Sands Care Morecambe Limited

The Sands Care Home

Inspection report

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18 October 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 5, 6, 11 and 18 October 2017.

The Sands Care Home is registered to provide care and accommodation for up to 96 older people. The home cares for people who require nursing or personal care. Care is provided on a 24 hour basis by registered nurses and care staff, including waking watch care throughout the night. There is a lift to access all five floors of the building. The home is situated on the promenade overlooking Morecambe Bay. The home is organised into separate units over 4 floors. The Keswick unit provides the regulated activity personal care. Grasmere, Derwent, and Langdale provide nursing care to people. In addition, since the last inspection visit Derwent unit has been made into a unit specialising in supporting people who are living with dementia. At the time of inspection 96 people were residing at the home and the registered provider employed approximately 170 staff.

At the time of the inspection there was no registered manager in place. 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. A new manager has been identified and we noted from our internal communication system they were currently completing the registration process with the Commission.

The service was last inspected in December 2016. We identified a breach to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. We found systems for managing medicines were not consistently safe and risks were not always identified and addressed. In addition, the registered provider had failed in their duties to report statutory notifications as required to the 2009 Care Quality Commission (CQC) Registration Regulations. We used this inspection visit to ensure improvements had been made.

At this inspection visit in October 2017, we found improvements had been made. We reviewed care plans and risk assessments and found risk was suitably addressed and mitigated. When people were at risk of harm there were a number of risk assessments in place to manage risk. These were regularly reviewed and updated when people's needs changed.

Following our inspection visit in December 2016, the registered provider had developed links with a pharmacist and had commissioned them to audit medicines and review systems for administering medicines. The pharmacist visited the home on a weekly basis. In addition, the registered provider had reviewed systems for administering medicines and had implemented a new electronic system. This had highlighted some concerns and the home was currently in process of implementing another new system to meet the needs of the service and to reduce risk. In the interim period, additional checks had been put in place to reduce any risk.

After the December 2016 inspection visit, one member of staff had been delegated responsibility for

ensuring all statutory notifications were sent to the Commission. During this inspection in October 2017, we reviewed all accidents and incidents that had occurred at the home. We noted all statutory notifications had been submitted without delay.

People told us they were included in developing their plan of care when they started receiving a service. Care plans were reviewed and updated at regular intervals and information was sought from appropriate professionals when required. Although care plans were updated in a timely manner, people who lived at the home told us they were not always involved in reviewing their plan of care. We found the quality of person centred information held within care plans was variable. We have made a recommendation about this.

Staff we spoke with were aware of the principles should someone require being deprived of their liberty. Good practice guidelines were sometimes implemented to ensure all principles of the Mental Capacity Act (MCA) 2005, were lawfully respected. We have made a recommendation about this.

We reviewed staffing levels at the home. People told us that on the whole they did not have to wait for assistance when required. We reviewed call bell times and found these were answered in a timely manner. Staff on nursing units told us there sufficient staff available to meet the needs of people who lived at the home when there was no unplanned absence. Staff on the residential unit however; felt that staff were not always effectively deployed to meet the needs of people on the unit. Staff throughout the home said high sickness levels had previously impacted upon staff deployment which in turn impacted on the quality of care delivered. Staff told us and we saw evidence the new manager was proactively addressing this.

People's healthcare needs were monitored and managed appropriately by the service. People told us guidance was sought in a timely manner from health professionals when appropriate. We saw evidence of partnership working with multi-disciplinary professionals to improve health outcomes for people who lived at the home. We received no information of concern from external healthcare professionals we spoke with during the inspection process.

People told us staff treated them as individuals and delivered person centred care. Care plans contained some person centred information and took the needs and considerations of people into account. The manager informed us they were working to improve the quality of the records maintained to ensure it was more person centred. We saw evidence of improvements taking place.

People spoke positively about the care delivered. We observed staff being patient and spending time with people who lived at the home. There was a light hearted atmosphere within all units at the home.

Staff treated people with kindness and compassion. We observed staff being patient with people and offering reassurance when required. People who lived at the home told us staff were kind and caring.

Arrangements were in place to protect people from risk of abuse. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns. We saw evidence of information of concern being passed onto the appropriate parties when required. This was to promote the safety of vulnerable parties.

People told us they felt safe at the home. People were encouraged to personalise their rooms to make it feel homely. There was an emphasis on promoting dignity, respect and independence for people who lived at the home.

Recruitment procedures ensured the suitability of staff before they were employed. Staff told us they were

unable to start their employment without all the necessary checks being in place.

People were happy with the variety, quality and choice of meals available to them. We saw evidence that people's nutritional needs were addressed and monitored. The home had recently reviewed all menus. They had adapted them to increase the nutritional value of meals in order to reduce the need for food supplements.

People told us activities took place and said they had the option as to whether or not to join in. We saw bingo and dominoes taking place on the first day of our inspection visit. Staff told us there had been a notable improvement in the number of entertainers visiting the home since the new manager had arrived. The new manager told us they were hoping to improve on the variety and frequency of activities in the near future.

