

Bupa Care Homes (ANS) Limited

Sandhills Court Care Home

Inspection report

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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 ●

Summary of findings

Overall summary

Sandhills Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service can accommodate a maximum of 77 people. At the time of this inspection 56 people were using the service. The property is a purpose-built care home with dedicated nursing and dementia units. It is built across three floors with en-suite bedrooms, bathroom facilities, relaxation lounges and dining facilities located across all floors.

At the time of the inspection a registered manager was 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.

People felt safe and trusted the staff. Staff were knowledgeable in recognising signs of potential abuse and understood their responsibilities and duty of care. Risks to people's safety and wellbeing were appropriately managed. Staff were aware of the risks to people's wellbeing and what action they had to take to minimise risks. All risk assessments were reviewed monthly or sooner if circumstances changed. This helped to protect people.

Staff were recruited using safe recruitment procedures and processes. We observed that the staffing levels provided on the day of our inspection met people's needs. Staff were knowledgeable about their roles and responsibilities and were trained in a variety of subjects to develop and maintain their skills. Staff received a thorough induction at the start of their employment. Training was updated, as required and staff received regular supervision and annual appraisals.

Medicines were administered safely by staff who had received training and were competent in this task. Records of medicines administered were regularly checked to minimise the risk of errors being missed.

Staff knew the people they were supporting well and care plans were in place detailing how people wished to be supported including people's likes and dislikes. The registered manager and staff had a good understanding of the Mental Capacity Act (MCA). People's health and nutritional needs were assessed and staff worked well as a team liaising with relevant organisations and professionals for advice to help maintain people's independence and wellbeing.

People were cared for with kindness and compassion. They were treated with dignity and respect and supported to maintain their independence by staff that knew them well. Staff supported people to maintain and develop their relationships with those close to them, their social networks, and local community. Care and support plans were person-centred and included people's views. This ensured people chose how to

spend their time and were able to make choices about their daily lives.

The service provided activities which were meaningful to the people living in the home. This meant that people were supported to pursue interests and hobbies that were important to them. Activities were continually evaluated to ensure that they remained appropriate to people's needs and individual preferences. People accessed the local community either independently or with support. The registered provider encouraged community involvement and invited people into the home on a regular basis.

The service supported people and their families to consider and record their wishes for end of life care. They worked closely with health care professionals to ensure people's end of life experience was comfortable and dignified.

A complaints procedure was in place. People who used the service and their relatives knew how to make a complaint. Processes were in place to investigate and resolve complaints.

People who used the service, staff and relatives told us the service was well-led. People praised the management team for their caring and positive leadership. The staff team were enthusiastic, and clearly enjoyed their jobs.

The registered manager undertook a variety of audits to help monitor the quality of the service. The registered provider visited regularly and checked audits had been completed. Any issues or concerns were addressed through action plans to ensure service improvements.

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 was safe.

Staff had the skills and knowledge to safeguard people from abuse and understood their responsibilities to report abuse.

Medicines were managed safely. People received their medicines as prescribed by competent staff.

There were sufficient numbers of staff to keep people safe.

Is the service effective?

Good ●

The service was effective.

Staff received regular supervisions, attended regular meetings and received appropriate training to be able to do their job effectively.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA).

People's nutritional needs were well met and they had access to snacks and drinks throughout the day.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and sensitive to people's emotional needs.

Staff were knowledgeable about people's needs, likes, dislikes and preferences.

Staff maintained people's privacy, dignity and independence.

Is the service responsive?

Good ●

The service was responsive.

Staff had a good understanding of people's individual needs and delivered care and support to meet their needs.

Staff worked well with other health professionals to make sure changes were promptly identified and acted upon.

People and their families were supported to explore their end of life wishes in a respectful sensitive manner.

People knew how to make a complaint and were confident any complaint would be listened to, investigated and action taken where necessary.

Is the service well-led?

The service is well-led.

Staff described the registered manager as very approachable.

Staff felt supported by the registered manager.

Quality assurance systems were in place that enabled people to voice their views about the service. Audits included action plans detailing actions taken to meet any shortfalls.

Good ●

Sandhills Court 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 14 and 15 January 2019. The first day was unannounced and the second day announced.

The inspection was carried out by two inspectors and an expert-by-experience in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we looked at the information we held about the service, which included the provider information return (PIR). This is information we require providers to submit at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted Healthwatch North Lincolnshire and North Lincolnshire safeguarding and commissioning teams for their views of the service and we used their feedback to inform our inspection and judgements.

