administrator and the registered manager. We reviewed a range of records including two people's care records and one medication record. A number of other records were reviewed in relation to the management of the service, including quality checks, training records, meeting minutes and accidents and incidents. We looked at two staff files to ensure they had been recruited safely.

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 remained the same. People were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk's associated with people's health and wellbeing had been identified, assessed and documented. For example, risks around managing epilepsy, skin care and behaviours. The management team involved people in assessing these risks. One staff member told us, "Everyone is safe here, it is as it should be. If there are any incidents such as with behaviour, everything is documented and reported. It is managed well because we have had training." Behaviour guidelines were accessible to staff and documented triggers and how staff should support people at these times.
- Staff had been trained in fire safety. Regular fire alarm tests and drills took place. Safety checks were completed in relation to the environment.
- An on-call system ensured staff could contact managers for advice and support 24 hours a day.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt people were safe living at Sandy Hill Court, and the provider's policies and procedures provided staff with guidance on how to keep people safe.
- Staff understood the signs of abuse and how to recognise and protect people from this. One staff member told us, "We know how to report any safeguarding concerns. There is an adult safeguarding board, CQC, and we have a whistle blowing policy."

Staffing and recruitment

- People were supported by enough staff to meet their care needs. Care was provided based on people's assessed needs and people received support from one or two members of staff.
- Staff recruitment files included relevant checks to ensure all staff were suitable to work with vulnerable adults. Staff were unable to start work until these checks were completed.

Using medicines safely

- Medicines systems were organised, and people received their medicines as prescribed. One person was on a medicine which required specialist advice as dosages changed frequently. The registered manager had a system in place to ensure this was administered correctly.
- Protocols were in place for the administration of medicines taken on an 'as required' basis.
- Staff were trained to administer medication and competency checks were carried out to ensure they remained safe to do this. Senior staff completed audit checks of medicines, for example, stock counts, to ensure these were correct.

Preventing and controlling infection

- Staff received infection control training and followed good hygiene practices to help reduce risks, such as wearing personal protective equipment.

Learning lessons when things go wrong

- Staff completed reports when a person had been involved in an incident or accident. ABC (antecedent, behaviour and consequence) charts were completed to record incidents, actions taken and any learning from these for staff. One staff member told us, "Staff worked with families and professionals in managing behaviours and understood the impact of changes in routine and triggers for people. Following a number of incidents, further professional advice had been sought in relation to managing one person's behaviour."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received an induction when they first started working at the service. This involved training and working alongside experienced staff. One newer staff member told us, "It's brilliant here, I came from a different service, the staff are amazing, they have taught me loads, it is great. Everyone works well together, and morale is brilliant."
- Staff completed the necessary training to enable them to carry out their roles, for example, epilepsy, first aid, or training in relation to food hygiene. Some specialist training had been completed in relation to one person's nutritional needs. Training was monitored to ensure this remained current.
- Staff had opportunities to achieve additional care qualifications and complete the Care Certificate. The Care Certificate is a recognised set of standards that health and social care workers adhere to in their daily working life. It gives people and their relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
- A daily handover of important information took place between staff when shifts changed, so staff were up to date with any changes to people's care needs. One staff member said, "I think it is a brilliant service and staff know what they are doing here."

Ensuring consent to care and treatment in line with law and guidance

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Most people using the service lacked capacity to make some decisions. Where people were unable to make decisions for themselves, mental capacity assessments or best interest's decisions had been completed. Staff understood the principles of the Mental Capacity Act and consent was sought from people before providing them with care.

- The manager had applied for a DoLS for everyone living at the service. Currently one had been authorised.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were complex, and care and support was provided in line with current guidance. On relative told us, "I think this care service is good, they take (Person's) needs very seriously and work according to the care plan. Sometimes we have minor issues, but communication is good. (Registered manager) and the team always sort it out."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat meals in line with their needs and choices.
- Specific dietary needs were catered for and risks managed, for example one person who was at risk of choking had their food chopped up following specialist advice. Another person had additional support needs overnight and staff were trained to manage this.

Staff working with other agencies to provide consistent, effective, timely care

- Staff communicated with other agencies such as the local authority and health professionals including dietitians, speech and language therapy and community learning disability nurses when required. Advice given by professionals was recorded and followed.
- Hospital passports documented important information about people should they need to be supported in another setting such as a hospital.

Adapting service, design, decoration to meet people's needs

- People had their own flats, and these were decorated to their individual preferences. One person showed us their flat which was personalised to their taste.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to remain healthy, for example in relation to their weight and with dental health check - ups.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy living at the service, and we observed some positive interactions between people and staff, where staff were caring in their approach.
- One relative told us they felt their family member liked living at Sandy Hill Court as they were always happy to return to their flat. Another relative told us, "They adore it (living at the service), they are very happy with their Haven family. I genuinely could not have asked for more. They are a good team, they show affection for (person)." They went on to explain the person was encouraged to go out, be independent and have a social life.
- Staff completed training in relation to equality and diversity. Some staff and people were supported around their dietary needs in relation to their religious beliefs. Celebrations were held with people such as for Chinese New Year.
- Staff told us why the service was caring. One staff member said, "You could read in a book to learn about someone, but you have to get to know them. We had a tea party recently (as someone had had a bereavement) and we had cakes and played games, staff really do care." Another example was given of how one person had got to know staff since coming to the service and staff had seen their relationship develop, as they began to trust staff more. This was evidenced by the person now calling out for staff by their names.
- Staff were proud when telling us about people's achievements. The registered manager explained how they had worked very hard with one person who had profound and complex needs who was now able to go swimming, due to the level of trust they had developed with staff.
- Staff encouraged people to be involved in social events together, for example, a party was being held shortly after our visit. Staff had also supported some people to go on holiday.