We walked around the home and found premises and equipment were appropriately maintained. The registered provider had reviewed living areas since the last inspection and had developed a unit specifically for people living with dementia. We found good practice guidelines had been considered and implemented on the unit to promote independence for people who lived at the home.

The manager and deputy manager had reviewed training and development for all staff and had introduced a new induction programme for new starters. In addition, they had developed systems to ensure all staff completed their mandatory training. Staff told us they were happy with the training offered. They told us there had been an increase in external training since the new manager started.

The manager had an auditing system at the home to ensure safe and effective care was provided. This included auditing medicines processes, falls at the home, complaints, accidents and incidents.

Staff praised the improvements made at the home since the appointment of the new manager. They described the manager as committed and determined to raising standards at the home.

People who lived at the home told us they considered the home to be suitably managed. However, only one person knew who the manager was. Following discussions with the manager they said they would look into having a photo on each unit of the senior management team. This would allow managers to be identified.

The service had a system for managing and addressing complaints. When complaints had been raised, they were investigated and recorded. Apologies were offered when the service had slipped below a standard which was expected.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe.

People who lived at the home told us they felt safe.

The registered provider was working proactively to ensure medicines were suitably managed at the home. Systems were not yet fully embedded but risk was being addressed in the interim period.

The senior management team were working proactively to address deployment of staffing at the home to ensure people's needs were consistently met. Plans were in place to manage the deployment of staffing as an interim measure.

Recruitment procedures were in place to ensure people employed were of good character. Processes were in place to protect people from abuse. Staff were aware of what constituted abuse and how to report it.

Premises and equipment were suitably maintained to ensure they were fit for purpose.

Is the service effective?

Good

The service was effective.

People's needs were monitored and advice was sought from other health professionals, where appropriate.

Staff had understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

People's nutritional and health needs were met by the service.

Staff had access to on-going training to meet the individual needs of people they supported.

Is the service caring?

Good

Staff were caring.

People who lived at the home were positive about the attitude and behaviours of staff who worked at the home.

People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive.

People's care needs were kept under review and staff responded when people's needs changed.

The service had a complaints system to ensure all complaints were addressed and investigated in a timely manner.

The service ensured there was a range of social activities on offer for people who lived at the home.

Is the service well-led?

Good

The service was well led.

Processes had been implemented to ensure statutory notifications were submitted in line with legislation and in a timely manner.

The registered provider had worked proactively to fill the vacant registered manager's post in a timely manner.

Regular communication took place between management, staff and people who lived at the home as a means to improve service delivery.

The manager had good working relationships with the staff team and staff commended the manager's skills and abilities.

The manager was aware of their roles and responsibilities and displayed a commitment to developing and maintaining a high quality service.

The Sands Care Home

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 05, 06, 11 and 18 October 2017. On the first day, a team of four people carried out an unannounced visit. The team consisted of an adult social care inspector, a specialist advisor, (who was a qualified nurse,) and two experts by experiences. Both experts by experiences had a personal experience of caring for someone who uses this type of care service. On the second day the team was made up of an adult social care inspector and a specialist advisor who was a pharmacist. An adult social care inspector visited the home alone over a period of two days to complete the inspection process.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

We contacted the local authority contracts team and commissioners as part of our planning process to see if they had any relevant information regarding the service. At the time of the inspection visit the registered provider was working with the local authority quality improvement team to drive up standards at the home. The local authority were able to update us on the progress being made upon the action plan. We received no information of concern.

During the inspection visit we spoke with thirteen people who lived at the home, six relatives and two visiting health professionals.

Information was gathered from a variety of sources throughout the inspection process. We spoke with the nominated individual, the manager, deputy manager and two senior members of the management team. As well as the cook, one administrator, the maintenance person, two qualified nurses and eleven members of care staff responsible for providing personal care to people who lived at the home.

We looked at a variety of records. This included care plan files related to fifteen people who lived at the home and recruitment files belonging to seven staff members. We viewed other documentation which was relevant to the management of the service including health and safety certification, medicine administration records, training records and minutes of meetings.

We looked around the home in both communal and private areas to assess the environment to ensure it was met the needs of people who lived there.

Requires Improvement

Is the service safe?

Our findings

At the last inspection carried out in December2016, we identified a breach to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. We found risk was not always appropriately identified and managed. Following the inspection visit the registered provider sent us an action plan to say how they were going to meet the fundamental standards. We used this inspection process to check improvements had been made.

At this inspection visit carried out in October 2017, we found the required improvements had been made. We reviewed fifteen care records and looked at how risk was managed. Risks were identified and addressed within people's care plans. A variety of risk assessments were in place. These included risk assessments for skin breakdown, falls, malnutrition and the safe use of bedrails. We saw action was taken when people were placed at risk of harm. For example, protocols were in place to be followed after a person had experienced a fall. Risk assessments were routinely monitored and updated when people's needs changed. In addition, we saw evidence of risk assessments being reviewed on a monthly basis or as and when people's needs changed. This demonstrated risk was assessed and reviewed to maintain people's safety.

