

R G Care Ltd

Sands Lodge

Inspection report

15 Kings Road
Westcliff On Sea
Essex
SS0 8LL
Tel: 01702 340501
Website: www.rgcare.co.uk

Date of inspection visit: 22 July 2015
Date of publication: 06/08/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The Inspection took place on the 22 July 2015.

Sands lodge provides accommodation and personal care without nursing for up to 18 persons who may have mental health needs. At the time of our inspection 15 people were living at the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

Summary of findings

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager was up-to-date with recent changes to the law regarding DoLS and knew how to make a referral if required.

People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a doctor and community mental health nurse.

Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint and complaints had been resolved efficiently and quickly.

The service had a number of ways of gathering people's views including using questionnaires and by talking with people, relatives, staff, and other health professionals. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to make continual improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe at the service. Staff took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Good



Is the service effective?

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and there was adequate diet and nutrition available

People had access to healthcare professionals when they needed to see them.

Good



Is the service caring?

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

Care plans were individualised to meet people's needs. People were supported to follow their interests and hobbies.

Complaints and concerns were responded to in a timely manner.

Good



Is the service well-led?

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good



Sands Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 22 July 2015 and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with eight people, the manager, deputy manager, and four care staff. We also spoke with a visiting healthcare professional. We reviewed four care files, three staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

People told us they felt safe living at the service, one person said, “I feel very safe, they have very good security.” Another person said, “I feel safe here, it’s my home, the staff are lovely.”

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff said, “I would ask them what was wrong, if I had any concerns I would tell the manager or CQC.” The service had a policy for staff to follow on ‘whistle blowing’ and the deputy manager told us they would thoroughly investigate any concerns. The manager and deputy told us if they thought anyone was of risk they would raise a safeguarding concern with the local authority to investigate. The manager clearly displayed an independent service called ‘Ask Sal’ which is a helpline for staff, people or relatives to call if they had any safeguarding concerns.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments were aimed at enabling people to maintain their independence, for example their ability to make hot drinks and use the kitchen independently. Assessments also covered how much support people may need in the community or with managing their own medication. One person told us, “I keep my own medication in a cabinet locked in my room, its safe in there and I take them when I need them.”

Staff were trained in first aid should there be a medical emergency staff knew to call a doctor or paramedic if required. The service carried out regular fire alarm tests and people and staff knew what to do should the building need evacuating.

People were cared for in a safe environment. The manager employed a maintenance person for general repairs at the service and they completed a health and safety check every month and addressed any issues arising from this. Staff had emergency numbers to contact in the event of such things as a plumbing or electrical emergency. There was also a policy in place should the service need to be evacuated, with a local church identified as a place of safety for people.

There were sufficient staff to meet people’s needs. A member of staff told us, “We have enough staff, our shifts have just been altered to cover busy times.” We saw there were enough staff available to attend to people’s needs throughout the day. One person told us, “The staff will do anything for you, they are very good.”

The deputy manager told us that they keep staffing numbers under review and that they matched the needs of the people living at the service with the number of carers working each shift. The deputy manager said if they have people admitted with higher needs then care hours would be increased to match this. The manager told us they covered all their care hours with permanent staff and it was rare for them to use agency.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us, “I saw the job advertised at the job centre so I applied and came for an interview then they checked all my details and I completed a DBS.”

People received their medications as prescribed. Some people looked after their own medication so they could self-medicate, and the service had policies and procedures in place for this. One person told us, “I have my own medication in my room and I know when to take it. The staff help me with my eye drops though.”

Senior carers who had received training in medication administration and management dispensed the medication to people. We observed part of a medication round. Staff checked the correct medication was being dispensed to the correct person by first checking the medication administration record and by talking to the person. The staff checked with the person if they required any additional medication such as for pain relief and asked them how much they felt they needed. We saw that medication had been correctly recorded on the medication administration cards.

Is the service safe?

The service had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us they had completed nationally recognised qualifications and were being supported to advance with these to higher levels. One member of staff said, “I am about to enrol in the national vocational qualification level 2 in care, and I have completed courses on first aid, medication management and epilepsy awareness.” Another member of staff told us, “There is lots of training available the manager puts up a list of what training is available so we can do the courses that help us care for residents.” One person told us, “The staff know what they are doing, they are always having training.”

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. Staff said when they first started at the service they completed their training then worked ‘shadowing’ more experienced staff. This gave them an opportunity to get to know people and how to best support their needs. One member of staff said, “When I first started I had a mentor who went through everything with me, then for the first month I always worked with other staff, they all supported me.” The service was enrolling new staff into completing the new ‘Care certificate’, and existing staff were completing elements of this as part of their on-going learning. This enabled staff who were new to care to gain the knowledge and skills to support them within their role and existing staff to refresh their knowledge.

Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. Staff told us that they always consult with people and support them with making choices on how they wish to spend their time. People at the service had capacity to make decisions. CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation

of Liberty safeguards (DoLS). The manager understood their responsibilities and where appropriate had made applications under the act, however following assessment nobody currently required to have a DoLS in place. One person required extra support when accessing the community and the service had risk assessed and provided a support plan to ensure this happened. This told us people’s rights were protected.

People said they had enough food and choice about what they liked to eat. Everyone we spoke with was overwhelmingly complimentary of the food provided by the service and the cooks. We received such comments as, “The food is lovely.” And “The food is really good here.” One person told us, “We have a choice of what we want to eat and if we don’t like what’s on the menu we can have something else.” The cook told us that all the food was freshly prepared at the service and any special diets were catered for.

We observed a lunchtime meal, which was a very social occasion with people choosing to eat together in the dining room giving a real sense of community at the service. People got on well together and engaged in everyday conversation.