Supporting people to express their views and be involved in making decisions about their care

- Staff understood the importance of people's views, wishes and choices being respected. One person had chosen to only have female staff, so male staff knew not to go into their flat and ensure only female staff assisted them. One staff member told us, "We try to promote as much choice as possible for people."
- People made decisions about their daily lives and care, for example, in planning their meals for the week.
- No one was supported by an advocate currently, however staff were aware of when this might be required.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be independent with daily tasks such as making meals or snacks, shopping, cleaning and laundry. One person made up their packed lunch for college each day. Another person worked

in local charity shop having been supported by staff to arrange this.

- Staff supported people with dignity and respect. One relative told us, "I am exceptionally happy with the service and the team there. They are respectful to me and when I visit (Person) is always immaculately dressed. I could not want for anything better."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People, relatives and professionals had shared people's needs with staff before care started.
- Staff knew people well and supported them in line with their wishes. One staff member told us, "We are always guided by the service users and we get to know their little ways."
- People had regular staff who provided consistent care. A keyworker system supported this with certain staff allocated to oversee the care of individuals.
- Care records were person centred and contained people's profiles which enabled staff to understand their likes, dislikes and preferences. Some care plans contained photographs of people which showed staff exactly how they liked to be supported (such as when moving from one place to another) so staff could understand this clearly. Staff told us time was allocated to enable them to complete records accurately.
- People's care and support plans had been reviewed and updated to reflect any changes to their needs. People and relatives where applicable, were involved in review meetings and care planning, with staff and other professionals to ensure care remained suitable.
- People had opportunities to follow their interests and hobbies. One person enjoyed walking and another person we met during our visit, was going to play snooker and then swimming.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's information and communication needs were assessed, and staff understood these alongside the AIS.
- Information was provided to people in a format they could understand for example, information about the service was provided in a pictorial format. One person was registered blind and staff supported them by keeping consistency in routines and in relation to where their belongings were kept. Some people used 'communication boards' to enable them to communicate with staff.

Improving care quality in response to complaints or concerns

- Where complaints or concerns had been received by the provider, they were followed up and information was used to make improvements if required. No current complaints had been received.
- One relative told us, "I have got no concerns whatsoever, I have nothing but praise for them."

End of life care and support

- No one at the service was receiving support with end of life care. There was some information in care

records to record people's wishes, however some people or relatives had chosen not to complete this information at this time.

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 remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Managers and senior staff checked the quality and safety of the care provided, for example, checks in relation to medicines, finances and staff practice. These had been successful in identifying some gaps or areas for improvement.
- The provider understood the legal requirements of their role including submitting certain notifications to us (CQC). Ratings from the last inspection were displayed at the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The management team consisted of the registered manager, a deputy manager (who was the company compliance lead), an administrator and senior care staff. The registered manager told us they felt very supported by the provider who they described as 'wonderful' to work for. One staff member told us they loved working at the service as it felt cosy and like a proper family.
- Relatives gave positive feedback about the management team. One relative told us, "We have a very good relationship, they have an open door to raise any issues." Another relative told us they felt the registered manager was 'outstanding' and described the communication as amazing.
- Staff felt managers were 'approachable and easy to talk to'. One told us, "I think it is well – led. We all have dedicated tasks, it is organised, we have supervision every two months. With (registered manager) you can always go to them, they are very approachable and will help you." Another staff member said staff were praised by managers when doing well and this added to the positive culture at the service where staff could be honest and work together as a team. The registered manager praised staff, they told us, "We are stronger now than we have ever been, we are all working in harmony and want to same outcomes." They told us they felt it was important for staff to develop in their careers and they were being supported to undertake additional qualifications to enable them to do this.
- The provider understood their responsibilities in relation to duty of candour, that was being open and honest and accepting responsibility when things went wrong.
- Plans were in place to develop the service with filling the two flat vacancies. However, the registered manager was clear that people coming in would have to be compatible to the existing people living there. Further plans were to develop a sensory room for people and with some staff team building work continuing.
- Challenges continued with less funding available for people which the registered manager felt had impacted on the service being able to do additional activities with people.

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

- Views of visitors and relatives were gathered through surveys. The last survey was March 2019 and 11 responses were received with positive comments. Surveys responses for people included, 'I am happy with the food and activities.' Plans were in place to introduce coffee mornings and invite families to attend.
- Staff meetings were held every two months. These provided an opportunity for staff to feedback their views and suggestions.

Continuous learning and improving care

- Learning from concerns and incidents contributed to continuous improvement.
- An application had been submitted to the National Autistic Society for an autism friendly award.

Working in partnership with others

- Staff and the management team worked with social workers, occupational therapists and other professionals to support people's care.