At the last inspection carried out in December 2016, we identified a breach to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as medicines were not suitably stored and managed. We used this inspection process to see if improvements had been made.

At this inspection visit carried out in October 2017, we noted the registered provider had worked hard to make the required improvements. The nominated individual told us that following the December 2016 inspection, they had appointed an independent person who was a qualified pharmacist to visit the home on a weekly basis to audit their medicines. We saw evidence of these audits taking place and action being taken to make the required improvements. In addition, the registered provider had reviewed procedures for ordering medicines. This was to enable staff to have the opportunity to check stock arriving and to ensure it was correct in advance of the medicines being required. Also the registered provider had consulted with other registered providers in the area for guidance and advice and had implemented an electronic medicines administration system, (EMAR.) An EMAR system is an electronic system for administering medicines and supports staff to administer medicines appropriately.

Prior to the inspection visit taking place, we were made aware there had been a noted increase in the number of medicines errors that had occurred at the home. We spoke with the manager and deputy manager about the newly implemented systems and how this had affected the safe administration of medicines. They told us the new system had not been as effective as they had hoped and they felt it had increased the risk of medicines being incorrectly administered. They had therefore given notice on the system and were implementing a different EMAR system at the end of October 2017. In the meantime additional checks had been put in place to ensure medicines were administered accordingly. For example, instructions to administer pain relief patches were written on white boards to act as a reminder and a senior member of staff visited each unit on a daily basis to ensure medicines prescribed in patch format had been administered. This showed us the registered provider was working proactively to manage the risk.

We spoke with people who lived at the home about their medicines. People told us they received their medicines when required. People said, "I take so many tablets every day and I always get them when I need them." And, "Between me and the staff we make sure that I receive the painkillers I need." Also, "I get my medication 4 times a day, regularly."

Staff who administered medicines had received training from the supplying pharmacist in regards to the EMAR system. In addition, they told us they were in the process of receiving further training to allow them to use the new administration system which was due to be introduced. This demonstrated staff had access to development activities to enable them to manage medicines safely

Each floor had a designated medicines cupboard where medicines were securely stored. Storing medicines safely helps prevent the mishandling and misuse of medicines. Within each medicines cupboard there was a fridge for storage of medicines that required temperature specific storage. Temperature checks were carried out on a daily basis. Temperature checks are important to ensure medicines are being stored at their optimal storage. Although temperature checks were in place, two fridges were not working correctly to ensure temperatures were within a safe range. We discussed this with the manager. We were shown evidence this had been identified within the audit the week previous and new fridges had been ordered. On the final day of the inspection the manager confirmed all medicines within fridges had been reviewed and new fridges were in use.

We carried out a stock check of controlled drugs. We did this to ensure medicines stored at the home matched the actual stock reflected on the medication administration records. We found all stocks matched what was recorded within records. We noted there were high amounts of controlled drugs in stock retained within the controlled drugs cupboard and discussed appropriate storage of controlled drugs. The manager agreed to review retained stock and storage processes.

We looked at staffing arrangements to ensure people received the support they required in a timely manner. We received mixed feedback about staffing levels from people who lived at the home. Feedback included, "I think there is enough staff." And, "There always seems to be enough staff on duty." In addition, "There's either too many clients, or not enough staff." Also, "I think they try their best, but I think they could do with more." Also, "They have enough staff when they're all in, but they don't all turn in." And, "I think they are overworked. They cannot spend as much time with you as you would like as they have other people to see to." We provided feedback to the manager about the mixed responses in order for further discussions to take place.

We asked staff their views on staffing levels at the home and received mixed feedback. Staff on the Keswick unit told us they did not feel staffing levels met the needs of people who lived on the unit. They told us they had expressed concerns with the management team about the staffing levels. One staff member said the introduction of the new EMar system had generated additional work. They told us that as a result they no longer had time to sit and chat with people who lived at the home. Staff on each nursing unit told us they were happy with the numbers of staff scheduled to work each day. They told us they had time to complete their tasks.

We spoke with the manager about staffing levels. The manager acknowledged staffing had been an ongoing problem at the home but said improvements were now underway. They told us they had reviewed staffing levels on each nursing floor since they had started at the home. Rotas had been changed and six carers were now scheduled on each floor during the day. This meant an increase in the number of staff working on an afternoon shift. The six carers were supported by a nurse in charge on each unit.

The manager said they believed staffing levels upon the Keswick unit met the needs of people upon the unit. They said there had been staffing issues on this unit due to staff sickness, which they felt had now been addressed. In addition, should extra staff be needed support could be requested from the senior management team. We saw evidence of this occurring and staff confirmed this happened.

The manager said plans were in place to increase staffing levels further on each nursing unit when a process of recruitment had been completed. This was confirmed by a member of staff who told us the provider was recruiting more senior members to work on each shift.

