

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?

Inadequate ●

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 communal accommodation. The service supported people with mental health conditions, physical disabilities, dementia and older people. They are also registered to support people with a learning disability and autistic people. At the time of the inspection, the service supported 16 people.

The inspection took place at the providers registered office which is based within a purpose-built site that can accommodate a maximum of 16 people. There is a permanent office for the management and administration teams and waking support staff on site 24 hours a day. People had their own individual bedrooms with a private bathroom and shared communal spaces such as the kitchen, dining room and garden.

The service also supported people in the community living in their own property, but we did not visit them as part of this inspection. 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support

People did not always receive the support they needed to keep them safe from risk of harm or to ensure all their needs were met. Staff were not always recruited safely to ensure they were suitable to work with people. The service did not always support people to have the maximum possible choice, control, and to be independent and have control over their own lives. People were not always supported to achieve their aspirations and goals. Staff supported people with their medicines, but improvements were needed to promote people's independence.

Right Care:

People were supported by the number of staff they needed but we were not assured all staff had the required skills and knowledge to meet their needs and promote their independence. Staff communicated

with people in ways that met their needs. People told us staff respected their privacy and dignity when providing care and support. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture:

The provider has continually failed to improve the systems in place to maintain oversight and drive improvements in the service. People's quality of life was not enhanced by the service's culture of improvement and inclusivity. People were provided with some opportunities to share their feedback about the service they received. Staff worked with health professionals to monitor people's healthcare needs.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 15 November 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last 3 consecutive inspections.

Why we inspected

We carried out an announced focused inspection of this service on July 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the safeguarding processes and governance systems in the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection.

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

Enforcement and Recommendations

At this inspection we have identified breaches in relation to the management of risk, staff training, recruitment of staff and the lack of governance systems to monitor the quality of the service being provided.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

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 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 Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 'supported living' settings, 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.

This service is also registered as a domiciliary care agency. It provides personal care to people living in their own houses flats and or specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager has been in post

for 4 months and advised they would be applying to register.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 25 April and ended on 22 May 2023 when formal feedback was provided. We requested and reviewed records remotely during this period. We visited the service on 25 April and 3 May 2023. An expert by experience undertook phone calls to people and their representatives on 26 April 2023.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people and 2 relatives about their experience of the care provided. We also spoke with 8 staff which included care and senior care staff, care co-ordinator, senior administrator, the manager, director, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of documents and records including the care records for 6 people, a selection of medicine records, 4 staff recruitment files. We also looked at records that related to the management and quality assurance of 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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same. 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.

Assessing risk, safety monitoring and management

- Risks to some people were not well managed which impacted on their care and placed them at risk of avoidable harm.
- We found some people with mobility needs had not had their home environment assessed to mitigate any potential risks and to support them to obtain the required aids and equipment to promote their independence. One person told us, "I don't feel safe using my bathroom I am scared of falling."
- Information in a person's care plan advised staff they used a particular aid to support them with their mobility, but the person told us they did not use this aid and it was not available for staff to use. Therefore, staff did not have clear and accurate guidance on how to safely support people with their mobility.
- Risks to some people with known mental health conditions had not been effectively assessed and mitigated to consider how these could be reduced. For example, 1 person was at risk of weight loss and another person required support on how to maintain a safe environment. This meant staff did not have clear guidance on how to support people with their needs.

The provider had not ensured risks to people were managed effectively. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- We found the provider was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Where these had expired, this was raised with the relevant Local authority.

- People told us staff sought their consent before providing support with daily living tasks. Our observations of interactions overall supported this.
- People's decisions in the way they chose to live their life were respected by staff. Even when their life choices may not be in their best interests.
- Although staff had not all completed training in MCA and Deprivation of Liberty Safeguarding (DoLS) they were aware of the principles and the importance of prompting people's human rights.

Staffing and recruitment

- We were not assured people were always supported by a skilled and competent staff team.
- We asked for information to be shared with us about how staff training needs had been assessed and what training staff had completed. However this information was not made available to us.
- The manager advised us some staff were completing a national vocational qualification level 3. However no other records were shared to demonstrate staff had completed core training to meet people's needs safely. For example, in relation to moving and handling, food hygiene, dementia, supporting autistic people, and people with a learning disability.
- The Health and Care Act 2022 introduced a requirement that providers registered with the CQC must ensure that staff receive training on learning disability and autism which is appropriate to the person's role. The Oliver McGowan Mandatory Training on Learning Disability and Autism is the government's preferred and recommended training for health and social care staff. This training had not yet been provided to staff.
- People told us they did not feel confident in some staff abilities. One person said, "The staff could do with more training in manual handling as I don't feel confident, they know what they are doing."
- Some staff we spoke with told us they did not always feel they had the skills they needed for their role. A staff member, "I would like more training to support people with their mental health needs."

