

Prestige Care (Redcar SM) Limited

Sand Banks Care Centre

Inspection report

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Date of inspection visit:
05 September 2018

Date of publication:
16 November 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 5 September 2018 and our inspection was unannounced. This meant the service did not know we would be visiting.

At our last inspection in November 2017 we rated the service as Requires Improvement and found breaches of regulations 18 and 17. The breaches concerned the staffing levels, records and staff recruitment.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe and effective to at least good. During this inspection we found improvements and no further breaches of the regulation. However, there were still areas of improvement to be achieved and sustained.

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

The home accommodates up to 77 people in one adapted building across three floors. At the time of inspection, there were 54 people using the service. There was no one receiving nursing care at the time of our inspection.

The service did not have a registered manager. A registered manager is a person who has registered with the 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. The manager at the home had applied to become the registered manager and was waiting for an interview with the CQC. The manager had extensive experience of working in the social care sector

Medicines were administered safely and were managed however we found that some records systems were not in place for topical medicines and 'as and when required' medicines.

Some records relating to medicines were not in place however, these were addressed during our inspection.

Best interest decisions records were not always kept effectively to show the process that had taken place and who was involved when best interest decisions were made for people

Care plans were person centred regarding people's preferences and were personalised. However, some still needed improving.

People's personal risks had been identified and more detailed risk assessments had been written to give staff the necessary guidance on how to keep people safe.

Staff were trained in safeguarding, first aid, the Mental Capacity Act and infection control. Additional training was in place or planned in areas specific to people's individual needs. Feedback from staff regarding their training was positive.

People were supported by sufficient numbers of staff to meet their needs. This had improved since the last inspection. Additional staff were added to each area of the home and new staff had also been recruited safely.

People's nutrition and hydration needs were met and they were supported to maintain a healthy diet, Where needed records to support this were detailed.

People were supported by kind and caring staff. We observed positive, dignified interactions between people and staff. The feedback from people and their relatives was positive about the staff.

People were complimentary about the food. The food served appeared appetising.

Communication systems were in place for staff. Staff used handover notes to pass on important information between shifts.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Improvements were made to systems that ensured staff were employed safely and pre-employment checks were carried out on staff before they began working in the service.

Staff were supported through an induction period. They received training and supervision from the manager together with an annual appraisal.

The manager introduced a monitoring system to highlight people's dependency needs to monitor the staffing levels on duty. Rotas' showed there were consistent numbers of staff on duty each day to meet people's needs.

People were supported to maintain their independence by staff that understood and valued the importance of this.

People were supported to take part in a wide range of activities at home and in the wider community as active citizens and to suit their individual preferences.

The home was exceptionally clean, tidy, well presented and infection control was carried out to a high standard.

People were supported to access information in a variety of formats to suit their needs and adaptations could be made to suit individual needs.

Arrangements were in place for people to receive appropriate end of life care. We received positive feedback from relatives regarding this area of care. Surveys had been used to monitor the quality of the services. The largely positive results had been presented and were on display in the home.

Staff, people who used the service, relatives and other professionals agreed that the manager led the service well and was approachable and accountable. We found they had a sound knowledge of the needs of people who used the service and clear expectations of staff. They had plans in place to make further improvements to the service.

A programme of audits was carried out by the manager which were effective at improving the service and we saw that improvements were ongoing.

Partnership working was in place with other professionals, including; health care professionals, and dietitians or specialist consultants were involved in people's care as and when this was needed and staff supported people with any appointments.

Notifications of significant events were submitted to us in a timely manner by the manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Some topical 'as and when required' medicines were not sufficiently documented to demonstrate people received them as prescribed.

People were supported by sufficient staffing levels to meet their needs safely.

Effective and improved risk assessments were in place for people to enable them to take risks safely.

Staff were trained in safeguarding and could spot and report signs of abuse.

Improved staff recruitment was carried out safely with robust checks on staff in place.

The service was well maintained with good infection control standards.

Is the service effective?

Good 

The service was effective.

Staff were trained and knowledgeable of people's needs.

Peoples fluid and nutrition needs were met effectively.

Staff were supervised regularly.

