

# The Southend-On-Sea Darby & Joan Organisation Limited

# Sandringham

## Inspection report

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Date of inspection visit:  
11 September 2017

Date of publication:  
17 October 2017

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

The Inspection took place on the 11 September 2017.

Sandringham provides accommodation and personal care for up to 20 people some of whom may be living with dementia. At the time of our inspection 20 people were living at the service.

At our last inspection the service was rated as Good. At this inspection we found the service remained Good.

The registered manager had left the service and a new manager will be registering with the CQC.

The service was safe. 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.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The chief executive had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough so as to ensure they maintained a balanced diet. Referrals to healthcare professionals were made when required to ensure people's healthcare needs were preserved.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions. Suitable arrangements were in place to ensure people were treated with respect and dignity.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were supported to follow their interests and participate in social activities. The provider responded to complaints in a timely manner.

The service was well-led. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Requires Improvement ●

The service was well led

Whilst the provider recruited a new manager they have maintained a good oversight of the service and it has continued to be well-led.

# Sandringham

## **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 11 September 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, 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.

The provider had 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 any improvements they plan to make.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with nine people, two relatives, the chief executive and three care staff. We reviewed five care files, four staff recruitment files and their support records, audits and policies held at the service.

# Is the service safe?

## Our findings

At this inspection we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be good.

People told us that they felt safe living at the service. One person said, "They all look after me very well." A relative told us, "[person name] has really improved since they have been here, they are so much happier now, the care is brilliant."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. We saw the manager displayed posters and information for staff to follow on how to raise a safeguarding concern confidentiality to protect people. Staff we spoke with were all clear on their responsibilities to protect people. One member of staff said, "If I saw neglect or abuse I would report this to the manager, if they did not do anything I would go to the safeguarding team." Staff were aware that they could contact outside agencies such as the CQC and local authority safeguarding team if they had any concerns for people. The manager was fully aware how to raise safeguarding concerns and had worked with the local authority to investigate these to safeguard people.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. The assessments included preventing falls, moving and handling, nutrition, use of bedrails, use of sensor mats and prevention of pressure sores. Staff knew it was important to follow these assessments to keep people safe. These assessments were regularly reviewed to ensure the information was up to date and correct for staff to follow. In addition staff checked equipment was working correctly to ensure people were getting optimum benefit from such things as pressure relieving equipment and sensor mats. Staff also recognised that people's level of independence changed depending on how they were feeling. One member of staff said, "I try and encourage people to be independent as much as they can, and if it is safe, for them to do things for themselves."

People were cared for in a safe environment. The manager ensured there were regular risk assessments completed of the premises and equipment used and there was an emergency contingency plan in place should there be an event that effected the safe running of the service. We saw that in the event of an emergency there was a grab pack for staff to take containing important information about people and useful contacts for staff. Staff received training in first aid and health and safety to ensure they knew what action to take in an emergency. Each person had a personal evacuation plan and staff undertook regular fire evacuation training. The chief executive told us that as part of a recent refurbishment at the service new fire doors had been installed throughout. Staff knew how to raise the alarm if somebody suddenly became unwell and they needed immediate assistance. One member of staff said, "I would not hesitate in calling 999 if needed."

The manager kept under review the numbers of staff required to support people and adjusted these numbers where necessary. The manager told us that the service had recently recruited new staff and that

they rarely needed to use agency staff. From our observations we saw there were always staff available to support people, and staff appeared unrushed during their interactions with people they supported. Staff and people we spoke with felt there were enough staff working at the service. One person told us, "There is always staff around if you want them."

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).

People received their medications as prescribed. One person told us, "Since I have been here they have sorted out my pain medication for me." Senior care staff who had received training in medication administration and management dispensed the medication to people. We observed part of a medication round and saw that the member of 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. We reviewed medication records and saw that these were clear and in good order. When people needed additional medication this was documented within their care plan and recorded on the medication charts.

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

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be good.