All staff we spoke with told us sickness levels at the home sometimes impacted upon deployment of staffing. Feedback included, "When we have a full staff team we manage to get all our jobs done." And, "We have enough staff to do our jobs but there are some persistent offenders who keep calling in sick. People are being dealt with."

We spoke to the manager about managing staff absence. They told us they had introduced a traffic light system for managing absence. They said they hoped this would reduce unplanned absence between staff. They explained this was the first month it had been implemented so could not fully evaluate its effectiveness. Staff confirmed the system was in place and three commended its introduction. Feedback included, "We can already see a difference with the new system in place."

During the inspection process two people who lived at the home commented on staff turnover. They told us they had seen a number of staff being recruited only for them to leave. One person who lived at the home said staffing levels and staff turnover at the home had been, "unbelievable." They said however, "Things are getting better." We spoke with the manager about staff turnover. They told us they had reviewed induction processes to try and retain staff. We saw evidence of this occurring.

We spoke with the manager about recruitment. They told us they were actively recruiting new staff to fill staff vacancies. On the first day of the inspection visit eight staff were completing their first day of employment at the home. On the third day of inspection the manager and deputy manager was holding an open evening at the home especially for recruitment of nurses. In addition, the registered provider showed us documentation to show us they were currently in the process of recruiting additional nurses. This showed us the registered provider was being proactive at recruiting staff.

The manager told us agency staff had been used as an interim measure to ensure staffing levels were suitably maintained. They told us they tried to ensure they had the same agency staff to ensure consistency. We were informed by one member of staff the deputy manager had worked on their unit when an agency staff was present to support both the agency nurse and staff. This demonstrated the registered provider was committed to ensuring staff were supported within their role.

We asked people who lived at the home if they ever had to wait to have their needs met. Five of the six people we spoke with on the Langdale, Derwent and Grasmere units told us they sometimes had to wait longer at peak times such as first thing in the morning, lunchtime and evenings, but did not see this as a concern. One person said, "It depends on the time of the day. They do very well, (answering call bells.)" All the people we spoke with on the Keswick unit told us call bells were answered appropriately. Feedback included, "They are usually pretty quick." Also, "They usually take about 3 to 4 minutes from pressing the switch." In addition, "They always answer in less than 5 minutes."

As part of the inspection process we checked the response time to call bells on each unit. We saw call bells were consistently answered on each of the units in a timely manner.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed six staff records. Records showed full employment checks had been carried out prior to staff commencing work. Two references had been sought for each person, one of which was from their previous employer. This allowed the service to check people's suitability, knowledge and skills required for the role.

The registered manager requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all people providing personal care within health and social care. Staff confirmed they were unable to commence employment until all necessary checks had taken place. This helped ensure only staff suitable to work with vulnerable people were employed

We looked at how safeguarding procedures were managed by the service. We did this to ensure people were protected from any harm. Staff told us safeguarding training was organised by the registered provider on a regular basis. Staff were able to describe different forms of abuse and were confident if they reported anything untoward, the senior management team would take action. One staff member said, "I would report it, it would be dependent on who was doing the abusing. If it was a member off staff I would report it to the nurse. If it was a nurse I would go to a manager. If it wasn't taken seriously I would go to CQC."

We looked at how fire safety was promoted throughout the home. We found suitable checks took place to maintain a safe environment. Personal evacuation plans were in place for all people who lived at the home and there was an up to date fire risk assessment. During our inspection visit we observed fire alarms and fire doors being routinely tested. People who lived at the home told us checks frequently took place. This demonstrated systems were operated to ensure the risk of fire was minimised

The manager kept a record of all accidents and incidents that had occurred. Accidents and incidents were filed under different categories so trends and themes could be analysed. For example, all slips, trips and falls were stored together. Accident reports were descriptive and showed actions taken after significant incidents. This included looking at lessons learned from each incident. Lessons learned help organisations review procedures and processes. They enable organisations to look at ways improvements can be made to reduce the risk of incidents re-occurring. This demonstrated the registered provider was proactive in ensuring risks were minimised in relation to accidents and incidents.

During the inspection visit, we undertook a walk around the home. We found the home was organised and tidy. Window restrictors were in place to restrict windows from opening widely which may present risks. Radiator covers were used throughout the building to protect people from burns. We noted wardrobes and large articles of furniture were not always secured to the wall. We discussed this with the manager and the deputy manager. They said risks were reviewed on an individual basis and said when people were at risk, furniture had been secured.

We spoke with the maintenance person at the home. They showed us a comprehensive management plan to manage the risk of a legionella outbreak at the home. In addition, they had a comprehensive works schedule which included checking bed rails, water temperatures and window restrictors on a regular basis. We saw evidence these checks were consistently carried out.

We reviewed safety documentation. Fire alarms and equipment had been serviced within the past twelve months. We saw documentation to evidence a gas safety check and electrical portable appliance check had been carried out. Also, equipment used had been appropriately serviced. This demonstrated their were processes in place, which were used in practice to ensure equipment was safely maintained.