We looked at information held about the provider and the service including statutory notifications relating to the service. Statutory notifications include information about important events, which the provider is required to send us. We used this information to help us plan this inspection.

During the inspection we completed a tour of the environment, looked at five people's care records, including their care plans and risk assessments. We also looked at a variety of documents relating to the management and running of the service. This included quality assurance information, audits, recruitment information for four members of staff, staff training records, policies and procedures, complaints and staff rotas.

At this inspection we spoke with the registered manager, a team leader, a senior care worker, a nurse, two

care staff, two cleaners, two cooks and the activities coordinator. We spoke with nine people who used the service, eight relatives and three health and social care professionals.

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "I feel safe, you couldn't find a better place." Another person told us, "I feel 100% safe, I wasn't safe at home, if I have any problems I just ask." One person's relative said, "It's lovely and [name] is safe and comfortable here."

People were kept safe as staff were knowledgeable in recognising signs of potential abuse. Staff confirmed they attended safeguarding training updates to refresh their knowledge.

The provider, registered manager and staff recognised their responsibilities and duty of care. They were aware of their responsibilities to raise safeguarding concerns when they suspected an incident or event that may constitute abuse, had occurred. A member of staff told us, "If I suspected abuse, I would report it to the manager." The registered manager had a system in place for recording and reporting safeguarding concerns, to the local authority, and to the Care Quality Commission.

Risks were appropriately managed. Staff managed risks relating to people's health and well-being, including mobility, communication, specific nutritional needs, moving and handling and maintaining skin integrity. People's records provided staff with information about these risks, how to manage and minimise risks to provide people's care safely. All risk assessments were reviewed monthly or sooner if circumstances changed.

Staff understood how to report accidents and incidents and knew the importance of following the procedures in place to help reduce risks to people. We saw the registered manager analysed each accident and incident so that steps could be taken to help prevent repeat incidents happening. For example, one person had been assessed as high risk of falls and when mobilising did not use their walking aids. Discussions were held with the person and other professionals about how best to help them. Hourly checks were put in place at night and the person's bed was lowered bed to reduce the risk of falls. Records were updated to include the decisions and instructions put in place for staff to follow.

The provider ensured staff employed had suitable skills, experience and competence to fulfil their roles. Staff files showed that safe recruitment procedures were always followed. Appropriate pre-employment checks had been completed which included two written references. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to make informed decisions about the suitability of prospective employees to work in a care setting.

Staffing levels were set appropriately to meet the support needs of the people living at the service. Staff were deployed effectively and contingency plans were in place to manage unplanned absences. There was also a 'twilight shift' between 5pm and 10pm and the staff member worked where they were most needed during the shift. People could also request support by using a call bell system. Comments from people included, "I never have to wait" and "[Name] has a mat at the side of the bed and they [staff] respond quickly."

People were supported to receive their medicines safely. There were up-to-date policies and procedures in

place to support staff and to ensure medicines were managed in accordance with current regulations and guidance. A person told us, "The staff help me with my medication as I take medication and pain relief regularly." Another person told us, "Staff help me and they know what I take."

The home was clean, homely, and free from any unpleasant odour. The provider had infection prevention and control policies in place and staff had received training in this area.

We looked at documents relating to the maintenance of equipment and health and safety checks within the service to ensure the environment was safe. For example, water temperatures, legionella control, electrical and gas safety, lift maintenance and hoist checks had been completed. These environmental checks help to ensure the safety of people who use the service.

The home had a business continuity plan in case of emergencies. Fire safety measures and checks were in place and records showed staff had received fire safety training. Personal emergency evacuation plans (PEEPS) were recorded for each person. They provided guidance about how people could be moved in an emergency if evacuation of the building was required.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet people's needs. One person told us, "Staff are very good at what they do." One relative said, "They are very well trained, they always have the time of day. They are very happy staff." A second relative told us, "[Staff name] is impressive, they did not receive the information they needed from the GP surgery, they contacted the GP who is visiting tomorrow to discuss with us."

New staff had undergone a thorough induction programme and shadowed colleagues to gain practical experience before they worked unsupervised. This enabled them to get to know people and learn how they liked to be cared for. A member of staff told us, "[Name] was involved in my interview and we have since built up a fantastic relationship." Staff received training updates to ensure they had the skills and confidence to carry out their roles and responsibilities.

