The Council of St Monica Trust

Care and Support Service Sandford Station

Inspection report

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Sandford
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Tel: 01934825900

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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

Care and Support Service Sandford Station is a domiciliary care service, which provides support to people who live in their own homes. The provider is registered to support people with a wide range of needs including dementia, older people, and people who have physical disabilities. This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. People using the service lived in flats and houses in a large gated community. Not everyone living at Sandford Station receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

We inspected the service on 13 April 2018. The provider was given 48 hours' notice of our visit; because we needed to be sure that, someone would be in the location's office when we visited. At the time of our inspection, there were 36 people using the service; primarily the service supported older people. At the last inspection in December 2015, the service was rated Good overall. At this inspection, we found the service remained Good.

The service had a registered manager in place. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff demonstrated knowledge of how to support people who may be vulnerable. They were able to identify elements of potential abuse and neglect and they knew how to report incidents. They knew the people they supported well.

People we spoke with told us they felt safe, respected and well cared for. Staff had good knowledge about people's needs. They worked well together as a team, sharing knowledge and ideas, which would enhance the service.

All staff that were employed at the service were recruited safely. References were sought prior to employment commencing and employment checks were completed to support the registered manager in making safe decisions about whom they employed. A comprehensive induction and training package was available to all staff and they were supported through regular supervision and appraisal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and encouraged them to remain independent. Staff understood that people should be consulted about their care and they understood the principles of the Mental Capacity Act and

Deprivation of Liberty Safeguards.

Best interest decisions involved people's representatives when required. Staff worked in a person centred manner and treated people with dignity and respect.

Staff had positive, genuine relationships with the people they supported. People were treated with kindness and compassion and they told us staff were caring.

Care plans were centred on the needs and preferences of the person and detailed individual requirements. Care plans were regularly reviewed and kept up to date when people's needs changed. People were involved in devising their care plan and they had active input into the reviews of their care.

People's choices and preferences were valued and recognised. We received consistently positive feedback from people who used the service.

People knew how to complain and they were confident that any complaint made would be dealt with.

The registered manager supported the staff to be effective in their role. Staff told us the manager was responsive to their needs and very supportive.

The provider sought people's views on the service through surveys and questionnaires. Where issues were identified, the provider took action to resolve them.

The registered manager and the provider completed regular audits and quality assurance checks of the service and this supported them to identify and resolve potential service issues at an early stage.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained good	**Good**
Is the service effective? The service remained good	**Good**
Is the service caring? The service remained good	**Good**
Is the service responsive? The service remained good	**Good**
Is the service well-led? The service remained good	**Good**

Care and Support Service Sandford Station

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 checked 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.

The office visit took place on 13 April 2018 and was announced. The provider was given 48 hours' notice that we would be coming. This was so we could be sure the registered manager was available to speak with us.

The inspection was a comprehensive inspection and was conducted by two adult social care inspectors. During our inspection, we visited four people who used the service, spoke with four staff, the registered manager and new manager. Following the inspection, we had feedback from the local authority contracts and compliance team.

We looked at a range of records about people's care including three care files. We also looked at other records relating to people's care such as medicine records and daily logs. This was to assess whether the care people needed was being provided. We reviewed records of the checks the registered manager/ provider made to assure themselves people received a quality service. We also looked at seven staff records to check that safe recruitment procedures were in operation, and staff received appropriate supervision and support to continue their professional development.

We reviewed the information we held about the service. We looked at information received from the statutory notifications the provider had sent to us and commissioners of the service. A statutory notification is information about important events, which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority.

Good

Is the service safe?

Our findings

People continued to receive safe care.

People who used the service told us they felt safe. Comments included, "I do feel safe here because of the staff. We have made friends here and we are amongst the youngest here. I am totally confident in the service" and "I am safe." The provider had policies and procedures in place to ensure the safe running of the service.

We looked at how they protected the people they supported who may be vulnerable from harm and abuse. A safeguarding policy was in place, which detailed the service's responsibilities and how staff should report any areas of concern. Staff we spoke with demonstrated a good understanding of safeguarding the people they supported. One said, "People who live on their own can be at risk. We keep our eye on them and report any concerns to the office."