The provider has not ensured staff had the required training and competency for their role. This was a breach of Regulation 18 (2) Staffing. Of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Safe recruitment practices were not followed. We found discrepancies with the staff recruitment files on our last inspection and on this inspection, we continued to find shortfalls with the files we reviewed.
- Records confirmed some staff had commenced employment before the return of their references and their disclosure and barring service check (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We also found gaps in all 4 staff employment histories that had not been explored with them and a rationale provided to ensure a full employment history was gained. This meant people were at risk of being supported by unsuitable staff.

The provider had failed to ensure staff were recruited safely. This was a breach of regulation 19 Fit and proper persons employed. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us overall there was enough staff to meet their needs. As the service provided staff on a 24-hour basis at the communal setting, it was difficult to determine if each person received their allocated one to one hours to support their individual needs. A person told us, "I use my buzzer and the staff will come and see what I want." Another person said, "I don't know how many hours I am allocated, but the staff come when I need them." We discussed this with the provider who advised us the staffing structure would be reviewed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we were not assured the processes in place protected people from the risk of abuse. This was a breach of regulation 13 Safeguarding people from abuse of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made sufficient improvements and were no longer in breach of this regulation.

- Since our last inspection the management and staff team have changed. Action has been taken in response to the previous safeguarding concerns and investigations which have now been concluded.
- We did not receive any feedback from people or observe any restrictive practices which may indicate staff were not promoting people's human rights. One person told us, "I can do what I want within reason."
- People told us they generally felt safe when being supported by staff. One person said, "The staff treat me well I feel safe and secure." Another person told us, "The staff am okay I just don't want to live here anymore."
- Most staff told us they had completed safeguarding training prior to working for the provider. Staff had a good understanding of various elements of abuse and knew how to safeguard people from this. A staff member said, "I would always report any concerns to the manager, director or if necessary to external agencies like CQC. I would not tolerate any abusive practices; I am here for the people I support."

Using medicines safely

- People received their medicines as prescribed. However, we found some shortfalls with the recording and storage of medicines.
- Peoples medicines were stored securely in a staff room. One person was supported to have their medicines in their room. However secure storage was not currently available for this person or any other person to enable them to have to have their own medicines in their rooms. This was part of the managers action plan to encourage people's independence in this area.
- Controlled drugs were not always signed by 2 staff when administered. Although body maps were in place for the administration of topical creams these did not always indicate which part of the body these should be applied, to ensure staff consistently.
- People received support from staff to make their own decisions about medicines wherever possible.
- Staff had received medicines training, which included an assessment of their competence.

Preventing and controlling infection

- We were not assured staff had received the required training to promote effective infection, prevention, and control measures to support people to keep safe. We also were not assured staff had completed food hygiene training to support people to safely prepare and store their food.
- We observed several areas that required repair both in people's rooms and the communal areas. For example, broken bedroom furniture, damaged kitchen units and surfaces. This could compromise the cleaning process allowing growth of bacteria. We had identified some of these repairs at our last inspection. We raised this with the provider who advised us an action plan was in place to address these areas and the kitchen was due a refurbishment in the forthcoming months.
- People told us staff supported them to keep their rooms clean and tidy. Staff advised us they encouraged and supported people to maintain their rooms and the communal areas.

Learning lessons when things go wrong

- On our last inspection we found improvements were required with the systems for reviewing incidents and accidents to ensure risks were reduced and lessons were learnt. On this inspection we found limited improvements had been made.
- Although incidents were recorded these were not always analysed for patterns and trends and action recorded of how the risks may be mitigated to reduce the risk of reoccurrence.

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 our last inspection we rated this key question requires improvements. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection we were not assured the governance processes in place would consistently assess, monitor, and improve the quality of the service. This was a breach of regulation 17 (good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found the provider had not taken sufficient action to be compliant with regulation 17, Good governance.

