Sandhall Park (Goole) Limited

Sandhall Park

Inspection report

Sandhall Drive
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Goole
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Tel: 01405765132

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Ratings

Overall rating for this service	Good
Is the service safe?	Good

Summary of findings

Overall summary

The inspection of Sandhall Park took place on 6 December 2016 and was unannounced. At the last inspection on 6 July 2015 the service met all of the regulations we assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, with the exception of one, which was regulation 12: safe care and treatment. The registered provider was in breach of this regulation in July 2015 because they had not protected people from the risk associated with the unsafe use and management of medicines.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to this breach. We undertook this focused inspection to check that they had followed their plan and to check that they now met legal requirements. This report covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Sandhall Park on our website at www.cqc.org.uk

Sandhall Park provides accommodation for up to 50 people who require support with their personal care. The service provides support for older people and people living with dementia. There are two separate units. Honeysuckle unit supports people with residential needs and Jasmine unit supports people living with dementia. At the time of this inspection there were 48 people using the service.

The registered provider was required to have a registered manager in post. On the day of the inspection there was a manager that had been registered and in post for the last twenty months. 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.

During this inspection we found that improvements had been made to systems in place for the safe management of medicines. Changes had been made to the way medicines were ordered, receipted and stock checked. We found that the management of medication was safely carried out.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Staff were appropriately trained in safeguarding adults from abuse and understood their responsibilities in respect of managing potential and actual safeguarding concerns. Risks were also managed and reduced on an individual and group basis so that people avoided injury of harm at all costs.

The premises were safely maintained and there was evidence in the form of maintenance certificates, contracts and records to show this. Staffing numbers were sufficient to meet people's need and we saw that rosters accurately cross referenced with the staff that were on duty. Recruitment policies, procedures and practices were carefully followed to ensure staff were 'fit' to care for and support vulnerable people.

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.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Risks to people's safety were also managed and reduced so that people stayed safe.

The premises were safely maintained, staffing numbers were sufficient to meet people's need and recruitment practices were carefully followed. People's medicines were now safely managed.

Sandhall Park

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 6 December 2016 and was unannounced. The inspection was carried out by one adult social care inspector. Information was gathered and reviewed before the inspection with regard to notifications sent to us by the registered provider and information we already held following the last inspection in July 2015.

On the day of the inspection we spoke with nine people that used the service, two relatives and the registered manager. We also spoke with two staff that worked there. We looked at care files belonging to two people that used the service and at recruitment files and training records for two staff. We viewed a selection of records and documentation relating to the running of the service, including rosters, medication management and premises safety systems that were operated. We also looked at equipment maintenance records.

We observed staff providing support to people in communal areas of the premises and we observed the interactions between people that used the service and staff. We looked around the premises and saw communal areas and people's bedrooms, after asking their permission to do so.

Good

Is the service safe?

Our findings

People told us they felt safe living at Sandhall Park. They said, "I am quite alright here, the staff are good people", "I know we are all safe here, security is good and the staff are kind" and "I don't have anything to worry about, the staff look after me well." Relatives told us they felt confident that people were safe living at Sandhall Park, that they were protected and any risks in their lives were assessed.

At our last inspection in July 2015 the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because they failed to protect people against the risks associated with unsafe use and management of medicines due to inappropriate arrangements for the recording of them.

At this inspection in December 2016 we found that improvements had been made with the recording systems for medicines management particularly with regard to storage, handling and administration. We saw that the monitored dosage system (MDS) was safely used. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for the administration of measured doses given at specific times. Records relating to this way of administering medicines, known as medication administration records (MARs), were accurately completed and no errors were identified in the information held on them.

We saw that the medicines held in the service were safely stored. We were told by the deputy manager that they were now the only person with delegated responsibility for controlling medicine stocks and that only in their absence was a senior staff member appointed to cover them. They said that this approach to managing medicines worked best and reduced the risk of errors being made. They said they checked stocks three times a week and recorded these checks. They also said that any medicines administered from their original packets (sometimes medicines were not suitable to be packaged in the MDS) were stock checked at every administration. Records of these checks were seen on the day of the inspection.

A system was in place to return any unused medicines to the pharmacy for disposal. This involved safe storage and recording of them. All medicines that required cooler storage were kept in a dedicated medicines fridge and the temperature of the medicine room was kept below 25 degrees centigrade so that medicines did not spoil and become ineffective. These temperature checks were recorded.

The deputy manager explained that some medicines given at night had to be administered at exactly the time specified on their administration instructions. Therefore it was important to accurately record when they were administered to people. This meant that night staff were appointed to administer it, but only if they were trained to do so. We saw that night staff were trained in the management of medicines by completing a 12 week NCFE (Northern Advisory Council for Further Education) medication administration course. We saw that the MARs were highlighted blue at the place where night staff were to record the specific times when people were given their night time medicines.

We found that the service had systems in place to manage safeguarding incidents and that staff were

trained in safeguarding people from abuse. Staff demonstrated knowledge of what constituted abuse, what the signs and symptoms of abuse might be and how to refer suspected or actual incidents. We saw evidence in staff training records that staff were trained in safeguarding adults from abuse and we saw the records held in respect of handling incidents and the referrals that had been made to the local authority safeguarding team. These corresponded with what we had been informed about by the service through formal notifications to us, which numbered three safeguarding referrals in the last year.

Three other incidents had occurred but these had not met the criteria for making a safeguarding alert to the local authority. All of this ensured that people who used the service continued to be protected from the risk of harm and abuse.

We found that people had risk assessments in place to reduce their risk of harm from, for example, falls, poor positioning, moving around the premises, inadequate nutritional intake and the use of bed safety rails. Risk assessments were reviewed when necessary or monthly.

The premises at Sandhall Park continued to be appropriately maintained according to their maintenance requirements and contracts. There was a report of a check carried out to detect asbestos in the building. There were safety certificates for gas and electricity supplied to the building and fire safety systems and equipment were checked annually. The fire risk assessment was last reviewed in July 2016. All lifting equipment, hoists, slings and bath hoists, were regularly checked and measured against the appropriate lifting regulations. The service had maintenance contracts in place. All of this meant people that used the service lived in a safe environment.

We looked at staffing rosters which reflected the numbers of staff on duty: three senior care workers, five care workers plus one extra worker who was new and shadowing as part of their induction. There were five ancillary staff: an activities coordinator, handyperson, cook and two cleaners. Care staff usually worked 12 hour shifts. An administrator, a deputy manager and the registered manager were on duty in addition to care staff. There were two workers on work placement with their college course supporting people with activities and social care. People said they thought there were sufficient staff in the service to support them and staff told us they felt staffing levels were appropriate to meet people's needs. We saw care staff, the activities coordinator, the handyperson and college workers working together to decorate the premises for Christmas festivities. They involved and included people that used the service in choices and conversations about Christmas wherever possible.

We looked at a selection of staff recruitment files and found that the registered provider was recruiting new staff by ensuring all security checks were completed, references were taken up and documentation was completed before they started working in the service. This showed that the service continued to employ people who were considered suitable to work with vulnerable people.