New staff were supported in their induction.

Peoples healthcare needs were met.

Is the service caring?

Good 

People were encouraged by staff to maintain their independence.

People's rights to dignity and privacy were respected by staff.

Staff had kind and caring attitudes and were patient.

People could access advocacy services if needed.

Is the service responsive?

Good ●

The service was responsive.

Staff understood people's individual needs and respected people's preferences.

People and their relatives knew how to complain if they needed to and this was supported and well managed.

People's care was person centred and tailored to their needs.

Information was tailored to meet people's requirements.

A range of activities was provided in the home to meet people's needs.

People and their families were supported with end of life care.

Is the service well-led?

Requires Improvement ●

The service was not always well led

The service did not have a manager that was registered with us.

Systems used to assess and monitor the quality of the service failed to identify some of the issues we found during our inspection.

The manager submitted notifications to the CQC of serious events in a timely manner.

People were confident to approach the manager to raise any concerns.

Staff told us they felt supported by the manager.□

Sand Banks Care Centre

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 5 September 2018. The inspection was unannounced. We completed all inspection activity on this date. It included speaking to people and their relatives, speaking to other professionals, reading people's care plans and other documents held in the home to demonstrate compliance with the regulated activity. The inspection team consisted of two adult social care inspectors,

Before we visited the service, we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in supporting people who used the service, including commissioners and care managers. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make"

During the inspection we spoke with five people who used the service and five of their relatives. Nine staff including the manager, area manager, senior care staff, care staff, activities coordinator, kitchen, maintenance staff. We looked at four people's care records in detail, four staff recruitment files and four staff training records.

Is the service safe?

Our findings

At our previous inspection in November 2017 we rated this key question as 'Inadequate'. At this inspection we found improvements and changes. However, these changes had not been in place for a long period of time and there were still some areas that needed further improvements including recording of medicines administration.

Guidance to staff was in place when people needed PRN medicines. These are medicines taken 'as and when needed'. We found in one person's record that there was not enough information recorded by staff to explain why the PRN medicine was given. The medicine was given to treat anxiety and this required more detailed recording to state why it was given. We brought this to the managers attention who agreed this needed improving and that further recording should have also been made in their care plan.

People who required topical medicines for example creams, body maps were in place to show staff where to apply them. However, we found in one record there was a body map but no recording of when the cream was administered. When we looked at others we saw that this was in place. We brought this to the managers attention and there was a recording sheet put in place during our inspection.

People who were unable to make decisions about their medicines due to lacking capacity were supported to take medicines covertly (disguised in food or drinks). One record we looked at we found the decision to administer medicines covertly had not been recorded effectively. To make this decision we would expect to see a record of how that decision was made and who was involved in the decision-making process for example the person, their relatives, social worker and GP. We brought this to the managers attention who agreed to address this and implement the correct recording procedure.

People's medicines were administered in a safe manner. Appropriate arrangements were in place for the receiving, storage, administration and disposal of medicines. The records on controlled drugs matched those which were stored in a safe manner. Controlled drugs are those which are liable to misuse. People were supported by enough people to meet their needs safely and improvements had been made by the manager to increase staffing levels. The manager had introduced a new system to calculate people's needs so that the correct number of staff could be allocated to each area of the home. The manager had recruited eight new members of staff and there was an extra staff member in each area of the home. This was a marked improvement since our last inspection and feedback from people who used the service, relatives and staff was positive due to the impact of the extra staffing.

When we spoke to staff and relatives about the staffing levels the feedback was positive and one member of staff told us, "It's all changed, especially in the last few months. Staff have their heads held high and are committed to making things better. I'd say we have enough staff. They try their best to make sure we have." One relative told us, "No concerns about staff now, they did have a shortage, but not now there are plenty of staff and no agency staff."

We looked at staff files and saw these were improved as all relevant information was obtained and stored, therefore a safe and effective recruitment system was in place. The staff recruitment process included

completion of an application form, interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions. We saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

Improved Personalised risk assessments were documented in people's care files and actions put in place. People who used the service had support plans in place that included individualised risk assessments to enable them to take risks in a safe way as part of everyday living. These were referred to as positive risks and the assessments included taking medicines or falls. Staff were knowledgeable about the risks to people and what they should do to minimise the risks. For example, making sure people's medicines were stored safely and which foods should be avoided by people with conditions such as diabetes.