The training matrix and individual records showed completed and scheduled training for staff. Staff accessed additional topics to help enhance the care people received. One member of staff told us, "Additional training is provided based on people's needs." Staff felt encouraged and supported to develop their skills and gain more responsibilities.

Records showed that all staff members had received regular supervision and staff confirmed this while talking with us. Supervisions are meetings where an individual employee meets with their manager to review their performance and discuss any concerns they may have about their work. A member of staff told us, "We are very supported and the manager is quick to act on issues we raise."

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Staff had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff sought consent from people. They understood the principles of the MCA and, how to implement this for those people who did not have mental capacity and, how to support best interest decision making. This included discussions with family, and health and social care professionals when this was appropriate. Care files showed capacity assessments and best interest decisions had been made in line with the MCA and the provider had applied for DoLS when required.

People enjoyed freshly prepared meals and told us they were, enjoyable and tasty. The chef told us, "We look at different ways to cook food to see if this enhances the taste of foods, for example, we had a mashed potato challenge. We added different ingredients, including cream, milk and butter and people told us they preferred mash potato with cream and butter." We asked people if they enjoyed the food, comments included, "The food is wonderful, there is plenty to eat and you can have more."

The service took immediate action to address the needs of people at risk of malnutrition. When needed, people were referred to appropriate professionals. This was reflected in the person's care plan and staff made sure their food was provided in accordance with their specific needs and wishes. Staff told us they were kept up to date with any changes that may affect people's dietary requirements. One person needed a lot of encouragement to eat. A relative told us, [name] is a very fussy eater. The chef and the staff worked tirelessly to find things they would eat, they were on a pureed diet and are now on a normal diet." There were also snacks and drinks stations on each floor that people and their relatives could freely access.

The registered manager and staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected. The records showed where advice was provided and incorporated into the care records. This included appointments with the psychiatrist, optician, dentist, chiropodist, district nursing team, physiotherapist, dietician, and GP. We observed during the inspection a person using the service was attending a hospital appointment and the chef had prepared a packed lunch for them and their relative in case they did not get back in time for lunch.

Health professionals were positive about how the management and staff team supported people to live healthier lives and receive on going healthcare support. One health professional commented, "All members of staff within the care home are very approachable and this has a very positive effect on the patients, members of nursing staff visiting and visitors. We're able to have positive communication with members of staff."

Is the service caring?

Our findings

People told us they received high quality, compassionate care. Everyone we spoke with was very complimentary about Sandhills Court Care Home and the staff who supported them. One person said, "They look after [name] and they are all so kind and caring." Another person told us, "They are very kind, it's just like living at home."

We were told by relatives about the care their family members received at Sandhills Court Care Home with those relatives describing the care in positive terms. One relative said, "The care is very good, they go above and beyond and it is a joy coming to visit." Another relative commented, "They can't do enough for [name] and are very sensitive to their needs."

The provider demonstrated a clear commitment to promoting a strong, visibly person-centred and caring culture. This meant that staff always put people at the heart of everything they did. A staff member told us, "We always introduce ourselves to people coming into the service to make them feel welcome and as comfortable as possible." The registered manager told us helping people live longer, healthier, happier lives were key principles on which the service was built.

Staff understood what it meant to promote dignity and respect. We saw people were smartly dressed and looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving in to the home. This included preferred products they liked to use for example, with shaving, having manicures, preferring to get dressed in their room after a bath or a shower and that they liked their hair blow dried. The registered manager told us staff also supported ladies to apply makeup and there was a hairdresser on site for people to access as this was important to them. Collectively these details made people feel valued and promoted their dignity.

We saw staff spoke with people in a polite and respectful manner. People told us staff valued and appreciated people's privacy, when they were in their rooms, by knocking on people's doors before entering. We saw that a staff member announced their presence to a person and asked them what they wanted to do. They wanted to stay in bed a little longer and the staff member offered them a drink and returned a few minutes later with a cup of tea as requested. One person's relative told us, "The staff are always very polite and they always maintain their privacy, when they are helping them shower." A health professional told us, "At all times carers promote core values, they ensure doors are shut when patients are being seen by nurses and that handovers are done in a private environment."

