Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Sackville Gardens

57 Sackville Gardens, Hove, BN3 4GJ

Tel: 01273748031

Date of Inspection: 15 February 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Brighton Housing Trust
Registered Manager	Ms. Romanie Palmer
Overview of the service	Sackville Gardens provides care and support for up to five people with mental health needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We looked at minutes of meetings that involved people and saw that people were able to make suggestions about the service, such as choice of food, and these were taken into account. The people we spoke to told us that staff listened to them and treated them with respect.

We observed staff assisting people in making choices and in offering choices, such as a choice of food. We saw detailed care plans and risk assessments and saw that people were helped to be involved in their care planning and in expressing their wishes. We read that plans had been put in place to involved external professionals in making major decisions for some people.

We read detailed and comprehensive care records, which included evidence of frequent multidisciplinary working with external teams and services. We read that people were referred to suitable specialist services where necessary. We read evidence of emergency interventions where this was needed.

We spoke to people, who told us that they felt safe in the service. Staff had received suitable training in protecting people from harm and were able to tell us what they would do if they had concerns.

We found that staff received regular support in terms of supervision and training suitable to their work. Staff told us that they felt properly supported and trained.

We read surveys and maintenance audits that showed that the provider had systems in place to monitor the quality of the provision of care.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We looked at minutes of meetings between people and staff, which were displayed on a notice board, and saw that these were held fortnightly. We saw evidence of people being involved in the running of the service. For example, there was a request for people to be involved in interviewing applicants for staff positions and for a cat to be bought. We saw suggestions for activities, including one suggested by staff but rejected by people, showing people's choices were respected. We read staff meeting minutes and saw that these requests were discussed, showing that staff were listening to people.

We read minutes of a weekly coffee group meeting between staff and people and saw that people made suggestions regarding activities in the coming week and had also helped write a "Bill of Rights" for the home, which we saw displayed on the notice board in the hallway. The "Bill of Rights" addressed issues of dignity and staff and people had agreed to it. This meant that staff addressed privacy issues.

We saw in meeting records that the provider had appointed a service user involvement manager and that one person was meeting with them about setting up a homeless persons' project. This meant that the service involved people in projects in their local community, if they chose to be involved.

We read a 2012 survey of people and saw that some people had said that they felt socially isolated and an action was made by staff to provide trips out. We read other responses; for example, four out of five people said that they felt they were consulted about changes to the service. This evidenced that people were asked for their views on the service and that these were listened to.

We spoke to three people and they all told us that staff called them by their preferred names and knocked on their doors before entering their bedrooms. One person we spoke to said that their cultural needs were addressed and respected and we saw in their care records that a care plan had been made to support their cultural needs.

We observed staff interacting with people and found that people were being called by their preferred names and that staff were polite and respectful.

We read four people's care records and saw that people had, in every case, been given the opportunity to sign consent forms and tenancy agreements and where they refused to sign that this was recorded. We saw that each person had a recovery star, which showed people's strengths and areas for improvement in their social functioning, and that they had helped construct it. This meant that people were involved in their care and in decision making.

We looked at a brochure for the service and a quarterly newsletter, both of which gave information about the service and the newsletter gave information about events and other services. We looked at a notice board and saw it had the staffing rota on it, out of hours contact numbers and information on local services. This meant that people had information about what could be provided.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We read four people's care records. Each one was clearly laid out in the same format, so making it easy for staff to find the information that they needed.

We read health plans in each file, which were personalised to the individual. For example, some people had care plans and contracts about taking medication, others had plans around diabetes management and others had plans around respiratory problems.

We looked at external reports on people in case records and saw evidence of partnership working with other agencies. We saw minutes of monthly review meetings with staff, people and other agencies on files. We found that people had been referred for specialist treatment in some instances; for example, a person was referred for specialist psychological therapy. We saw reports from nurses, psychiatrists, occupational therapists and other professionals on records, all of which influenced people's care plans.

We looked at staff handover notes and daily records, which confirmed that people's care plans were being carried out, for example, in areas such as supporting people around alcohol use and taking their medication.

We spoke to a visiting professional who told us that the service had a "really good staff team, which makes our job really easy". They told us that staff communication with external teams was "really good".

We spoke to people. One person told us that they felt they were making good progress with the support of staff.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We looked at the service's safeguarding procedure and saw that the local authority safeguarding procedures were available to staff.

We looked at staff training records and found that all staff had received training in safeguarding people from abuse in the last year. We spoke to two staff, who were able to tell us how they would identify safeguarding concerns and how they would report them. Both showed a good understanding of mental capacity issues and how to protect people's interests and rights.

We read minutes of meetings in people's care records that discussed mental capacity issues for some people, regarding their treatment and where they lived. The meetings involved staff, advocates and external professionals. We observed a discussion between an external professional and a member of staff about a person's capacity in one area. We found that one person had met with an independent mental capacity advocate who had made a best interests decision on their behalf. This meant that people's rights were being protected and treatment was being provided in their best interests when needed.

We read staff meeting minutes and found that safeguarding issues were discussed at every meeting, so assisting in keeping people safe.

We spoke to three people, all of whom told us that they felt safe in the home and protected by staff.

We looked at incident records for the home. We saw that safeguarding incidents had been addressed and reported to the correct agencies.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We read records of six staff. We saw a training needs matrix and training records. The manager had compiled the matrix and had identified which staff should complete training in areas that would enhance the service and support staff in their roles.

We looked at a training report covering 2011 to 2012. We found that all staff received mandatory training updates and many staff had received specialist training appropriate to their roles. For example, staff had received training in such areas as alcohol misuse, supervision skills, welfare benefits, psychosis and post traumatic stress disorder.

We looked at supervision records and found that all staff had received monthly supervision. We were unable to check appraisal records, as these were held centrally by the provider.

We spoke to two staff. One said that they had not received an annual appraisal in the last year. The other told us that they were not due an annual appraisal but had received an appraisal at the end of their probationary period. Both were able to tell us that they had undertaken a lot of training in the last year, which had included counselling skills, mental health and welfare reform. Both confirmed that they received monthly supervision.

Staff told us that they worked well with other agencies and that partnership working is helpful to people. One told us that the staff team is "really experienced".

We read minutes of the weekly staff meetings for January and February 2013. We saw that a standing agenda item concerned staff support.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We read complaints' records and the complaints procedure. We read the only complaint made in 2012 and found that it had been investigated and responded to appropriately by the manager.

We looked at fire and maintenance audits and all were up to date. This meant that environmental and other hazards were being addressed by the service.

We read a survey of people in 2012. We found that all of the respondents said they were satisfied with the service. A concern that some people had about welfare benefit reform resulted in an action and extra space was made for a new computer, linked to the internet, so that people could access the information that they needed. We saw that some people wanted a greater variation in the menu and found that the manager had put in place an action to provide a more varied menu and to involve people more in cooking. This meant that the service had asked for people to comment on the service and had acted upon the results of the survey.

We looked at staff records and found that details were up to date, including training records. This allowed the manager to monitor and plan training and set renewal and refresher dates.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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