

Prasur Investments Limited

Sandrock Nursing Home

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Sandrock Nursing Home provides accommodation for up to 28 people who require nursing or personal care. The home is in one adapted building. At the time of our inspection 19 people lived in the home.

People's experience of using this service and what we found

During the previous two inspections we identified serious concerns with the safety and quality of the service being provided for people.

During this inspection, although we identified that some improvements had taken place; the provider continues to be in breach of the regulations in key areas which we had previously identified and highlighted to them. They have continued to miss repeated opportunities to ensure all the key systems at the home were effective and safe.

The management of people's medicines remained unsafe. Stocks were not safely managed; staff did not always complete effective records when administering medication, and appropriate guidance was not always available for staff members.

Risks were not always safely assessed, monitored and managed. The provider had failed to ensure that information about people's needs was available and accurate for staff to use. This placed people at risk of receiving inappropriate care that didn't meet their needs safely.

Information was not gathered effectively to support staff and registered managers in assessing risk.

The principles of the Mental Capacity Act (2005) were not consistently followed when providing care and treatment for people. People's care plans did not always provide appropriate guidance for staff on their ability to consent to their care and treatment. This meant that people did not consistently have the protection of the legal framework in place in regard to significant decisions that may impact their wellbeing.

A series of checks, audits and action plans had been undertaken at the home. However, in several key areas they had not been effective.

This service has a poor regulatory history over multiple inspections spanning eight years. In eight out of the past nine inspections, the service has been rated requires improvement or inadequate. There have been repeated breaches of regulations that follow patterns across multiple inspections. The provider, at times has reacted when issues have been highlighted to them; but improvements are not sustained.

There had been some areas of improvement in relation to record keeping. For example, we were now assured that the provider was supporting people to minimise the spread of infection and pre-employment checks had taken place on the background of new staff and their suitability for the role.

The provider had implemented an effective training programme. They had identified the training they considered to be mandatory for staff providing care and the timescale in which this training was to be refreshed. A high percentage of staff had now completed this training.

People told us they felt safe with the care and support provided by staff at the home. People's family members gave us positive feedback about the care provided at the home; and it was clear that people had positive relationships with staff members.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 18 February 2022).

Why we inspected

At our two previous inspections, the provider was found to be in breach of regulations 11 (Need for consent), 12 (Safe care and treatment), 17 (Good governance), 18 (staffing) and regulation 19 (Fit and proper persons employed).

We undertook this inspection to follow up on the action we had previously told the provider to take and to check whether the provider was now compliant with the health and social care regulations in the domains of Safe, Effective and Well-led.

During this inspection, we looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

At this inspection, we found that the provider and registered managers had made some improvements to the service and they were no longer in breach of regulations 18 and 19.

In other areas the provider failed to make sufficient improvements. This meant the service continued to be in breach of regulations 11, 12 and 17 for the third consecutive inspection. The overall rating for the service has therefore not changed and remains inadequate. This is based on the findings at this inspection.

You can read the report from our last inspections, by selecting the 'all reports' link for Sandrocks Nursing Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to the application of the principles of the Mental Capacity Act (2005), assessing and responding to risks, medicines management and effective governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner. We will work with the local authority to monitor progress.

Special Measures

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Sandrock Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by three inspectors.

Service and service type

Sandrock Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sandrock Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there were two registered managers in post. One registered manager had joined the service shortly before our last inspection; they had the role of clinical lead for the service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since our last inspection and we sought feedback from the local authority. We used this information to plan our inspection.

During the inspection

During our inspection we spoke with four people about their experience of living in the home. We spent time observing people receiving care to help us understand the experience of people who could not talk with us.

We spoke with the nominated individual; the nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with both registered managers and seven members of staff.

We reviewed a range of records, this included; care records for ten people, the medicine records for fifteen people, staff training records, records relating to health and safety and records relating to the governance of the service.

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

After the inspection visit

We spoke with seven people's relatives by telephone to seek feedback about the experiences of care provided.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

At our previous two inspections the management of people's medicines was unsafe. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection there had been some improvements in the management of people's medicines. However, the system remained unsafe and the provider remained in breach of Regulation 12.