Personal Emergency Evacuation Plans (PEEPS) were in place for people who used the service. They were accessible to emergency personnel who may need to evacuate people from the building. We checked the PEEPS and found these were not always accurate. In one person's PEEP we read they could use a walking frame. A staff member confirmed they could do this for a few steps but would not be able to evacuate the building.

Staff were trained in infection control and had regular access to supplies of personal protective equipment for carrying out personal care, medicines and preparing food. The home was well presented and maintained and extremely clean throughout.

The manager investigated all safeguarding incidents we viewed. Actions taken included sharing lessons learned through staff meetings. Staff had received training in abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. One staff member told us, "I would always report anything I was concerned about and I know the signs to look out for."

We looked at maintenance of the building and saw that the appropriate checks had been made to ensure the building was safe including, fire systems, emergency lighting, electrical testing, gas safety checks and water temperatures. Arrangements were in place to carry out regular checks on the building and its contents to keep people safe. These included checks on mattresses.

The service had contingency plans in place to give staff guidance of what to do in emergency situations such as extreme weather conditions. The manager told us how they had managed the recent hot weather and provided extra drinks and ice lollies for people to cool down and keep hydrated.

Accident and incidents were recorded by staff and reviewed by the registered manager to ensure all actions were taken which prevent any re-occurrence.

Is the service effective?

Our findings

At our previous inspection in November 2017 we rated this key question as 'requires improvement'. At this inspection we found significant improvements and changes in staff supervisions and training.

Staff were supported by regular supervisions and appraisals that took place to enable staff to review their practice. From looking in the supervision files, we could see these were completed regularly. The manager told us how they had addressed the lack of supervisions since the last inspection by introducing a tracking system to highlight which staff needed supervisions and by being more available to staff.

The format of the supervisions was improved and gave staff the opportunity to raise any concerns and discuss their personal development. Supervisions and appraisals are important in helping staff to reflect on and learn from practice, personal support and professional development. We saw how conversations were recorded and not a tick box exercise.

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. We found that there was an established staff team.

Staff were trained and we saw a list of the range of training taken up by the staff team which related to people's needs. Each staff member had their own training list that the registered manager monitored. Courses included, mental health, tissue viability, dementia awareness and insight. These were in addition to courses which the provider deemed mandatory such as equality and diversity, first aid, health and safety, dignity and respect and safeguarding. Where training had expired we could see this was planned.

Improvements to training meant that staff were given the opportunity to develop their skills and take on further education. The manager told us, "We now have four staff members signed up to start the nurse practitioners course." This meant they could gain skills and knowledge to assist nursing staff.

People spoke with us about the food provided in the home and shared positive comments about the food and drink available. One relative told us, "The food does seem very nice." Kitchen staff were accommodating to people's choices and their wishes. When we spoke with the cook they told us, "We can do whatever people like, if they don't want what is on the menu choices." One person told us, "If I don't like what is on the menu, I can always have something else and when I had a problem with my teeth and my mouth was hurting they made me omelettes."

The kitchen at the service had recently been inspected by the local authority environmental health department who had improved their rating from a four star to a five-star rating.

The service worked with external professionals to support and maintain people's health. Staff knew how to make referrals to external professionals where additional support was needed. We saw how people were supported to attend appointments. People were also supported at home by other healthcare professionals such as the GP and community mental health team.

For any new employee, their induction period was spent completing an induction programme and

shadowing more experienced members of staff to get to know people who used the service before working with them.

Throughout the home there were symbols and pictures on doors to help identify rooms to assist people with their orientation and there was signage around the building to indicate bathrooms and toilets. However, we noted that people's bedrooms did not have similar signage and we did see people looking for their bedrooms. We raised this with the manager who informed us of their plans to further improve the home and introduce more signage to help people with orientation. The manager was aware further improvements were still needed to the home.

