

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

## High Street Sandy

87 High Street, Sandy, SG19 1AL

Tel: 01767680325

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

<b>Cooperating with other providers</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	Central Bedfordshire Council
Registered Manager	Miss Helen Lewis
Overview of the service	High Street Sandy is registered with the Care Quality Commission (CQC) to provide care and support to people with learning disabilities living in their own accommodation. At the time of our visit, five people with learning disabilities were receiving care and support in separate flats.
Type of services	Domiciliary care service Supported living service
Regulated activity	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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Cooperating with other providers	6
Safety and suitability of premises	7
Staffing	8
Complaints	9
Records	10
<b>About CQC Inspections</b>	11
<b>How we define our judgements</b>	12
<b>Glossary of terms we use in this report</b>	14
<b>Contact us</b>	16

## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 August 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.

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### What people told us and what we found

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People who used High Street Sandy appeared positive about the care and support they had. During our visit, we saw people were encouraged to be independent and were supported to undertake a variety of activities. On the day of our inspection, one person was going shopping and another was enjoying some personal time in their flat. We visited two flats where supported living was provided and observed daily routines to gain an insight into how people's care and support was managed. We found staff treated people with respect and dignity and people responded well to staff.

We noted the provider liaised with other professionals to ensure people's needs were met safely. People were supported to attend appointments which meant their health needs were managed effectively.

The premises at High Street Sandy enabled people to live as independently as possible and were maintained so people were kept safe and free from harm. The layout of flats was appropriate for people's care requirements.

The number of staff was appropriate and meant people received the care they required when needed. Staffing was based upon analysis of people's care requirements.

People were supported to raise concerns and complaints in a variety of ways and provided with information on how to complain in an accessible format.

We found records were kept securely and protected staff and people's confidentiality. They were accessible, so that when staff required information they could locate this easily.

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Cooperating with other providers

✓ Met this standard

People should get safe and coordinated care when they move between different services

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### Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

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### Reasons for our judgement

We reviewed the care records for four of the five people who lived at High Street Sandy and the communication records between the home and other services, including local GP practices and other professionals. We found information was well documented to support people's care requirements.

We saw written evidence that the service linked with people's GPs and that appropriate records were maintained of these visits. There were also records of visits to mental health professionals, dieticians, opticians and dentists and records relating to external visits when required, for example to the local hospital.

We observed a communications book which detailed all future appointments for people. We were told by staff that regular handovers helped them to be aware of such appointments for people, so that they could engage effectively with other professionals when required.

Observing the staff it was evident they were knowledgeable about the needs of the people they cared for, and were able to tell us about the procedures to be followed if emergency help or out of hours assistance was required. This meant that people living in the service were cared for by staff knew how to contact other healthcare professionals if the need arose.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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High Street Sandy consisted of six separate flats of which five which were occupied by people and a further flat which was used as office space. All rooms were decorated according to people's individual tastes and interests.

The main communal area in each bungalow comprised a lounge/ bedroom area, with ample comfortable soft furniture and a kitchen area. We saw that people were encouraged to take part in cooking snacks and meals with support from staff. The two flats we observed looked homely and in good repair and we saw from people's body language that they felt comfortable within their surroundings.

All areas of High Street Sandy appeared to be well decorated and well lit. Although there were some steps to access the upper floor flats and main office, people could move freely around all areas.

High Street Sandy was set in its own gardens, which were adequately tended. There was a large parking area, which included ample space for vehicles to transport people to activities in the wider community. The provider had taken steps to provide care in an environment that is suitably designed and adequately maintained.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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At the time of our visit to High Street Sandy, seven permanent staff were employed to work across the flats. These were supported by agency staff when needed. High Street Sandy did occasionally use agency staff for support and required them to be trained to the same level as permanent staff. Where possible, attempts were made to ensure that agency staff were used on a regular basis to ensure consistency of care for people.

We were told that three staff worked on a morning shift, three on an afternoon shift and that there was one waking night carer with support from an on-call member of staff. Staff told us that senior management were always supportive when additional staff cover was required, for example to support people to engage in additional activities or attend required appointments. One member of staff said, "The manager is very approachable and encouraging to all staff. We work as a very close knit team." Another member of staff told us, "We have enough staff to enable people to do exactly what they want, shifts are flexible and we get all the support we need."

Some people received 1:1 support and we found that this had been analysed so that people received the best care and support possible for the hours they had. The quality assurance feedback from people also influenced the hours of care that people had and as a result the number of staff required. This meant that the provider ensured that the number of staff on each shift was based upon people's exact needs and requirements. As a result of this they were given safe and effective care.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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The provider had robust systems in place for people living at High Street Sandy or their representatives, to raise concerns or make comments about the service provided. During our visit, we found that people were supported by the provider to make comments or complaints in a variety of forums, including weekly lounge meetings, key worker sessions, and 1:1 intervention or through quality satisfaction questionnaires.

Effective systems were in place to monitor complaints which meant that people were offered clear and easily accessible information on how to complain. We found that the provider complaints policy was in a format that was accessible to all people and meant that all aspects of the complaints process could be understood.

Staff said they felt able to raise their concerns and were confident that these would be dealt with effectively in a positive and supportive manner. This meant that people had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

During our visit on 16 August 2013, there were no recent complaints but we observed some compliments that had been received. We were able to observe that the process of complaints was clearly documented for all. Written information showed that where lessons could be learned from issues or changes made to make the home more effective, that this was implemented in a timely manner.

## Records

✓ Met this standard

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

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### Our judgement

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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.

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### Reasons for our judgement

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When we visited High Street Sandy, we found that individuals' records were kept securely in a locked office, ensuring confidentiality and security. Those records stored within people's individual flats were stored appropriately and safely, with medication charts and financial records being locked within a secure cupboard. This meant that records were kept securely and could be located promptly when needed.

We saw people's personal records including medical records were accurate and fit for purpose and were updated when required. We found that good, comprehensive care plans and activity records were kept for people. Staff records and other records relevant to the management of the service, including quality assurance audits, were maintained suitably. This ensured people received appropriate care and support.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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