

Sands Care Morecambe Limited

The Sands Meadows

Inspection report

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Tel: 01524824050

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Sands Meadows is a care home providing accommodation and personal care to 23 people who are living with dementia. There were 22 people living in the home at the time we inspected. The home is an adapted building in a residential area.

Up until March 2020 the home had been called Greenroyds Residential Home. The provider then changed the name of the home to The Sands Meadows.

People's experience of using this service and what we found

Medicines were not always managed safely. The provider took action to improve the safety of medicines management during the inspection. There were enough staff to care for people. The provider used safe recruitment processes to ensure new staff were suitable to work in the home. Risks to people's safety had been identified and managed. People were protected from the risk of infection. Incidents in the home were analysed and lessons learnt were shared with staff to improve the service.

The systems used to audit the service were not robust and had not identified the issues around the management of medicines. People received person-centred care which met their needs. The management team asked people, their families and staff for their views and took action in response to feedback to improve the service. The provider and management team understood their responsibilities under the duty of candour. The staff worked with other agencies to meet people's needs.

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

Rating at last inspection

The last rating for this service was good (published 30 August 2019).

Why we inspected

We received concerns in relation to aspects of the safety of the service. We undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led

sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Sands Meadows on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to the management of medicines at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Sands Meadows

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and two members of the medicines team.

Service and service type

The Sands Meadows 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 registered manager was on maternity leave at the time of our inspection. They had maintained contact with the service throughout their maternity leave. During the registered manager's absence, the day-to-day management of the home was carried on by an acting manager. The registered manager and acting manager were present during our inspection.

Notice of inspection

The first day of this inspection was unannounced. The lead inspector arranged to attend the home on 18 November 2021 to look at additional records.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We contacted the local authority to gather their feedback. The provider was not asked to complete a provider information return

prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with the registered manager, acting manager, and three members of the staff team. 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.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment. We also reviewed records relating to the management of the service and how the provider and management team maintained oversight of the service. We walked around the home and observed how the staff interacted with people.

After the inspection

We contacted two relatives of people who lived in the home and three staff to gather their views of the service. We reviewed additional evidence we had asked the provider to send us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant 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

- The service held medicines used to treat minor ailments. The stock of these medicines had not been date checked and five people had been given out of date medicines.
- Although fridge temperatures were recorded, they were consistently out of the recommended range and there was no evidence of any action taken. This had not been identified during audits around medicine storage.
- Staff did not always follow the manufacturer's instructions for administering medicines. We saw medicines that should be given before food and other medicines being administered with other medicines, which may make the medicine less effective.
- Although there were systems for recording the application of topical medicines such as creams, we found these were not always accurately completed. Staff also did not always record accurately when thickener powder was added to drinks for people at risk of choking or aspiration.
- The service had guides to help staff administer medicines people were prescribed 'when required'. These were accessible in people's care records but not on the electronic medicines administration recording system at the point of administration, as recommended in the home's medicines policy.

We found no evidence that people had been harmed however, we found medicines were not managed safely. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They immediately removed the out of date medicines. They also took actions to address the issues around medicines records and storage.

- Staff who administered medicines had been trained to do so.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had been trained in how to identify and report any concerns. They told us they would be confident to report any concerns to a member of the management team. They were also aware of how to report concerns to the local safeguarding authority.
- People's relatives said they were confident people were safe. They told us the management team kept them informed if any concerns were identified.
- The management team had reported incidents, as required, to the local safeguarding authority and to CQC. This ensured appropriate authorities had oversight of concerns to ensure actions were taken.

Staffing and recruitment

At our last inspection we recommended the registered manager introduced a recognised staffing tool to ensure deployment of staffing was consistent and met the needs of people who lived at the home. The provider had made improvements.

