

Care For Your Life Ltd

Sandbeck House Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Sandbeck House Residential Home is registered to provide personal care to 38 older people, including people living with dementia. The service was supporting 36 people at the time of our inspection.

People's experience of using this service: People did not always receive a service that provided them with safe, effective and high-quality care. Care plans lacked important information, were not always kept up to date when changes occurred and had limited direction for staff in how to deliver care in a person-centred way.

Individual and environmental risks to people had not always been identified and mitigated. Medicine records were not clear and some people had not received their medicines as prescribed. Safe recruitment processes had not always been followed. We have made a recommendation about safe recruitment processes.

Staff understood people needed to consent to their care, but restrictions had been applied to some people without their recorded consent. Where people did not have the capacity to make decisions, the documentation did not always support compliance with The Mental Capacity Act 2005 (MCA).

Systems of governance and oversight were not sufficiently robust to identify the issues we found and to drive consistent improvements. The provider and registered manager were responsive to the concerns we found during the inspection and began to implement improvements immediately.

Staff turnover had been high and the provider had met with staff to improve the management culture and staff retention. Staff told us morale was improving. Staffing levels had been calculated in line with people's needs. Staff had access to a range of training to support them to be effective in their job role.

People were clearly at the heart of the service. Staff treated them with dignity and respect and their independence was promoted. Staff spent time getting to know people and become familiar with their likes, dislikes and preferences. A new activity coordinator had been employed and people had more opportunities to participate in a range of activities and receive social stimulation.

The views of people and their relatives were sought during care reviews, resident meetings and surveys. People felt listened to. There was a complaints procedure displayed in the service and people felt able to raise concerns and complaints.

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

Rating at last inspection: At the last inspection the service was rated Good (report published 7 September 2016).

Why we inspected: This was a planned inspection to check this service remained Good. The service had declined to Requires Improvement; this was the first time the service had been rated Requires Improvement and we will meet with the provider to discuss their action plan.

Enforcement/Improvement action: Please see the 'actions we have told the provider to take' section towards the end of the report.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule or sooner if we receive information of concern.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Sandbeck House Residential Home

Detailed findings

Background to this inspection

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

Inspection team: The inspection was carried out by one inspector. An Expert by Experience with expertise in the care of older people supported the inspection on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: This service is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced on the first day and we informed the provider and registered manager we would return on the second day.

What we did: Before the inspection, we checked information we held about the service. This included notifications the provider had sent us about events or incidents that occurred and which affected their service or the people who used it. We contacted the local authority's adult safeguarding and commissioning teams as well as Healthwatch England, the national consumer champion for health and social care, to ask if they had any information to share. We used this information to help plan our inspection.

Some people who used the service were unable to tell us about their experiences. 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 the inspection, we spoke with 10 people who used the service, three relatives and two visitors to ask about their experience of the care provided. We also spoke with the provider, a director, the registered manager, the deputy manager, two senior and two care workers, the cook, activity person and housekeeper. We also spoke with four visiting professionals.

We looked at a range of documentation such as care files, and medication records for 10 people. We looked at other records for the management of the service such as recruitment, staff training, surveys and systems for monitoring quality.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- People did not always receive their medicines as prescribed. For example, one person had not received their pain relief medicine within the correct frequency on three occasions and another person had not received their medicine for 11 days.
- Medicine administration records (MARs) were not always clear. For example, staff had not always signed when administering medicines and stock checks were incorrect.
- Guidance for the use of 'as required' medicines was not in place for most MARs we checked.
- Staff were not provided with guidance about the safe use of bed rails and checks had not been completed.
- Items of equipment were not checked to ensure they were safe. The provider audited this equipment during the inspection and arranged for a contractor to make the necessary repairs.
- Risk assessments were not always up to date or used to identify risks specific to people's needs. Control measures to help keep people safe were not always detailed. Concerns in respect of swallowing difficulties and the risk of choking for three people were followed up during the inspection.
- Environmental risks were not always managed in relation to the use of a stair gate at one stair way and portable radiators in some people's rooms. During the inspection, the provider audited the use of supplementary heaters and removed seven which were not needed.
- Accident and incident records showed immediate actions taken, however, there was little follow-up information about any wider consideration of factors that may have contributed to the incident.

Not ensuring the safe management of medicines and not assessing and managing risk to ensure the safety of people was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew how to respond in the event of a fire. Evacuation plans were in place to ensure people received the support they needed in an emergency.
- Staff understood how to support people to manage behaviours that may present a risk to themselves or others. Staff were aware of situations which may trigger those behaviours and supported people to avoid experiencing them.

Staffing and recruitment.

- Safe recruitment processes were not always followed. The provider had not explored or implemented an action plan to mitigate any risks to people for those staff who had criminal convictions on their Disclosure

and Barring Service (DBS) check. The DBS carry out a criminal record and barring check to help employers make safer recruiting decisions.

We recommend the provider considers current guidance on safe recruitment and takes action to update their procedures and practice accordingly.