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. The manager arranged for staff to receive face to face training rather than using a computer based training system. Training was also provided via the local authority for staff to attend. Dementia specific training known as the 'virtual dementia tour' had been sourced for staff to help them support people who were living with dementia. The chief executive told us how they were making Dementia awareness mandatory and in the future would be making the 'virtual dementia tour' mandatory for all staff. Staff had found this training to be very enlightening to experience what it was like for people living with dementia. Staff told us they were supported to attain nationally recognised training qualifications, and that they regularly received up dated mandatory training in line with the provider's expectations. One member of staff said, "My most recent training was on health and safety, it is really important to recognise how if the environment is not safe this can have a big impact on people; for example a small spill on the floor could lead to somebody falling and hurting themselves. So we have to make sure the environment remains safe."

New staff had a full induction when they started to work at the service, which included 'shadowing' more experienced staff. The chief executive told us that the length of staff inductions was dependent on their previous experience. All new staff were enrolled into completing the 'Care Certificate'. This is an industry recognised best practice induction and training for staff to equip them with the information and skills they need to provide care. Staff told us that they had regular staff meetings and supervision with the manager to discuss the running of the service and their performance. From records we reviewed we saw this was a two way process for staff to receive support and updates on best practice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. One person told us, "Staff always give you choice they ask us every morning, what would we like to do or what would we like to eat." The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments and when these had been agreed the chief executive had notified the CQC as required. We also saw assessments of people's capacity in care records had been made for best interest decisions regarding their care. This told us people's rights were being safeguarded.

People were generally complimentary of the food and said they had enough food and choice about what

they liked to eat. We saw that each morning the kitchen assistant went around and asked people what they would like for lunch. The chief executive told us there was a four week menu cycle which provided a choice of two main meals at lunchtime. One person told us, "The food is alright, I eat it." Another person told us, "Since I have been here I have put on two stone in weight as I now eat regularly. We observed the dining experience which was a very pleasant experience for people with most choosing to attend the dining room and socialise at meal times.

Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. Staff also monitored people's weight for signs of loss or gains and made referrals where appropriate to the GP or other healthcare professionals. From records we reviewed we saw that people who had come to the service with low body weights had progressively increased their weight at a steady rate. We saw from records that staff were very good at ensuring where people were at risk of poor nutrition they were supported to have fortified diets and additional fluids.

People were supported to access healthcare as required. The service had good links with other healthcare professionals, such as, chiropodist, opticians, district nurses, dementia nurses and GPs. One person told us, "The nurse comes in and changes my plaster for me." Another person said, "If I need to see a doctor the staff arrange it for me."



## Is the service caring?

### Our findings

At this inspection people remained happy living at the service, they continued to be very complimentary of the staff and felt cared for. The rating continues to be good.

People told us that they were happy living at the service. One person said, "The staff are lovely, they are all very kind." A relative told us, "It is a lovely home, above perfect."

Staff had positive relationships with people. They showed kindness and compassion when speaking with them. Throughout the inspection we saw people were living in a calm and relaxed environment. People and relatives told us on numerous occasions how good the staff were and how kind they were. Staff were friendly and relaxed during their interactions with people and were unhurried when reassuring people and assisting them. One person told us, "The staff are very kind, I am very comfortable here."

Staff knew people well including their preferences for care and their personal histories. Staff told us that they tried to support people to maintain their independence as much as possible and assessed the level of support people needed all the time. We saw care plans were very detailed and contained biographies of people's life so far as well as containing all the details of how they preferred to be supported. Each person had a key worker who specifically checked that all the person's needs were being met and reviewed their care. One person told us, "They [staff] discussed all my care with me and we went through my likes and dislikes and support I need." Another person said, "I need a lot of support and all the staff know how to support me."