Good

Is the service effective?

Our findings

People who lived at the home told us health care needs were met by the registered provider. Feedback included, "I would be telling them if I was not well. They [the staff] have had the doctor out to see me a few times." And, "They [the staff] are always asking if I am alright, so they do notice. There has never been a problem getting a doctor to see me." Also, "One night I was not particularly well and in the morning a doctor was here to see me – without me having to say anything."

Relatives told us they were happy with the ways in which people's healthcare needs were met. One relative said, "They will ring me if there are any changes in [family member's needs.]" Another relative told us the home had persisted for additional tests to be undertaken for their family member. This had resulted in the person receiving a diagnosis and treatment for a health condition which contributed to better outcomes for the person.

On the days of the inspection visits we observed external health professionals visiting the home to review the health needs of people who were displaying signs of being unwell. We spoke with a visiting health professional. They told us they had no concerns and said staff would routinely seek assistance if a person was unwell. They told us staff would use their initiative before calling for a doctor. In addition, they were satisfied that staff consistently followed instructions left by health professionals.

We saw evidence of multi-agency working with health and social care professionals in order to promote people's health. This included input from doctors and community nursing teams. Individual care records showed health care needs were monitored and action taken to ensure optimal health was maintained. One staff member said, "We can access external professionals for support if required."

Following the inspection carried out in December 2016, the registered provider had registered with the Commission to provide services to people living with dementia. As part of the inspection process we reviewed the environment on the Derwent unit which had been developed to meet the needs of people living with dementia. We noted good practice guidelines had been referred to when developing the unit. For example, there was signage around the unit to help people orientate around the environment. In addition, extra security arrangements had been introduced to keep people safe.

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 Act 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.

We checked whether the service was working within the principles of the MCA. Care records maintained by the provider addressed people's capacity and decision making. Records maintained showed that capacity assessments had been undertaken for people who lacked capacity. However capacity assessments in place were not always specific to the decision being determined. For example, we found one person could not

consent to specific equipment being used to ensure their safety. We found there was no capacity assessment specific to this decision within the person's personal care records. During feedback we discussed this with the manager. They agreed they would review all care records to ensure decision specific capacity assessments were undertaken in line with statutory guidance.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We reviewed records maintained by the registered provider and found all care files reviewed had a DOL's in place for consent for people to live at the service. We saw evidence of DoLS progress applications being routinely reviewed with the local authority. On the first day of our inspection visit we found one person's DoLS application did not reflect the current restrictions in place within the person's life. The manager agreed this was an oversight. On the third day of our visit we received confirmation the DoLS application had been updated to include the restriction.

We spoke with staff to assess their working knowledge of the MCA. Staff were aware of the need to consider capacity and what to do when people lacked capacity. One staff member said, "Some people don't understand and can't always make decisions. I would stay calm and try my best. If they still couldn't decide I would leave it and go back later to try again. I know my residents, what they want and how they communicate."

We recommend the registered provider consults with relevant guidance and implements processes to ensure capacity is appropriately assessed.

We looked at how people's nutritional needs were met by the service. Eleven of the thirteen people we spoke with told us the food was good. Feedback included, "It's good, I get a choice of food and there is enough of it." And, "It's mostly good, I don't have any complaints, it depends how fussy you are. There's usually a choice, I get enough, I haven't got a big appetite." Also, "It's good; we get a choice every day. If I don't like it they'll give me a sandwich or make scrambled egg." In addition, "I am awkward with meals, but they do their best."

We observed support and care provided during meal times at the home. People were offered the choice as to where they wished to eat their meals. We observed people eating meals in their bedrooms, in the lounges and in the dining areas. The dining rooms were decorated to encourage a homely feel. There was a calm atmosphere in the areas whilst people were eating. People were supported on an individual basis and dignity standards were maintained at all times.

We spoke with the manager about meeting people's dietary needs. They told us they had met with the chef and discussed the variety of meals for people who lived at the home with a view to increasing the nutritional value of meals. They said they had introduced herbs, spices and seasonal fruits and vegetables to meals. They hoped this would inspire people to eat more and decrease the need for nutritional supplements. Minutes of meetings confirmed this discussion had taken place. This demonstrated the registered provider sought to improve the meal provision at the home and support people's nutritional needs

We saw evidence of people being consulted with on a regular basis about the food provided. The cook told us they regularly reviewed menus and listened to people's feedback when planning meals. This showed people were asked to give feedback in order to meet individual preferences and needs.

When people were at risk of malnourishment we saw that assessments were in place to monitor people's weights. We reviewed care records and noted people were weighed in accordance with their risk

assessment. This showed people's nutritional needs were assessed, monitored and reviewed.

We looked at staff training. People told us they felt staff were suitably equipped with the correct skills to enable them to provide effective care. Feedback included, "I have heard staff talking about training." And, "Staff have enough knowledge about how to look after me, they get regular training."