Staff were highly motivated and spoke passionately about the people they supported and wanted to provide excellent care for people. One member of staff said, "I love my job. It's all about making a difference." One relative told us, "[Name] mentally thought they could do things they couldn't when they first came in. Staff have worked with them to build their strength. They positively encouraged them and now they are able to walk along the corridor." We could see from both records and daily notes, how staff discussed options with people about their treatment and how family members were involved.

The provider and staff were constantly looking at ways in which they could enrich the lives of the people they supported and enhance their wellbeing. The provider told us, "When it is someone's birthday we like to make them feel special." The chef told us they speak to the person prior to their birthday to find out what they would like to eat on their birthday and what sort of cake they liked. During our inspection it was someone's birthday and the person had requested a custard slice instead of a cake. The chef went to the local supermarket and bought them a custard slice. There was also an afternoon tea and a birthday gift to improve their experience to make it a special day.

Every effort was made to enhance and maintain family support and existing relationships so that their life experiences were meaningful and relationships remained important. Those relationships were sustained and encouraged in various ways. The registered manager told us, "Where we have families, who live abroad people can use video calls with their families to keep in touch. They can talk in private whenever they want as they have wifi and an ipad in their room." Other residents also told us they had their own mobile phones to keep in touch with friends and relatives and another had a computer and told us they were just getting their printer set up.

Visitors were welcome any time and people saw family and friends in the privacy of their own rooms in addition to the communal areas. Family and friends were invited to special events. The registered manager told us they arranged regular meetings for relative and themed these, for example, cheese and wine evenings which residents also attended. We could see that staff supported people in their relationships with their families and knew relatives well. One relative told us, "One day I wasn't very good. The staff were amazing, they reassured me and wouldn't let me leave until I was feeling better." A staff member told us, "We treat people like our own family."

The registered manager provided details about advocacy services to people who lived at the home. At the time of the inspection no one was using an advocate. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

Confidentiality was maintained throughout the home. People's personal information was stored securely and electronic information was password protected, ensuring only relevant staff had access. We found that staff understood their responsibilities in relation to this.

Is the service responsive?

Our findings

Everyone we spoke to including people who used the service and their relatives was very complimentary about the service and the staff. One person told us that they had tried a few different services but they didn't always understand what was important to them and none seemed quite like home. They told us, "I have stayed here twice and it is really positive." A relative told us, "[Name] is so happy here, there is a lot of camaraderie." Staff told us "This feels like a home not a service."

People received a personalised and responsive service. People's needs were assessed before they came to stay at the service. Care and support was planned with them, they were asked about their life history, what made a difference to them and what was important to them. The people who mattered to them were fully involved, where appropriate, in identifying people's individual needs, wishes and choices and how these should be met. Relatives were also involved in regular reviews of each person's care plan to make sure they were up to date so staff understood the help or support the person needed. A relative told us, "[name] is actively involved in decisions around the care the staff support them with."

Care plans clearly reflected what people could do for themselves and how staff should encourage and promote their independence. We saw staff used this information to connect with people and make them feel valued. For example, one person told us they had tried living at other homes which were unsuccessful and they had been very sceptical about trying another home because of their previous experiences. They told us the reason it had worked at Sandhills Court Care Home was because, "They offer options and solutions." This person had a health condition and wanted to try and alleviate the symptoms by having their room arranged how they thought this would best help them. Staff had supported them to rearrange furniture in their room, including moving the bed close to the window. This showed that staff paid attention to detail and were creative when considering changes to make people's lives more comfortable and content.

Staff recognised and understood people's individual social needs and their preferences for group or one on one interactions. Where people appeared reluctant to engage in activities, staff took the time to speak to people and their relatives about previous hobbies and interests they had enjoyed. For example, a relative told us a staff member had taken time to find out their relative who did not interact much with others used to like to knit. The member of staff brought their own knitting in and sat with the person having one to one time encouraging and supporting them to knit, but also increasing their interaction with others. This had also improved the persons health and wellbeing. Their family told us [Name] had lived alone prior to coming into Sandhills Court Care Home and had improved in the short time they had been there. They told us their relative was able to enjoy things they used to and "This has been such a positive experience."

The activities co-ordinator was had a flexible approach to providing a range of activities. Reviews were carried out after activities to establish what had worked well and what needed to improve so that they could ensure that the activities provided met as many people's needs as possible. The activities coordinator told us, "If they want to change anything it's changed as activities are driven by them and their opinions."