- The management of people's medicines remained unsafe.
- People's medicine stocks had not been effectively managed. Some people were prescribed medicines to be taken as required. However, these medicines were not always in stock. This meant people would not be able to receive them in a timely manner, if required.
- It is important to give some medicines at certain times to ensure their effectiveness in line with the manufacturers' guidelines; for example, in relation to food or other medicines. The system in place did not ensure the time of medicine administration was recorded when this was important. This meant that the registered manager and provider could not be assured that people's medication was given appropriately and safely.
- Protocols that provide guidance for staff when administering 'as required' medicines were still not always in place. This meant that guidance was not available on when to administer and what dose to choose when the dose was variable. The protocols that were in place, did not always contain enough personalised information to ensure people were given these medicines safely and consistently. When information was in place staff did not always follow this, which meant the system did not ensure people were always given their medicines safely and consistently.
- When "as required" medicine was administered there were no records to show why the medicine had been given or any observation records to assess if the medicine had been effective.
- Records of medicine and cream stocks were not always accurate. This meant that medicines could not always be accounted for. Different staff members filled out the medicines records differently; some staff left gaps when not administering and others used symbols, some of which were not identified or looked like signatures. It was not always possible to determine if people's medicines had been administered appropriately.
- The system had not ensured that medicines had always been accurately updated when a person returned from hospital.
- The system for removing discontinued medicines was not safe and there was a risk that incorrect medicine could be administered. Records were not always made when a medicine was destroyed.

- Medicines and creams were not always stored safely.

The management of people's medication remained unsafe. This was a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

At our previous two inspections people's risks had not been effectively assessed, monitored and managed. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection some improvements had been made, however some areas of people's care and treatment remained unsafe. The provider remained in breach of Regulation 12.

- Risks were not always safely assessed, monitored and managed; lessons had not been learned from previous inspections.
- The provider had failed to ensure that information about people's needs was always available and accurate for staff to use. This placed people at risk of receiving inappropriate care that didn't meet their needs safely.
- The provider and registered managers had not always assessed and managed risks when people's needs had changed. For example, one person stopped taking a medication because they could no longer swallow it in tablet form. There was an unreasonable delay in responding to this or arranging for an alternative treatment. The person's care plans had not been effectively reviewed or updated to reflect the changes to their needs or medication; this meant staff didn't have the necessary guidance to provide safe care.
 - People's care was not always effectively monitored. For example, one person needed medication on an as required basis when they displayed certain symptoms. The person's care plan was clear in when and how this was to be administered. The care plan had not been followed. This had not been addressed when the registered manager completed an audit of the person's care file.
 - Information was not gathered effectively to support staff and registered managers in assessing risk. For example, one person refused to take their medication for a prolonged period of time. There was no information on what staff had done in response to this or records detailing any discussions held with medical professionals. After we raised this concern medication was available on day three of our inspection and the person was now using this.
 - The home had an electronic call bell system that some people used to seek help or assistance when they were in their bedrooms. The system kept a record of call bell use. We looked at a sample of these records, on some occasions records indicated that staff took about twenty minutes to check on people's welfare. We asked the registered manager to look into one of these occasions; however, they found this difficult because the clock on the call bell system was wrong and their initial findings were inconclusive.
 - The providers fire safety policy stated that an evacuation plan needed to be completed for the building. This had not happened.

The assessing, monitoring and management of risks in people's care and treatment was inconsistent and had not always been effective. This was a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In some areas, people's daily care records had improved. For example, the provider had arranged for audits of people's fluid intake to ensure they were drinking enough each day. One person was not drinking enough fluids and a referral had been made to the person's GP to have this assessed. People's records

regarding checks and repositioning showed they received this care in line with their care plans.

- The assessment, monitoring and recording of people's wound care was safe.
- Accidents and incidents had been recorded along with investigations and the providers response to lessons learned.
- A series of maintenance and safety checks took place that helped ensure the building and equipment used was safe.