- There were mixed views on whether there was sufficient staffing. People told us, "The staffing levels have always been good, no shortages that I've seen", "No there's not always enough, they seem overstretched at times" and "Yes, I think the staffing levels are adequate."
- The turnover of staff had been significant over the last year. People told us there had been a lot of staff changes.
- The registered manager completed exit interviews and the provider had sent out staff surveys earlier in the year to try and identify issues they could address. The provider confirmed they had spent more time at the service in recent months to oversee and support the management.
- Staffing levels were calculated according to people's dependencies and the provider reviewed this monthly. During the inspection, the provider acknowledged the dependency levels had increased and the number of staff on shift in the afternoons and evenings would be increased.
- Staff absence had been covered by agency and home staff including the registered manager. Recruitment of new staff had been ongoing.
- Throughout the inspection staff were visible around the building and any call bells were answered quickly. We observed staff worked well together as a team to ensure people's needs were met.
- Where the management team had identified any issues regarding staff performance, appropriate procedures had been followed to address this.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe with staff. One person said, "I trust the staff, they are kind."
- Staff received training in the safeguarding of vulnerable adults and all understood their responsibilities to keep people safe and report any concerns.
- The provider worked closely with the local authority to investigate safeguarding concerns and to prevent abuse happening.

Preventing and controlling infection.

- Staff followed infection control practices and used personal protective equipment to help prevent the spread of infections.
- All areas of the home were seen to be clean and hygienic. There was a malodour in one person's room which the provider confirmed they would follow up.
- People and visitors told us the service was clean and one person said, "Its clean. I have no concerns."
- The storage of clean clothing in the laundry area had been improved to avoid cross contamination. The layout of the facility meant there was limited dirty to clean flow arrangements for processing the laundry. The provider intended to review laundry equipment provision and confirmed they would consider this.

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

"The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Records related to the MCA were not well completed. Information about people's capacity to make decisions was contradictory at times.
- Where people had restrictions in place such as bedrails, sensor alarms or were receiving their medicines covertly; their capacity to make these decisions had not always been completed and the decision had not been discussed and recorded as in their best interest and as the least restrictive option.
- Staff had undertaken training about the MCA and had been provided with new prompt cards, however we found staff remained unclear about the completion of records to support lawful consent. Some consent records had recently been signed by staff on behalf of the person.
- Records were not clear in people's files as to whether a family member was the person's Lasting Power of Attorney (LPA). An LPA is a person that has been appointed by the person to help them make decisions or to make decisions on their behalf. Some consent records had been signed by family members when there was no evidence they were an appointee.

Failure to work within the Mental Capacity Act 2005 demonstrated a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation to ensure it was lawful. None of the DoLS in place had conditions attached. The registered manager maintained a tracker to show the status of applications and identify when renewal was due.

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

- Staff involved people and their relatives where possible when completing assessments of people's needs. A relative told us they had been fully involved in the assessment process and developing their family member's care plan.
- Not all assessments completed by health and social care professionals were obtained and available in people's care files. Any recommendations or guidance provided by health and social care professionals from their visits was recorded in people's daily records; however, staff archived these records regularly, which meant the information was not easy to access.
- Feedback from health professionals was positive. They told us the staff communicated well with their team, made appropriate referrals and staff knowledge about people was good.
- Staff were aware of good practice guidelines and used them to support the delivery of care.

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

- People's nutritional needs had not always been accurately identified and planned in relation to their swallowing difficulties. Appropriate referrals had been made to the dietician for weight loss, when necessary.
- People were offered a good choice of meals and the mealtime experience in the dining room was inclusive, calm and well-organised. Pictorial menus were posted on the dining room wall.
- A new hydration station had been provided in the dining room. A member of staff was the appointed hydration champion and we observed them offering and providing people with regular drinks throughout the inspection.
- We received positive feedback about the food. One person told us, "It's excellent, I love it."

Staff support: induction, training, skills and experience.

- Staff received appropriate training and their skills and understanding were checked through knowledge and practical tests. We advised those members of staff who administered medicines had at least annual competency assessments of their practice completed. Any outstanding refresher training had been scheduled.
- People and their relatives were positive about the skills and experience of the staff. A relative was impressed with how staff supported people when they became anxious and upset.
- Staff were supported through supervisions and appraisals of their performance; any issues with their learning or practice were addressed.

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

- People's bedrooms were nicely decorated with photographs and pictures, which reflected their personal preferences.
- There was pictorial signage around the service to support the orientation of people living with dementia and this included memory boxes and photos on their bedroom doors.
- Maintenance action plans were in place and the provider was responsive to any concerns we identified on the day of the inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People said they liked the staff and described them as kind and caring. One person said, "The staff are very kind and willing, I don't feel a nuisance." A relative told us, "All the staff are incredibly caring and they all go the extra mile here."
- There was a relaxed atmosphere between people and the staff who supported them. People appeared comfortable in their surroundings. Staff had built up good relationships with people and were friendly and caring towards them however, we observed one member of staff was abrupt in their communications with two people and passed this to the provider to address.
- Staff were skilled and caring in the way they supported people who were confused or upset. We observed staff patiently speaking with people, reassuring them or providing distractions when necessary to promote their wellbeing.
- Staff were aware of equality and diversity and respected people's individual needs and circumstances. People were valued for who they were.