A whistle-blowing policy was in place at the service. This policy detailed how staff could speak to people outside of the service, such as the Local Authority or the Care Quality Commission, about any issue where they thought the service was not doing well. Staff we spoke to understood their responsibilities around this and felt they would be supported if they needed to take such action.

The risks to people who used the service were assessed and reviewed on a regular basis. We saw comprehensive risk assessments were in place in the care files that we viewed. Areas covered included, sensory impairment, infectious disease and moving and handling. Risks to staff working in the community were also identified, these included risk from pets and environmental risks.

The service followed a safe recruitment process before new staff began employment. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.

The provider had systems in place to record and monitor accidents and incidents if they occurred. No accidents or incidents had been recorded against the care and support services.

We looked at staff rotas and saw that sufficient staff were deployed on each shift to cover the calls required. The manager had clear oversight of the rotas and where staff were unavailable for a shift, for example, due to ill health, we saw the manager or the deputy manager ensured cover was in place. The provider has a call monitoring system in place to alert staff of any resident who has not pressed their 'I'm ok' button. Staff are contacted by phone if someone has not pressed their 'I'm ok' button or pendant. We saw that travelling time was allocated between calls and people who used the service consistently told us that the care staff arrived on time for their allocated call.

People who used the service were protected by the prevention and control of infection measures in place. Personal protective equipment (PPE), such as gloves, aprons, tunics and alcohol hand cleaning gel was used by the staff when they provided direct support to people, we were told that staff had free access to a store of this equipment. Staff confirmed this was the case.

People told us that they were happy with the way they received their medicines. One person said, "I get my medicines on time and they always give me a drink to take them with." The service had a medicine policy that was up to date and reviewed on a regular basis. Regular monthly medicine management audits were being completed and where performance issues had been identified action had been taken to prevent recurrence.

There had been one error in the previous six months, the persons GP had been contacted, there were no ill effects and we saw that learning from the incident had been disseminated amongst the staff.

All medicines were stored in people's homes. People in receipt of support with their medicines had a box containing one week's medication that is delivered to their home.

All staff supporting people with their medicines completed a work booklet as part of medicine management training and had an annual mandatory update day. Staff that were new to medicines management had 'buddy shifts' over a two week period or until they felt confident to support people with their medication. Staff competency assessments were conducted on a yearly basis.

People who needed to have creams or lotions applied had details of what needed to be applied to what area and at what times clearly documented on their medicine record.

A member of staff told us "The medicines storage is safe. For example, they are often stored in a top cupboard well away when the grandchildren come. Procedures are robust to keep people safe and any learning from adverse events is widely circulated to prevent recurrence."

The service was in the process of updating the master staff signature list of staff that support people with medications. We did note that the list did not include the initials of staff only their signatures in full. The medicine charts were signed with initials only. This meant it might not be easy to identify the correct member of staff promptly in the event of a query.

A GP visited the home on a weekly basis for pre booked appointments and staff told us that medicine reviews were conducted by the person's GP.

The provider had a business continuity plan in place and this detailed how the service would continue to meet people's needs in the event of a major incident occurring, such as severe weather, breakdown of the computer systems, or loss of essential utilities. The continuity plan detailed actions required in any event, who was responsible for those actions and important contact numbers in the event of an emergency.

Good

Is the service effective?

Our findings

People continued to receive effective care.

People felt very well supported by staff who were well trained and knew how to care for them. People made positive comments about the staff competence and abilities and were very happy with their approach. People told us; "We are confident in the staff ability to provide care and they have had the appropriate training." and "Mostly they are fully competent or can refer back if they are not sure."

A comprehensive induction programme was in place for new staff and covered topics such as first aid, safeguarding, moving and handling theory/practical, infection control, food hygiene, health and safety, fire safety and medication. One staff said, ""When I started I had three days training up in Bristol on mandatory training. Since then I have had mandatory training and we are reminded when it is due. I have had Mental Capacity Act, Best Interests and Deprivation Of Liberty training. I did an extra course on Dementia training and we completed a booklet. At the moment we are doing a medicine management, they are very strict on medication." Following the inspection, the registered manager sent us the updated training matrix. They explained that staff had Mandatory Update Training (M.U.D) when needed and this was clearly shown on the matrix.