Preventing and controlling infection

At our previous two inspections the management of infection control procedures did not follow government guidance to protect people from the risk of spreading infections. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made. In relation to preventing and controlling infections the provider was no longer in breach of Regulation 12.

- We were assured that the provider was supporting people to minimise the spread of infection and make sure any infection outbreaks can be effectively managed or prevented.
- Staff were taking tests for COVID-19 twice each week in line with government guidance. Appropriate action had been taken if there was a positive test result; which helped protect people from the spread of infections. Detailed records were kept of the staff testing regime.
- We were assured that the provider was preventing visitors from catching and spreading infections. Staff were using and disposing of PPE safely.
- People were supported to have visits in a safe manner and visiting professionals were screened before coming into the home.
- People were regularly checked for any signs of infection.
- The home was clean. We saw cleaning records that demonstrated daily and more enhanced cleaning was taking place.

Staffing and recruitment

At our previous two inspections the providers recruitment procedures were not safe. This was a breach of Regulation 19 (Fit and proper persons employed) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 19.

- Since our last inspection new staff had been recruited safely and in line with the regulations.
- Pre-employment checks had taken place on the background of new staff and their suitability for the role.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care and support provided by staff at the home. It was clear that people had positive relationships with staff members.
- Staff members had received training in safeguarding people from the risk of abuse.
- The registered managers had ensured that safeguarding referrals had been made to the local authority when appropriate.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; supporting people to live healthier lives, access healthcare services and support and staff working with other agencies to provide consistent, effective, timely care

At our previous two inspections people's needs were not adequately assessed, monitored and managed to ensure the care provided was effective. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection some improvements had been made, however some areas of people's needs had not been assessed, monitored and managed to ensure the care provided was safe. The provider remained in breach of Regulation 12.

- People's care plans did not always reflect that their needs had been assessed and properly recorded or updated. This placed people at risk of inappropriate care.
- For example, one person's care plan stated that they had assistive technology in place, but this had changed and was no longer used. The care plan did not show what was now in place. Another person's care plan gave staff information about their medication that was different to their prescription and did not accurately reflect the support they needed overnight.

People's needs had not always been assessed effectively placing people at risk of inappropriate care. This was a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our previous two inspections, people's legal rights were not always protected in accordance with the MCA. This was a breach of Regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvements had not been made and the provider remained in breach of Regulation 11.

- The principles of the MCA were not consistently followed when providing care and treatment for people.
- One person's care plan did not provide appropriate guidance for staff on their ability to consent to their care and treatment and the guidance provided for staff was confusing.
- The person had made decisions that may have impacted their health and wellbeing. It had been assessed that they may be able to make day to day decisions and consent to care in day to day matters. However, a capacity assessment would need to be completed and a decision made using the best interest decision principles. This was written in their care plan, but for significant decisions, the MCA principles had not been followed.

The principles of the MCA were still not consistently applied. This meant that people did not have the protection of the legal framework in place in regard to significant decisions that may impact their wellbeing. This was a continued breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At our previous two inspections, the training provided for staff was not adequate or up to date to ensure staff had the skills and knowledge to provide safe and effective care. This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 18.

- The provider had a training programme in place. They had identified the training they considered to be mandatory for staff providing care and the timescale in which this training was to be refreshed. A high percentage of staff had now completed this training.
- Staff received fire awareness and moving and handling training in person during practical sessions.
- Scheduled training had been arranged for administering medication via a syringe driver, moving people safely and some care staff were receiving British Sign Language awareness training to help them be more effective in their role.
- The newly appointed registered manager had completed the providers mandatory training and had been supporting staff through ongoing supervision meetings.
- There were enough staff deployed at the home. The provider used a dependency tool to help ensure that staff levels were appropriate to meet people's needs safely.

Supporting people to eat and drink enough to maintain a balanced diet

At our previous two inspections, people's nutrition and hydration needs and risks were not monitored and

safely met. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made. In relation to people's nutrition and hydration needs the provider was no longer in breach of Regulation 12.