Supporting people to express their views and be involved in making decisions about their care.

- People were supported to make their own decisions. Staff supported people to make choices about what they ate and drank, activities they wished to take part in, where they would like to be within the care home and all other aspects of their care.
- Staff supported people to maintain relationships and friendships that were important to them.
- The service supported people to access advocacy services if needed; referrals had been made for three people. An advocate is an independent person who supports people to make and communicate their decisions.

Respecting and promoting people's privacy, dignity and independence.

- People told us staff treated them with respect and preserved their privacy and dignity. Comments included, "The staff knock on my door or call out before they come in. They draw the curtains" and "I let them know I like my own way. I've never had any problems, we're always on good terms."
- Staff valued the importance of maintaining people's independence and promoted this where possible. For example, encouraging people to do small tasks for themselves like washing their own face when supported with personal care and pouring their drinks at meal times.
- Confidentiality was maintained throughout the home.
- People who used the service looked well-presented and cared for.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Assessments and risk assessments lacked important details, which impacted on the care plans developed from them and meant staff had limited care directions.
- The care and support plans in place did not always reflect people's current or changing needs. For example, there were no care plans in place to support the management of one person's diabetes or their moving and handling needs.
- There was limited information in some people's care records about their preferences, wishes, interests and life history.
- Care plans were not always updated when professionals gave advice and it was difficult to access information they had provided on their visits.
- There were gaps in monitoring charts in relation to people's food and fluid intake and repositioning.

This demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Information was provided in ways which people could access and understand. The provider complied with the Accessible Information Standard, a legal requirement to meet communication needs of people using the service.
- People's wider needs were met through the provision of activities. A new activity coordinator had recently been appointed. We observed they spent time chatting with people, getting to know them and their interests. They told us they were developing a new activity programme.
- During the inspection we observed people participated in games of Bingo, listened to music, had a visit from the Pets as Therapy dog and one person spent time completing a jigsaw in the activity room.
- People's religious needs were accommodated within the service. For example, a local minister and the Salvation Army provided regular church services which several people told us they liked attending.
- People we spoke with were satisfied with the care support provided. Comments received included, "I couldn't have better care" and "I think it's very good here."

End of life care and support.

- Most people's care files had information about their end of life preferences and if they wished to be resuscitated in the event of a medical emergency.
- Professionals were involved as appropriate to ensure people were comfortable and pain free which included the availability of anticipatory medication.
- A relative we spoke with had been very satisfied with their family member's end of life care. They said, "The care was excellent. All the staff were so kind to me too. I stayed overnight, and they made sure I had a

recliner chair to rest in."

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place. People and their relatives knew how to raise complaints if needed.
- The registered manager had investigated and responded to complaints.

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The service had quality assurance systems in place but these were not sufficiently robust to identify shortfalls in areas that were found during inspection in relation to the management of people's medicines, incident investigation, equipment safety, risk management and recruitment.
- Shortfalls in the quality of the care records including those relating to the Mental Capacity Act 2005 had been identified by the provider, however the monitoring systems had not been successful in driving the required improvements.

Systems were not in place to demonstrate safety and quality was effectively managed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and provider were receptive to feedback throughout the inspection and responded quickly to address concerns and improve the service.
- The registered manager understood they needed to support staff at all levels to understand their roles and responsibilities. They understood they must hold staff to account for their performance where required.
- All appropriate reporting had been carried out to alert the Care Quality Commission (CQC) and local authorities when incidents occurred.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The registered manager engaged with everyone who used the service and those relatives and professionals involved.
- Staff and people provided positive comments about the registered manager. One person said, "The manager leads by example; she is very caring and makes time for people."
- Although there had been few staff meetings held in the last year, staff had been encouraged to share their views and contribute to decisions about changes within the service through surveys and individual meetings with the provider.
- The provider had worked with the management team to ensure the culture of the service was open and inclusive. Staff told us morale was improving.
- People, their relatives and visiting professionals also had the opportunity to provide feedback through meetings and regular surveys.

Working in partnership with others.

- The service had established links with the local community including local schools and churches.
- The registered manager attended regular meetings with staff from the provider's other services to share knowledge and details of good practice in delivering care.
- The provider and registered manager continued to work in close partnership with consultants and other agencies, such as the local authority, to make improvements for people living in the home.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Assessments and care plans did not include important information and guidance for staff in how to support people in a person-centred way. 9 (1) (3) (a) (b)
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Consent was not always sought from people before care and treatment was provided. 11(1)
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's safety had not always been mitigated. 12 (1) (2) (a) (b) (d) (e) (f)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not effectively established or operated to ensure safety and quality of the service. 17 (1) (2) (a) (b) (c) (f)