Staff told us the training was good. Feedback included, "I have just signed up to complete my NVQ." Also, "I have no concerns with training. It's always kept up to date." And, "We are always getting regular training updates." Staff said there had been a marked improvement in training since the new manager had started working at the home. They said staff had received training from external health professionals to enable them to support people with specific health conditions more effectively. One member of staff said, "External training has increased since [new manager] has started." On the second day of our inspection visit a healthcare professional was visiting the home to talk about wound care and treatments with staff nurses.

We reviewed a training matrix which was maintained by a member of the senior management team. A training matrix is a document which records all staff training and allows the service to identify where gaps in training lie so training can be planned. We looked at the training matrix and noted that not all mandatory training had been completed by all staff. For example, fifty two of the 112 staff did not have any up to date challenging behaviour training.

We spoke with the deputy manager who was responsible for organising training. They told us training for staff had decreased whilst the home had no manager as they were carrying out the manager's role. Since the new manager had arrived the deputy manager told us they had worked with the manager and had reviewed all training courses and processes. Together they had developed a new training programme for all staff and had changed the way training was scheduled and delivered. In addition, a further member of staff had been supported to gain a teaching qualification to allow them to provide training. A training programme had been scheduled and the deputy manager anticipated all mandatory training would be completed by staff by the end of the year. Following the inspection visit we received an updated training matrix which demonstrated the ongoing commitment to ensuring staff completed the required training. When staff were reluctant to complete mandatory training we saw evidence of the registered provider working proactively to encourage staff to complete the training.

We looked to induction processes at the home to ensure staff were appropriately supported at the beginning of their employment. On the first day of the inspection visit eight new starters were on duty completing their induction training. The deputy manager told us they had worked with the new manager to develop a new induction process. This involved new employees completing all core mandatory training in the first week of their employment. They said they hoped this would equip new staff with the necessary skills before working with people who lived at the home and staff. In addition, they said they hoped this would increase staff competencies which in turn would provide better care for people, improve relations with other staff and increase staff retention at the home.

We spoke with a member of staff recently employed at the home. They told us they undertook an induction period at the start of their employment. This included completing mandatory training and working alongside more senior members of staff. In addition, as part of their induction process they had monthly probationary meetings with a member of the senior management team. They said they were closely monitored and any concerns with their progress were discussed to allow them to be able to provide effective care. The staff member told us they were happy with the induction process and the support provided.

We spoke with the manager about supervision processes at the home. They told us that since the last inspection the registered provider had recruited an additional member of staff to carry out supervisions of all care staff. The manager carried out the registered nurse's supervisions. Staff confirmed they received supervision from a member of the senior management team. They said the senior management team was approachable and they were not afraid to discuss any concerns they may have in between supervisions. Feedback included, "[Nominated individual] is brilliant, you can go to them at any time." And, "I feel appropriately supported in my role." Also, "The managers upstairs are approachable but if I have any problems most of the time the nurses sort them out." And, "There is always someone you can talk to."

Good

Is the service caring?

Our findings

People who lived at The Sands Care Home and relatives were complimentary about the staff who worked at the home. Feedback included, "Staff always listen to me and are always willing to help." And, "The staff are really good. They are very thorough and we chat. They are kind and caring." Also, "They are very courteous and nothing is too much trouble.", "Some of them are unbelievably good, some are adequate." Also, "They are kind and treat me very well." And, "I sometimes wonder where I would be without them, (the carers.)" And, "I really feel very lucky that my partner is here."

We asked people who lived at the home if they were supported to remain as independent as possible. Maintaining independence promotes a sense of achievement for people which in turn generates a greater sense of self-worth and well-being. People told us that independence was promoted. Feedback included, "They always try to get me to do as much as I can for myself." And, "The staff let me do as much as I can for myself. I am an independent old devil."

We observed positive interactions between staff and people who lived at the home. On one occasion we overheard a person in their room crying. They were making sounds to suggest they were distressed. A carer entered the room immediately and talked to the person quietly which soothed the person and they stopped crying.

Staff frequently checked the welfare of people to ensure they were comfortable and not in any need. We observed two people saying they felt cold. The staff member responded immediately by asking the maintenance person to turn up the heating. In addition, they went and found blankets for people to keep them warm until the room had warmed up. One person told us, "Nothing is too much trouble for staff."

We asked people who lived at the home if their privacy was respected. Feedback included, "My privacy is always respected." And, "If I do not want to be disturbed the staff respect my wishes." And, "I have no problem if I want my privacy."

During our inspection visit we observed staff knocking on people's doors before entering rooms. In addition, when people required support with medicines, privacy and dignity was taken into account. For example, one person required eye drops administering. The staff member administering medicines told the person they would wait until they had eaten their meal and would do this in the privacy of their own bedroom. This showed us privacy was considered and achieved.

Staff spoke fondly of the people they cared for. One staff member said, "I take pride in my work. I enjoy helping people getting dressed and looking nice. I want families to come and see their relatives looking well cared for. I wouldn't have liked to see my [relative] sat in dirty clothes."

