

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

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

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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'.

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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 6 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During our inspection we spoke with three people who used the service as well as four members of staff including the registered manager, two project workers and a bank project worker. We looked at surveys and records to help us understand the views of the people who used the service.

One person who used the service told us "I like it here, they are a great bunch of staff" another person we spoke with told us "I have only been here a couple of weeks and everyone is lovely and it is a clean house".

Staff we spoke with liked working for Sackville Gardens. One person told us "we are a good team with a wealth of experience". If staff needed support or development they felt management were approachable and helpful. Another person told us "it has a homely feel here and we work well as a team".

We also looked at support plans, risk assessments, staff records and policies and procedures.

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 privacy, dignity and independence were respected.

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

During our inspection we found the people who used the service had their privacy and dignity upheld. Staff supported everyone in a sensitive, respectful and professional manner. While we were looking around the home staff explained why we were there and asked if anyone wished to speak with us. One person who used the service told us "I get the support I need and I can speak to someone whenever I need to".

We looked at five care plans each had detailed and appropriate information to meet the needs of the people who lived there. We found evidence showing the care plans provided person centred planning and each care plan had a support plan. This detailed a persons like and dislikes, life history as well as important personal information. This demonstrated that the people who used the service were involved in the assessing and planning of their care and support.

We were told of the client involvement plan which was a project being worked on. We saw evidence of an action plan detailing the project. This included how people wished to get involved, what barriers they faced and what would help people to become more involved. The aim is for people to take ownership, build trust and have confidence that they are being listened to. This included involving the people who used the service to help with setting budgets and assisting with interviewing new staff who would work at the home. The people we spoke with who used the service all told us how they were involved in cooking for each other and how much they enjoyed this activity.

One member of staff showed us minutes of meetings, the client involvement plan and told us of what they were working on. We were shown a board they had created with activities which people wanted to do; everyone voted on their favourite. The people who used the service previously voted on a trip to a countryside pub for lunch which they had all enjoyed. One person who used the service told us "everyone is so nice, we have a

pantomime and Christmas party coming up, which I am looking forward to.

House meetings were held every two weeks and which gave the people who used the service an opportunity to discuss any issues or concerns they may have. We saw evidence of meetings being recorded and action taken where needed. This showed people's views and opinions were being listened to and acted on.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The care plans we looked at had detailed support plans and risk assessments. Records showed people were involved in their care. We saw that people's health needs were assessed and monitored and people were supported by a range of healthcare professionals where needed. We saw evidence of records where staff could document information for other staff to read about a person's wellbeing.

Each person who used the service had an outcomes star chart in their care plan. This chart assessed areas of support for each person and created an aim for them. This chart would be discussed at review meetings to show progress in their aims as well as for people to discuss how they felt they were progressing. This showed people were involved in the planning of their care and aims in life.

We saw evidence of audits in place for care plans to ensure they were meeting the needs of the people who used the service and these were completed on a regular basis. We saw detailed risk assessments in relation to a range of factors such as self-care, mental wellbeing, substance abuse and personal finance. These identified areas of risks to people's safety and detailed actions to be taken to minimise the risks. This showed people's care, treatment and support met their needs.

The staff we spoke with appeared knowledgeable about the people they cared for and gave us examples of how they shared information on people's needs. We saw evidence of communication between staff and care records containing information for each person who used the service. One member of staff we spoke with told us "we are a great team and really care for our residents and help them to become more independent".

The home had policy and procedural documentation in place which was accessible to staff. Staff were given a company handbook on induction detailing these policies. These documents informed staff of the correct way to carry out their duties and deliver care. They also contained procedures for staff to follow in an emergency or if they were concerned about any aspects of the service.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at records showing the incoming of medicines into the home and the safe disposal of medicines. We also looked at medication administration records for the people who lived at the home these were found to be up to date and recorded correctly.

All medicines were stored securely in a locked medicine trolley and a locked medicine cupboard. There were appropriate arrangements in place in relation to obtaining, recording, administering and disposing of prescribed medicine.

We looked at staff records and saw evidence that staff had detailed medication training and were not able to administer medicines until their training was completed.

We saw evidence that risk assessments had taken place for each person who took medication to ensure everyone received their medicines appropriately and safely. We spoke with the staff who administered medication, they told us they had training and ensured the people who used the service received their medication at the right time and respected their right to choice. This showed medicines were prescribed and given to people safely and appropriately.

We looked at quality assurance records which included audits on medicines held in the home and the recording of administering medicines. Audits were detailed and any findings which needed addressing were put into an action plan for staff.

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.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The registered manager confirmed a client satisfaction survey took place annually for the people who lived at Sackville Gardens as well as various other surveys throughout the year. We saw evidence of the annual survey which had taken place earlier in the year for people who used the service. We were told that a stakeholder survey was due to take place in April 2014.

Fortnightly house meetings gave the people the option to discuss how they felt about living at Sackville Gardens and make it known if there was anything they would like to see changed or improved. We saw evidence of regular staff meeting minutes from the recent staff meeting and the agenda included client discussions, feedback from house meetings, health and safety and safeguarding.

Internal assessing and monitoring of the service provided took place on a regular basis. We saw evidence of a recent review of contract which detailed performance, quality controls, user's views, complaints and health and safety. We saw an annual project review, this included a review of the project, outcomes and impacts, stakeholder feedback, client involvement, surveys, complaints and safeguarding.

The provider had systems in place for the recording of accidents and incidents. We saw evidence of accident incident records which detailed information on any incident that had occurred as well as any follow up information and actions required.

We saw evidence of a complaints policy. Complaints had been handled appropriately and resolved. Complaints were recorded on an internal system and followed up where needed. The people we spoke with who used the service told us they knew if they had a complaint what they would need to do.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

On our visit we looked at five care plans which were detailed and completed to the needs of the people who used the service. These included safety plans and assessments which detailed self care, wellbeing, personal finance and medication. We saw up to date information and audits on each of the care plans.

We saw health and safety and maintenance records which were detailed as well as a maintenance request system for staff to request any maintenance needs. We saw evidence of maintenance audits which were up to date and any requests were being dealt with.

We saw evidence of meetings for people who used the service and staff meetings being held on a regular basis. Meetings were recorded and minutes created to document what had been discussed and available for people to read. Staff training records were up to date and we saw evidence of staff training folders with certificates for the courses attended. We were shown training needs analysis for staff to request what training and development they would like and what training sessions were available.

We saw evidence of the complaints policy and procedure. The accident and incident book was completed with any follow up actions documented.

The home had comprehensive and clear procedures that are followed in practice, monitored and reviewed, to ensure personal records are kept securely and maintained for each person who used the service and the staff who worked at Sackville Gardens.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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