- The provider had introduced a tool to assess people's level of dependency and used this, and feedback from staff, to assess staffing levels needed.
- There were enough staff to meet people's needs. The provider monitored staffing levels to ensure there were sufficient staff deployed in the home.
- During our second visit to the home an activity was taking place which could have led to some disruption to people. The provider had arranged for an additional staff member to be deployed to reduce the risk of disruption to people living in the home. We saw there were sufficient staff on duty to meet people's needs and the atmosphere in the home was calm and relaxed.
- Staff told us there were times they were 'busy' but said they prioritised providing support to people.

At our last inspection we recommended the provider consulted with and implemented good practice guidance to ensure safe recruitment processes were consistently carried out. The provider had made improvements.

- The provider carried out robust checks on new staff before they were employed. These included carrying out Disclosure and Barring Service checks to ensure staff did not have any criminal convictions which would make them unsuitable for employment in a care service. They also checked applicants conduct and good character by taking up references from previous employers.

Assessing risk, safety monitoring and management

- The provider identified risks to people's safety and staff knew how to keep people safe.
- People's care records included information for staff about how individuals may be at risk of harm. On the first day of our inspection we saw one person's care records did not include information about some possible risks to their safety. We discussed this with the management team in the home. At our second visit we saw detailed records were in place. Staff were knowledgeable about how to support the individual to keep safe.
- Staff had received training in how to provide care in a safe way. Training records showed some training updates were overdue due to issues caused by the COVID-19 pandemic. The management team had an action plan to ensure training updates would be completed.
- Equipment used in the home was serviced and maintained by external contractors to ensure the premises and equipment were safe for people.

Learning lessons when things go wrong

- The provider and management team analysed incidents to learn and share lessons with the staff team when incidents occurred. They used the lessons learnt to improve the safety of the service.

Preventing and controlling infection

- We were assured staff were consistently using PPE effectively and safely.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service leadership, management and governance did not always ensure the delivery of safe care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- Although the provider had systems to audit the service, these had not identified issues around the management of medicines and ensured the provider was meeting regulations. The management team took action during our inspection to make improvements to how medicines were managed.
- Relatives told us they knew the acting manager and senior care staff and could contact them as they needed. One relative told us, "[Acting manager] is very accessible and easy to talk to."
- The registered manager and acting manager were clear about their roles and responsibilities. They ensured we were notified of significant events within the home, as required. This meant we could ensure appropriate actions had been taken.
- Staff told us they felt well supported by the registered manager and acting manager. One staff member said, "[Registered manager] and [acting manager] are brilliant."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received person-centred care which met their needs. Staff were patient and kind to people and spoke to them with respect.
- Relatives told us staff were knowledgeable about how to support people living with dementia. They said the care provided had promoted positive outcomes for their relatives. One relative told us, "The staff are very patient and skilled at caring for people with dementia, [relative] is much more settled here." Another relative said, "[Relative] seems happy and settled."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and management team were aware of their responsibilities under the duty of candour. They informed us and relevant people about incidents. The provider apologised to people when the service did not meet their expected standards.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had formal and informal systems to gather people's views about the service. They asked relatives of people to complete a quality survey to share their experience of the service provided.
- People's relatives told us the management team listened to them and asked for their views. One relative

told us the acting manager and activities coordinator had contacted them to ask for their views and to gather their feedback about how the care provided to their relative could be improved. They told us, "[Acting manager rang about a week after [relative] moved in to ask if we were happy or if there were things we wanted them to change ... [Activities coordinator] has rung a couple of times to ask if there are any other activities we want [relative] to be offered." Another relative said, "Communication is brilliant, they always have time to listen and answer any questions we have."

- Staff told us they could make suggestions for how the service could be improved. One staff member told us the acting manager had acted on a suggestion made and said this had improved the service."
- The provider and management team held meetings with staff to update them on changes and any challenges the service was facing. Staff were offered the opportunity to give feedback on the service at the meetings.

Working in partnership with others

- The management team and staff worked cooperatively with other agencies to ensure people received the support they needed. This included working with local and specialist health care services which supported people.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: Medicines were not always managed safely and people were placed at risk of harm.</p> <p>Regulation 12 (2) (g)</p>