Whilst there is no statutory requirement for providers to implement the Care Certificate, the provider had incorporated this into their induction programme. The Care Certificate is a set of minimum standards that social care and health workers should apply to their daily working life and is covered as part of the induction training of new care workers. This helps to ensure make sure that staff have the skills, knowledge and experience to deliver effective care and support. Individual needs assessments had been undertaken prior to the service being provided to ensure the care and support being offered could meet the person's individual needs and choices.

Staff received regular supervision and the staff we spoke with all told us they were well supported in their roles. In addition to supervision meetings, staff were periodically observed whilst they provided care to people. Most staff records showed that regular supervision and annual appraisals took place. One staff told us, "If I have ever had any problems I have been really well supported" and "I get three monthly supervision and it's helpful. The managers have supported me in my learning." We saw an appraisal record where staff discussed their need to do person specific training; their training record showed they had subsequently completed this training.

The service had an electronic database, which provided details of all staff training, supervision and appraisal. This showed when it had been completed and when refresher training was due. It was up to date and planned well in advance. This meant staff were reminded as and when their training refreshers were due, so it did not expire.

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. We checked whether the service was working within the principles of the MCA. At the time of this inspection, the service was only supporting one person who lacked capacity. Staff told us they asked people for their consent before delivering care and they respected people's choice to refuse support. We were told, "I cannot just decide for them."

People's healthcare needs were monitored. Their care plans detailed people's medical history and known health conditions. Changes in people's health were documented in their care records. This information was also available to inform health professionals who became involved with their care, through either an identified need or an emergency. One person told us "If I needed to see a GP they would make me an appointment". Staff said "[One] person decided they wanted to speak to a GP so I got them an appointment." The manager told us they liaised with community health and social care professionals whenever people needed this.

Staff told us they supported people at mealtimes to access food and drink of their choice, "They (people) get choice about food they can have it delivered, go to the restaurant, cook for themselves and we will support heating up ready meals. We can help cutting up food". One person said, "If I have something in my cupboard that my family have bought me they will cook it for me. " We spoke with staff who understood the importance of adequate fluids and nutrition. Staff confirmed that before they left their visit they ensured people were comfortable and had easy access to food and drink as appropriate.

Good

Is the service caring?

Our findings

People continued to receive a safe service.

People told us that staff were kind and caring towards them. One person said, "The staff are wonderful". Another told us, "We have never had any problems with staff." A third said, "Staff are very courteous and respectful, always friendly." Staff said, "It is a very caring place and we all work well as a team, we know each other's strengths and weaknesses."

People were involved in discussions and staff respected decisions, with regard to their care. Staff we spoke with knew about people's needs, had a good understanding of what was important to each person and how to provide personalised care to them. "The care is personalised and meets people's needs."

We saw staff interacted and responded to people in a positive manner and had time allocated to spend time with each person on a one to one basis. Staff had developed positive and caring relationships with people who they clearly knew well. People received care, as much as possible, from a team of consistent staff members. People told us that they were happy to approach and talk with the staff that provided their support. We saw that people were relaxed and happy in staff`s company. We saw people chatted and laughed with staff as well as discussing their routines and social activities.

Staff supported people in a professional manner, which ensured they received the appropriate support. People told us that staff respected their privacy and dignity and made sure that they supported them in the way they wished, and encouraged them to remain as independent as possible. One staff said" "We preserve people's dignity by covering them up when we wash them, closing the curtains, closing the door and we always ask before doing anything. I explain what I am going to do and I listen to them."

Confidentiality was well maintained by staff and information held about people's health, support needs and medical histories were held securely. Staff understood the importance of confidentiality and respected people's privacy.

Good

Is the service responsive?

Our findings

People continued to receive responsive care.

People told us staff responded to their requests for assistance in a timely way, and met their personal needs and wishes. Comments from people included "If I want anything I can ask but they don't come and ask you…that's the really important part, they respond to you" and "The staff are very helpful."