- At the last 2 inspections we identified the provider had failed to have effective systems and processes in place. On this inspection we found the same shortfalls. There continued to be a lack of audits in place and analysis of information gathered meant opportunities to learn lessons to drive improvements were lost. We found at this inspection improvements were still required to the provider's oversight of the service and governance processes. The provider has failed to make the required improvements and improve their rating following the last 3 consecutive inspections. They also failed to fully comply with the previous warning notice we issued.
- The provider's systems had failed to ensure known risks associated to people's physical and mental health needs had been effectively assessed, recorded and control measures introduced to mitigate these. This placed people at increased risk of harm.
- Systems and processes were not robust to ensure risks to people were managed effectively and action taken to mitigate known risks. Although accidents were recorded, a monthly analysis of these had not been completed to monitor for themes and trends. This meant opportunities had been missed to consider what lessons could be learnt and to improve the care people receive.
- We found 7 notifiable incidents that had not been reported without delay to the CQC.
- Robust systems were not in place to audit staff files to ensure all required recruitment checks had been undertaken prior to staff commencing employment.
- Systems and processes had not enabled the provider to identify some care records were not sufficiently detailed or reflective of people's current needs. For example, we found some care plans and risk assessments had not been updated following people's hospital admissions. Some care plans were not detailed enough to guide staff on how to support people appropriately and manage known risks.
- The provider's systems had failed to ensure an analysis of staff training needs had been undertaken when staff were employed. They also failed to ensure staff had received core training to enable them to have

updated skills and knowledge to meet people's needs.

Systems and processes were ineffective and not robust enough to maintain oversight of the service. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We expect all providers to understand our regulatory approach when we refer to Right support, right care, right culture (RSRCRC). Although the manager had knowledge of this guidance and it had formed part of their action plan, we did not see how the guidance had been embedded in the culture of the service. Staff continued to not be aware of the guidance and how it was applicable to the service. This impacted on the outcomes for some people. For example opportunities to maximise people's independence were not promoted.
- Opportunities to promote and empower people's independence were missed and the support provided was not always person centred. For example, supporting people to be self-managing, making their own meals, going out to places they enjoyed. One person said to us, "I feel trapped here and I want to leave I am not happy here." Another person told us, "I want to do more I feel locked in here I want more independence." We shared this feedback with the manager and the nominated individual who told us they would speak to these people.
- All staff spoke of their commitment to improving people's lives where possible and advocating on their behalf. A staff member said, "I love my job I want to make a difference and make sure people receive good care and have a good life."

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

- Some systems were in place to gain feedback from people. Surveys had been given to people in April 2023, and some of these had been returned. The feedback was mixed with some people commenting they were satisfied with the way the service was managed. Other people advised they did not wish to continue living there and improvements were required with staff competence and the environment. An analysis of the feedback had not yet been completed.
- We received mixed feedback from the relatives we spoke with who advised us no formal systems were in place to gain their feedback. One relative told us, "I am kept informed about my relative's wellbeing. The staff listen to any advice I share. I have no concerns about the support [person] receives". Another relative felt they were not kept updated and did not think their loved one was receiving the support they needed to lead an independent life.
- We received mixed feedback from staff about the way they were involved in the development of the service. A staff member said, "There has been lots of changes in management and things are starting to improve. I don't always feel confident going to management and don't always feel respected by them." Another staff member told us, "I feel more supported now than I did. We do have meetings and I do feel confident to share any ideas."

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 manager, nominated individual, and director was open and transparent during the inspection and was responsive to our feedback and acted in response to a number of the concerns raised, for example by updating recruitment records. An action plan was also shared with us.
- Although the manager understood their responsibilities in relation to the duty of candour, they did not

always meet these requirements due to not ensuring all notifiable incidents were reported to CQC and external agencies.

Working in partnership with others

- The new management team and staff worked in partnership with relatives and health and social care professionals to ensure people received the support they needed.

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected from harm due to the lack of robust risk management processes within the service.

The enforcement action we took:

Impose a condition

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not robust or effective enough to monitor and improve the quality and safety of the service provided.

The enforcement action we took:

Impose a condition.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure staff were recruited safely.

The enforcement action we took:

Impose a condition.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to assess, review and address staff training needs to ensure all staff had the necessary training to carry out their duties and provide service users' care in a safe way

The enforcement action we took:

Impose a condition