Staff sometimes went the extra mile. One staff member said people who lived at the home enjoyed watching old films. They told us staff on the unit looked out for old DVD's in charity shops and purchased them for people who lived at the home. They said, "People sit and sing along. It's lovely to see." One relative told us,

"Staff always seem to make an extra effort."

People who lived at the home and relatives told us visitors were welcomed into the home whenever they wished to visit. Feedback included, "My family can visit anytime they want and they can bring a dog." And, "My family can visit anytime. My [relative] brings me biscuits and whisky."

As part of the inspection process we visited people in their bedrooms with their consent. Rooms viewed were individualised, warm and welcoming. People had family photographs and personal art work upon the walls. Some people had brought items of furniture from their own home to make the rooms feel like home. People who enjoyed their own personal space told us staff sometimes called in to check they were okay. One person said, "It's nice when the staff stop by my room for a quick chat."

Staff demonstrated a good understanding of the people who lived at the home. This enabled them to deliver person centred care. For example, one person had a personalised blanket with photographs of family members upon their bed. A staff member directed the person to the blanket and started to tell us about each family member's photograph on the blanket. The member of staff was able to identify family members and tell us information about these. This stimulated conversation and enabled the person to talk about their family. The person welcomed the conversation and started smiling.

The service was aware of the importance of promoting people's voices. Advocacy leaflets were placed upon the noticeboards in communal living areas. Advocacy services support people to make decisions and be heard when the person cannot communicate for themselves.

Good

Is the service responsive?

Our findings

People who lived at The Sands Care Home said they were satisfied with the service provided. No one we spoke with had any cause to complain about staff. One person said, "I always think where would I be without them."

When asked, people were aware of their rights to raise complaints and said they could do so without any fear. Feedback included, "I do speak up. I am a very emotional person but I will look after myself." And, "I am always talking to the staff". Also, "I would complain to the person in charge. I filled in a complaints form once and it did get sorted."

We spoke with one relative, who had experience of raising complaints. They told us complaints were always listened to. They said they had seen a difference in the way complaints were considered and acted upon since the new manager had been recruited. This showed there was a complaints procedure in place which enabled people to raise concerns.

Complaint forms were readily available upon each floor. Boxes were attached to the wall next to the lift entrances for complaints to be posted within. This showed us that people and relatives were actively encouraged to raise any concerns.

We reviewed complaints received at the home. When complaints were raised they were thoroughly investigated and reviewed so action could be taken to prevent further concerns being raised. Four complaints had been received from staff about staffing levels in the month of June 2017. We noted these had now been addressed, new staff had been recruited and action was being taken to manage absence.

People who lived at The Sands Care Home told us organised activities took place at the home. Feedback included, "They will offer activities like singing which I sometimes attend." And, "I do not have any hobbies but the staff are always suggesting things for me to do." Also, "They have activities in the lounge in Keswick unit, downstairs, but I cannot be bothered." And, "There's quite a lot of music coming in, there's bingo downstairs and painting."

In addition to organised activities people told us they were supported to pursue their own hobbies and interests. One person said, "I like to sew. Staff will help me if I ask." Two people we spoke with told us they liked to go out for the day. They told us when the weather was nice staff supported them to go outside for walks and to go shopping.

On the first day of our inspection visit an activities coordinator was working at the home. We observed people playing bingo and dominoes. People told us there had recently been a singer at the home to entertain people. We viewed photographs taken to show other activities taking place at the home including an afternoon tea party.

Staff told us activities had improved on the Derwent unit since the arrival of the new manager. They told us

there were now more entertainers visiting the home and staff were encouraged to support people to undertake activities. One member of staff said, "Things have greatly improved. We are trying to do more personal things like arts and crafts. We are doing art work and cooking with people in small groups." The manager told us they were planning to introduce more activities throughout the home. They were in the process of recruiting a person centred coordinator to develop links with local community groups.

We looked at care records related to fifteen people who lived at the home. Pre-assessment checks took place prior to a service being provided. Pre-assessment checks are important as they help a provider decide whether or not a suitable service can be provided to people and allows providers to plan people's care before admission.

Care plans were detailed, up to date and addressed a number of topics including managing health conditions, personal hygiene, diet and nutrition needs and personal safety. Care plans detailed people's own abilities as a means to promote independence. Professionals were involved wherever appropriate, in developing the care plan. We saw evidence records were updated when people's needs changed and consent was sought throughout the care planning process.

We found there was a variation on the quality of care plans maintained. Of fifteen care records viewed we found information which could contribute to the quality of care was missing in three records. One person was living with dementia. There was no information within the person's care record to show how the person communicated when they were in pain. Another two people had risk assessments in place which stated they were at risk of skin breakdown but there were no care plans in place to instruct staff how to maintain skin integrity. However, we reviewed a care record relating to a person who had just moved into the home. We found the care plan was person centred and detailed. The nurse on duty told us they had been able to spend time with the person's relative to gain some insight into the person's likes and dislikes. This information had been included within the person's care plan.