People were supported to access healthcare as required. The service had good links with other healthcare professionals, such as the community mental health nurse, chiropodist, district nurses, and GPs. A healthcare professional said, “Care is excellent, people really receive good care here.”

During our inspection we saw people being supported to access an optician and dentist in the community for check-ups. One person told us, “The staff are very good at making me doctor’s appointments if I need one.” Another person said, “I mostly go to the doctors on my own but if I am worried or nervous my key worker comes with me.”

Is the service caring?

Our findings

Staff provided a caring and supportive environment for people who lived there. People were very complimentary of the staff. One person said, “The staff are very good, I am very happy here.” Another person said, “The staff are all lovely, this feels like a proper home.”

Staff had positive relationships with people. Throughout the inspection we saw people and staff were really relaxed in each other’s company. There was free flowing conversation and exchanges about people’s well-being and how they planned to spend their day. People told us that staff were very supportive to them and one said, “If I need anything sorting out you just need to ask and they [staff] will do anything for you.”

We saw one person was anxious about a pending dentist appointment, throughout the morning different staff took time to reassure this person during every interaction. Staff knew this person well and the best way to reassure them, later in the day the person returned from the dentist smiling and relieved they had been to have treatment. This person was grateful to staff for the support they had received.

People told us they could make their own choices about their routine and how they spent their time. One person

said, “I have my own room, sometimes I like to go up to bed early and watch television or listen to my music.” Another person said, “I generally do my washing on the same days, if I forget the staff will remind me and help me to do it.” People told us staff supported them in their decisions.

Staff knew people well including their preferences for care and their personal histories. People told us that they had a key worker; this was a named member of staff that worked alongside them to make sure their needs were being met. One person said, “My key worker goes through my likes and dislikes with me, and helps me arrange my trips out.”

People told us that staff respected their privacy and dignity. One person said, “It’s very laid back here, you can spend time on your own, staff always knock when they come to my room.” We saw in care plans that staff had identified where people needed private time and this was respected.

People’s diverse needs were respected. People had access to individual religious support should they require this. The service had made a number of links with local churches which people were supported to attend. Some people chose to receive religious support at this service and a local vicar came in to provide this.

The service was spacious with plenty of room for people to receive visitors. There were no restrictions on visitors or the times relatives and friends could come to the service.

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met. People and their relatives were then encouraged to visit the service to see if it was a place they would like to live. People were then given the opportunity for a gradual transition to the service by visiting for meals then for overnight stays as appropriate. Some people preferred this slower approach to give themselves an opportunity to get to know staff and for staff to get to know them.

People were involved in the planning of their care needs. One person said, "My keyworker goes through my care plans with me to see if anything needs changing, for example what food I like." Staff reviewed people's care and their support plans monthly, providing a summary of how they have been over the month and updating their support needs as necessary if there were any changes identified. This told us that the care provided by staff was up to date and relevant to people's needs.

People were encouraged to follow their own interests at the service or in the community. People were supported to keep community contacts and to remain in touch with friends and family. People told us how they like to go out or spend time with their families. One person told us, "I go out every evening to visit my girlfriend." Another person told us, "I like to go to the local coffee morning at the church."

People were very active and enjoyed varied pastimes that were meaningful to them. The service had made a number of links with local churches, day centres and colleges which people were supported to attend. One person told us, "I have enough to keep me occupied, I like to crochet and knit or I go out to a local café." Another person told us about their college courses they said, "I am doing Maths and English this year." People told us they liked helping out at the service and we saw this created a real sense of community amongst people. One person said, "I like to lay the tables and make people's drinks at lunchtime." We saw people helping to clean and tidy and help with other household chores as well.

Staff told us they tried to encourage and enable people to be as independent as possible, this included supporting them to make light snacks or cakes in the kitchen with the cook. One person said, "I like making cakes with [name] for everyone."

The manager had policies and procedures in place for receiving and dealing with complaints and concerns. The information described what action the service would take to investigate and respond to complaints and concerns raised. People told us, "If I had any concerns I would talk to [manager name] and they would sort it out for me." We looked at complaints and they had been dealt with quickly and efficiently, for example one person had an item of clothing ruined in the wash and the cost of this had been reimbursed.

Staff spoken with said they knew about the complaints procedure and that if anyone complained to them they would notify the manager or person in charge, to address the issue.

Is the service well-led?

Our findings

The service had a registered manager in post and a deputy; both were very visible within the service. They had a very good knowledge of all the people living there.

People felt at ease discussing any issues with the manager or deputy, one person said, “They are very good.” Another person said, “There is very good management here, they sort out everything for you.” Another person told us how every month they have a group meeting with everyone who lives at the service and the manager or deputy. They told us, “We discuss everything from food, outings, how everyone is getting on or if we have any complaints,” This told us people’s opinions were important and the service had developed a sense of community.

Staff had regular supervision and team meetings. One member of staff told us, “I have supervision and we discuss if I need any support or training, and about people living here.” Staff told us they felt that their opinions were listened to at the service one said, “I suggested [name] would be better suited to living in a downstairs room due to their mobility and they agreed and this has now happened.” Staff told us they enjoyed working at the service and that they felt they had a good team. Staff

shared the same vision and values for the service, staff said they aimed to help people feel happy, and to enable people to be as independent as possible. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The manager gathered people’s views on the service not only through regular meetings, but on a daily basis through their interactions with people. The manager also gathered feedback on the service through the use of questionnaires for people, relatives, visitors and staff. They used information from these questionnaires to see if any improvements or changes were needed at the service. This showed that the management listened to people’s views and responded accordingly, to improve their experience at the service.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example they carried out regular audits on people’s care plans, medication management and the environment. The manager was very keen to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive any improvements.