People told us that staff respected their privacy and promoted their dignity. One person said, "All the staff are good, they treat me with respect." Another person said, "The staff are always discreet when they help you." People had access to individual religious support should they require this. The chief executive told us that there was a regular faith service held at the service, and individual people received their own religious support from the faith of their choice. People were encouraged to maintain contact with friends and relatives and they could visit people at any time. People told us that they also went out with their relatives.

## Is the service responsive?

### Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating remains Good.

Before people came to live at the service their needs were assessed to see if they could be met by the service and care plans developed. Some people told us that they originally came to the service for respite from home for a few weeks rest but decided to stay. The care plans were individual to people's needs and described how to best support them to maintain their safety and independence. In addition to the care plans each person had a one page profile which was person centred and outlined all the support they required. The care plans were regularly reviewed, at least monthly. Staff also updated the care plans with relevant information if people's care needs changed. This told us that the care provided by staff was up to date and relevant to people's needs.

The service remained responsive to people's needs. The chief executive told us how they had good links with other health professionals and when necessary sought their support and input. For example, they used the service of the dementia nurse specialist to advise them on the best care and treatment for a person who was experiencing periods whereby they were distressed and anxious. We saw that the service had followed the advice given and the person's needs were now being supported and it was evident they were no longer distressed or anxious.

People enjoyed varied pastimes and the management team and staff engaged with people to ensure their lives were enjoyable and meaningful. The service employed two activities staff to support people with social activities and hobbies. People were also supported to access the community if they wished to go out. One person told us, "We go out for a coffee or they take us out in a wheelchair to the park." Another person told us, "There is always plenty to do, we play bingo and dominoes, and there is a big soppo dog that comes in to see us." The activity person told us that they arranged activities throughout the day that people enjoyed and if people wanted to go out for a walk or a coffee they would take them out. In addition they arranged for external entertainers to come into the home such as singers. We saw throughout the inspection staff were engaged in one to one activities with people such as reading the newspaper or helping them complete crosswords.

The provider had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People said if they had any concerns or complaints they would raise these with staff. However people told us they generally did not have any complaints. The service also received compliments one read, "The atmosphere was always happy, calm and positive."

## Is the service well-led?

### Our findings

The service has been well-led. The previous registered manager left the service in May 2017 and a new manager commenced in September 2017. However, the new manager is not yet formally registered with the Care Quality Commission. The chief executive is aware of their responsibilities to submit a manager application to us as soon as possible. Until a registered manager has been officially appointed and is registered by the CQC the service can not achieve a rating above requires improvement.

A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff, relatives and people were all complimentary of the service and the way it was managed. One person told us, "Any issues are discussed and resolved quickly." Staff told us that they felt supported by the chief executive and one member of staff said, "They are here all the time to offer support."

Staff shared the provider's vision for the service, one member of staff said, "We want people to have the best quality of life they can possible lead." Another member of staff said, "We aim to be kind to make life better, to be friendly and make people happy."

People benefited from a staff team that worked together and understood their roles and responsibilities. Staff had regular supervision and meetings with the chief executive to discuss people's care and the day to day running of the service. Staff felt supported to fulfil their roles and felt their opinions were listened to. Staff had a handover meeting between each shift, to discuss any care needs or concerns that had happened and used a communication book to share information. 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 chief executive and staff gathered people's views on the service on a daily basis through their interactions with people. In addition to this the staff held meetings with people and their relatives. We saw from minutes of the meetings that people's feedback was sought on the food and the general running of the service. Where people had brought up ideas or suggestions these were acted upon; for example, people requested fresh cream cakes to be provided once a month and this was duly arranged. The chief executive had also sought people's views on the redecoration of the service and new furniture that had been purchased. We saw that yearly a survey was completed by people, relatives and staff to gain feedback on how the service was performing, all the information was collated and any actions were completed. This showed that the management listened to people's views and responded accordingly to improve their experience at the service.□

The chief executive had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits, for example, on people's care plans, medication management, accident and incidents, health and safety, and environment. They used this

information as appropriate to improve the care people received. For example ensuring their care plans were up to date and relevant to their care needs.