Care records we reviewed contained sufficient detail to support staff to deliver person centred care in accordance with people's preferences and wishes. People were involved alongside family members in care planning and regular reviews of their care. People told us "I have been actively involved in planning my care and my family have also been involved. " One member of staff said, "Care plans are reviewed six monthly or more often if the situation changes and the service user is involved in the review." Another told us "When a new resident arrives we have been asked to read the care plan. We have a plan of action so we know what we are doing and we liaise with the service user and their family. We have a person with a specific condition and we were all given a booklet explaining the condition to help us understand."

We also looked at some computerised care plans and saw evidence of referral to external professionals when necessary and implementation of suggested treatments. A variety of risk assessments had been completed including nutrition, hydration, skin integrity, falls and moving and handling. Where risks had been identified, actions staff should take to mitigate the risks had been described in detail. The care plans followed a basic formula of observations/assessments, what are the resident's goals and aspirations followed by what staff interventions will support those goals. In the event of a computerised search of the care plans finding residents with the same name an alert is raised helping to prevent care plan entry into the wrong file. The care plans that we looked at were person centred and not task orientated. Information was collated on a document known as the "I care Health Questionnaire" that when completed provides comprehensive and detailed information.

People told us communication between them and the care staff was good. Where it was included in people's care packages, staff assisted people to access interests and hobbies, or go out in the local community. We found some people had end of life care arrangements in place. The arrangements people had in place included decisions that had been made regarding resuscitation following a cardiac arrest. The registered manager told us, "People are asked during our initial assessment of their care needs about any such arrangements and followed up by the provider's pastoral team."

People confirmed they had been given the complaints policy which was included within the information guide which was available within their homes. There were systems in place to manage complaints about the service. No one we spoke with had any complaints. A typical response was that people had no need to complain. One person said ". I would tell one of the carers if I ever wanted to make a complaint." There had been six complaints received by the manager, none of which referred to the care and support services staff.

There were a number of activities available to all people living within the community. For example, there

was an on-site gym with a dedicated instructor, weekly archery classes. The manager had also secured funds to develop a "Man Shed" for people to use to do practical activities and talk. The manager explained they had read research that stated that people, mainly men, talked better with each other when they were involved in practical activities and they were hoping this would be useful to people.

Good

Is the service well-led?

Our findings

The service continues to be well led.

People told us they thought the service was well managed, "The manager is lovely and know me really well" and "I do think it is well managed." Staff said, "The culture is very supportive, if I ever have any problems the managers are brilliant, just given full support ", and "If I have ever had any problems I have been really well supported." The registered manager was now managing another of the provider's locations but was still registered for this service. There was a new manager in place who was going through the process of becoming registered with the commission. The registered manager was responsible for not only managing the care and support team but the whole community such as the buildings, dining room and outside areas.

The manager completed audits including health and safety, medicines, recruitment and support plans. When shortfalls were identified, an action plan had been put in place with timescales and who was responsible for completing the action. The manager checked that the action was completed.

The service was managed from the registered office and the manager understood their roles and responsibilities. We found that records were up to date and accurate and the provider's electronic care plan system had a traffic light system, which identified when documents such as care plans needed to be updated.

Service evaluation forms were completed yearly by people and staff and collated by the provider at their head office. The general outcome from feedback was positive; people said that support was either good or excellent. Information and newsletters were sent to people but this information could be requested in other formats and the manager would ensure that was done.

People had the opportunity to attend regular meetings where they could give feedback on the service they received and the community as a whole and make suggestions for improvements. Feedback on suggestions and updates were given at the following meeting. The majority of the suggestions and concerns were about the living environment not the care and support people received.

The service had a clear vision and strategy that staff knew and understood. Staff attended monthly team meetings to discuss the people using the service and any changes in the service. Staff were able to make suggestions at these meetings. The manager provided a monthly report to the provider including accidents and incidents and any issues from the meetings. The manager said that they felt supported in their role and had regular supervision sessions and that the provider had an "open door" approach if they needed support in between meetings. The manager worked with the providers other services, kept up to date and shared best practice.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating by the

entrance to the service and on their website.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.