We spoke with the manager about the inconsistencies within the care plans. They told us they were aware care plans were not consistently person centred. They told us they were working with staff to develop the electronic care planning system to develop more person centred care plans. In addition, they were in the process of recruiting for a member of staff who would be responsible for coordinating person centred care plans for people who lived at the home. The manager showed us an active advertisement and job description for the post and said they hoped to have the post filled in the near future.

People who lived at the home told us they had been involved in the developing of their care plans. However, people could not always remember if they were consulted with when care plans had been reviewed. Feedback included, "I have a care plan but I have never been asked to review it." And, "I have agreed my care plan, but in the two years I have been here it has never been reviewed."

We raised these concerns with the manager and the deputy manager. The deputy manager said they didn't think the service had previously been as proactive as they could have been at holding reviews of care plans. They said they would review this and look at developing a structure which included annual reviews of care as standard.

We recommend the registered provider reviews care planning systems to ensure that person centred care is considered and implemented at all times in accordance with good practice guidelines.

Good

Is the service well-led?

Our findings

At the inspection carried out in December 2016 we identified a breach of Regulation 18 of the Care Quality Commission Registration Regulations 2009. The registered provider had failed to submit without delay statutory notifications. We asked the registered provider to send us an action plan to demonstrate how they were going to make improvements to ensure they met the Regulation. We used this inspection to check action had been taken.

Prior to the inspection taking place we reviewed information held upon our system and noted the registered provider had submitted statutory notifications as required in a timely manner. We compared information held against reported accidents and incidents at the home and noted there were no missing notifications. The registered provider had implemented a recording system so there was an audit trail for each incident, detailing when the notification had been made and further action taken. The manager told us this had been previously allocated to another member of the management team but they had now taken over this role. They told us it was important they had oversight of this.

At the inspection visit in December 2016, there was no registered manager in place. The registered provider had identified a member of staff who was in the process of registering with the Commission. The member of staff completed the registration process but then declined the post. The registered provider worked proactively to seek the void and a new manager started at the home in July 2017. At this inspection visit we saw evidence the manager had started the application process to register as the registered manager.

We asked people and relatives their views on the way in which the home was managed. People told us things had improved since the new manager started working at the home. One person said, "The home is well managed at the moment. It never used to be." And, "It's managed as well as it could be."

Although people who lived at the home considered it to be well managed, only one person we spoke with knew who the manager was. We fed this back to the manager who told us they were surprised at this as they visited each unit daily. The manager agreed they would review this and said they would look into placing a photo of the senior management team on each floor so managers could be identified.

We asked staff who worked at the home their views on the way the home was managed. Feedback included, "We see a lot of [manager]. They are really hands on and always on the floor." And, "Things have greatly improved. If we ask for anything it's sorted." Also, "Things have got better since [manager] come. Things are more organised." In addition, "[New manager] is great. They get things done. They are a determined person." And, "I like [new manager] they won't stand any messing and that's needed. They are strong and firm but has compassion."

Staff told us the home was a good place to work and that on the whole morale was high. Feedback included, "Morale is a lot better. It had gone a bit pear shaped. There has been a lot to turn around." And, ""Morale is good. I love it here. The staff, the residents, everything is good." Staff described team work as good. One staff member said, "Teamwork is good, we have a nice chilled atmosphere. Everyone gets on well. We try to make

it light hearted and jolly."

Staff told us communication was satisfactory. The new manager had written to all staff prior to them starting in their role to ask them what they expected from their new manager and what improvements they would like to see. The manager said they had reviewed this information when they started in their role to see where improvements were required. This had been followed up with a team meeting.

Staff said they received communication on a daily basis through daily handovers. In addition, information was shared through emails and memos to staff. One staff member said they had regular team meetings on their unit to discuss ideas. We saw evidence of team meetings taking place. This demonstrated staff were able to raise concerns and ideas to influence the service provided.

People who lived at the home were consulted with on a regular basis. One person who lived at the home told us 'residents meetings' took place every six weeks. We reviewed minutes from the meetings and noted people were encouraged to express their views on how the service was managed and organised. For example, on which foods were served at meal times.

We looked at systems for assessing the quality of the service provided. Questionnaires were sent out on a monthly basis to a sample of people who lived at the home to complete. Information gained within the questionnaires was shared with the senior management team. We viewed completed questionnaires and found positive feedback had been provided.

The registered provider was keen to ensure a high quality service was achieved. They provided us with examples of working with staff and other professionals in order to make improvements at the home. They told us they had concentrated on developing staff morale and implementing all the required improvements from the last inspection. They said, "I just want to get things right."

The manager had a range of quality assurance systems in place. These included audits of medicines, the environment, staff training and health and safety. Action was taken when concerns were identified within audits. For example, new fridges were sourced when it was found the medicines fridges were not working.

We asked the manager of the home how they were supported within their role. They praised the support offered from the nominated individual and the deputy manager. They told us they communicated frequently with the registered provider and described them as 'Brilliant.'

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015