During the inspection we witnessed people taking part in activities including karaoke with an 'open bar'. Other activities included live music, word games and volunteers who supported those who preferred quiet activities including reading sessions in a quiet lounge or supporting residents at weekly movie nights which residents enjoyed.

To ensure people were not isolated in the service people accessed the local community, on a regular basis. They frequently went out for lunch, visited the local supermarket or local garden centres and had access to the local theatre which was just down the road. The service also held a regular coffee morning which encouraged people to join in and make friends. This was well attended by people from the community and was observed during the inspection. People were sitting in various areas having tea and biscuits together or just chatting.

Staff supported people at the end of their life working closely with the individual, their families and health professionals. They listened to and supported people to discuss how they wished to be cared for at end of life and recorded their wishes. One relative told us, "[Name] came in to Sandhills Court Care Home for end of life care. We were very anxious and upset but the staff have been wonderful. [Staff name] arranged appointments quickly and spoke to the GP about medicines. [Person's name] end of life plan has been managed well and has made this a positive experience."

Our conversations with staff demonstrated a good rapport with people and a commitment to work alongside them as equals. Staff knew people well so this meant they recognised the changes in people's long-term health care conditions. Care records, feedback and our observation of staff practice confirmed staff responded to health changes in a responsive, professional and calm manner.

Complaints were logged, investigated and responded to in a sensitive manner. People told us staff were approachable and they felt confident concerns or complaints would be addressed. The registered manager reviewed feedback and reflected with staff how they could learn lessons from concerns or complaints. People told us they knew how to make a complaint, one person said, "I am not afraid to complain, but there has been no need, it's all been lovely." Another person said, "There is nothing to complain about."

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a sensory impairment can access and understand information they are given. Staff practice showed they could communicate with and understand each person's requests and changing moods.

Is the service well-led?

Our findings

The leadership of the home was very open and welcoming, everyone we spoke to without exception was extremely positive about the registered manager. People told us, they knew who the manager was and that they saw them regularly. One person said, "I see her every day, twice a day she comes to see everyone." Relatives told us they could talk to the manager anytime. Comments included; "She is brilliant on top of her job" and, "She is very good, very open and we can talk to her about anything."

The registered manager promoted an open and honest culture and encouraged staff to talk to her about anything they were concerned about. Staff had reported how they had benefitted from the leadership and encouragement provided by the registered manager. They said she always listened to them if they needed to ask for advice and encouraged them to feel more confident in their work. Staff told us they were very well supported, comments included, "Management is fantastic, you can go to [registered manager] with anything and she will follow things through, she is great." And, "I have never worked anywhere like this, there is such good teamwork."

There was evidence care staff were valued by the organisation and received recognition for their work. There was an employee of the month initiative voted for by the residents. The winning employee was photographed with the residents and this is put on the notice board. They are also awarded a bottle of 'bubbly' and monetary incentives in the way of voucher points.

There was excellent communication in the service. Regular meetings were held including daily handovers. A residents meeting was held monthly and staff meetings were held quarterly. A 'Take Ten' meeting was held daily, we observed all unit leads attended and discussed issues and concerns. The meeting also covered clinical issues for example, any hospital appointments planned for the day. This ensured all leads knew what was happening within the service and this information was then cascaded to staff. One staff member told us, "We have all the information we need, all information is passed over straight away" and "If we have any concerns these are passed on to the senior and they will speak to the relevant professional, this will be recorded and monitored."

The registered manager and staff in the service worked in partnership with other agencies. In particular the local health and social care professionals and community services, such as volunteer services, to provide joined-up care to people. A health professional told us, "I feel that the service is managed very well, the managers are always very approachable and their doors are always open. No matter what is in their schedule they have always made time to see me to discuss any issues or concerns."

The registered manager and senior team were hands-on managers who led by example. They knew people and staff well. They picked up on any issues and dealt with them quickly. The registered manager told us they did daily walks around the service which allowed them to undertake additional checks of the quality of care people received. We saw the manager was accessible to staff and people throughout the inspection.

Quality audits were completed on a regular basis across various aspects of the service. These included

medicine management, care plans, risk assessments and health and safety to check that staff were following the correct procedures. The regional manager also made regular visits to the service to monitor quality audits, any actions or recommendations were developed into action plans. This ensured that the service continued to learn lessons and improve.