- Kitchen staff were aware of people's dietary needs, including the guidelines from professional assessments regarding how some people needed their food prepared to ensure it was safe for them to eat.
- Staff kept records of the amount people drank. These records were checked by senior staff to ensure people were receiving adequate hydration.
- Care staff supported people to drink safely. People who had swallowing difficulties and associated choking risks received appropriate support with their drinking including the use of thickening agents.
- Staff provided a pleasant mealtime experience and interacted with people in a friendly manner. The food looked appetising and people told us they enjoyed their meals.

Adapting service, design, decoration to meet people's needs

- A series of adaptations had been made to help ensure all areas of the home and courtyard garden were accessible.
- Some people had been supported to decorate and personalise their bedrooms.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

At our previous two inspections the governance arrangements in place were not robust, management oversight of the service was poor, and records were poorly maintained. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvements had not been made and the provider remained in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A series of checks, audits and action plans had been undertaken at the home. However, in a number of key areas they had not been effective.
- Action plans had been completed following the last inspection. These had not always been effective, and some concerns remained. For example, a completed action was to put medication spot checks in place; however, these had not been effective. We asked for copies of these spot checks for the past three months. Six spot checks had been completed; four of them were for the same person. Only three out of 19 people had their medication compliance spot checked in 3 months. This was not an effective spot-checking system. Another completed action was to "Check all residents have PRN protocols for all PRN medicines..."; this had not happened and remained the case on day three of our inspection visit.
- Care plan audits had not been effective in highlighting and addressing concerns about people's capacity, incorrect or missing information and had not effectively explored causes for concern. For example, a concern about one person's wellbeing was regarded as a recording issue rather than exploring indications that it may be a health and wellbeing concern.

Continuous learning and improving care

- There had not been continuous learning and improvement at the service. Although some areas had improved, the provider remains in repeated breach of the regulations in key areas that we have previously identified and highlighted to them. They have continued to miss repeated opportunities to ensure all the key systems at the home were effective and safe.
- This service has a poor regulatory history over multiple inspections spanning eight years. In eight out of the past nine inspections, the service has been rated requires improvement or inadequate. There have been repeated breaches of regulations that follow patterns across multiple inspections. The provider at times has reacted when issues have been highlighted to them; but improvements are not sustained and they have not developed a leadership culture of ensuring the ongoing assessment, monitoring and improvement of the

quality and safety of the service.

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

- The leadership culture at the home was reactive. The provider and registered managers responded when concerns were highlighted to them, some additional systems were put in place; but they had not developed a proactive culture that was effectively monitoring people's safety and wellbeing. They had not always explored people achieving the best possible outcomes. There was a culture of blaming others and blaming the systems in place when something was missed.

The management arrangements in place to assess, monitor and improve the safety and quality of the service remained inadequate. This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Aspects of people's day to day care records had somewhat improved. For example, there had been improvements in recording people's fluid intake, wound care, welfare and pressure area care.
- People relatives told us they were happy and found a nice atmosphere at the home, describing it as kind and friendly. One family member told us, "The staff are really lovely; we think [Name] is getting good care."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had ensured that relevant notifications regarding key events had been submitted to the Care Quality Commission in accordance with the regulations.
- The registered manager had been candid when investigating recent incidents and had when appropriate raised safeguarding referrals with the local authority.
- People's family members told us they were informed when something had gone wrong at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Staff told us that they felt involved and engaged with by the provider and registered managers. There had been recent team meetings for care and nursing staff members.
- The provider had recently held meetings for people who lived at the home. People's family members told us they felt involved and communicated with by staff, the registered managers and the provider.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	The principles of the MCA were still not consistently applied. This meant that people did not have the protection of the legal framework in place in regard to significant decisions that may impact their wellbeing.
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The management of people's medication was unsafe.
Treatment of disease, disorder or injury	The assessing, monitoring and management of risks in people's care and treatment was inconsistent and had not always been effective. People's needs had not always been assessed effectively placing people at risk of inappropriate care.

The enforcement action we took:

Conditions were placed on the provider's registration with regards to medication management.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The management arrangements in place to assess, monitor and improve the safety and quality of the service were inadequate.
Treatment of disease, disorder or injury	

The enforcement action we took:

Conditions were placed on the provider's registration with regards to medication management.