Staff were supported through induction, training, supervision meetings and appraisals. The deputy manager allocated e-learning to staff and monitored when the training was completed. Staff new to working in a care environment were required to complete the Care Certificate. This is a nationally recognised qualification designed to support staff learn the values of caring and about their role. Visiting professionals had offered training in end of life care and infection control which had been taken up by the service.

Communication systems were in place to ensure information was shared between staff. These included a diary and handover notes between shifts. We saw that these were completed effectively by staff and contained relevant information about each person and an over view of their needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We saw applications had been made to the local authority for assessment regarding DoLS authorisations for people considered to lack mental capacity. However, when people lacked capacity and decisions were made for them we found the process of recording these decisions were not robust. For example, where a person had a DoLS in place we saw in their care plan there were no best interest discussions recorded or records to state if the person had capacity to make decisions. On discussion with staff and the manager it was established that meetings with family had been held but decisions were not recorded effectively.

The premises were modern, purpose build and provided a choice of communal areas. The flooring had recently been replaced throughout the hall areas and communal areas with wood effect flooring and within people's bedrooms. The building was adapted to meet the needs of the physical needs of people. There was a lounge with access to the outside space was also adapted for people to freely access the garden area which was spacious and fully wheelchair accessible.

Is the service caring?

Our findings

At our previous inspection in November 2017, we rated this key question as 'requires improvement'. At this inspection we observed improvements in staff attitude.

People were supported by caring staff. During our inspection we observed positive interactions between staff and people who used the service. We saw that people were smiling and communicating well with staff. One person who we spoke with told us, "They are so caring, it is obvious."

When we spoke with people's relatives we received positive feedback regarding the staff and their caring attitudes. One relative told us, "The staff are so patient. My relative sometimes gets confused and asks for things for example to go to the toilet and then they find they don't need to go. The staff never put them off, they support them every time just to make sure."

People's privacy was respected. All personal care was carried out behind closed doors. Staff were observed knocking before entering people's rooms. People's rooms were personalised with familiar objects such as ornaments and photographs.

The service held resident and relative's meetings to involve people in the home. Following each meeting the registered manager devised an action plan and ensured improvements were made and people's requests were actioned. This included responding to the recently formed gardening committee to make improvements to the garden area to include a pond and viewing area from the first floor.

Advocacy support was available to people if required to enable them to exercise their rights. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions. We saw that people had advocates in place to support them where needed. We also saw relatives had been accepted as natural advocates for people. Staff listened to relatives and put actions in place when required.

Independence was promoted and staff supported and encouraged people to be independent, for example, making choices as part of everyday life. One person told us, "My confidence has really improved since being here." And "I don't stay in my room much now."

People were involved in reviewing their care and took part in meetings with the registered manager to go through their care plan and make any changes that were needed. Families, social workers and other healthcare professionals were also included in the process.

People were supported to have choice and control and were supported daily to make their own choices in all aspects of their lives. We saw this in their care plans and this was confirmed when we spoke with them. Care plans gave the staff an insight into the person's background and history to help staff get to know them.

Staff were trained in equality and diversity. The staff we spoke with were knowledgeable about this and told us how they would protect the people they supported from discrimination.

People who used the service did not require any support to follow their religion at the time of this inspection. However, we saw from the assessment methods used when a person moved into the home that they were asked if they had any religious, spiritual or cultural requirements and this could be supported if needed. When we spoke with the kitchen staff they told us they would make any changes needed to meet a person's cultural need regarding any food preparation or types of food.

Is the service responsive?

Our findings

At our previous inspection in November 2017 we rated this key question as 'requires improvement'. At this inspection we found significant improvements and changes to care planning and activities on offer.

We found people and their relatives were now more involved in planning their care. One relative told us, "I am informed every step of the way. Any changes to care plans we sit and go through them together. As my relative's dementia deteriorated there were changes and things were explained."

Care plans were more person centred and contained valuable information regarding people's likes and dislikes. We saw that the manager had made several improvements to the care planning process, including electronic versions to enable staff to update them more effectively. We found care plans covered all aspects of people's care and were personalised and improvements had been made. The manager acknowledged that there was still some work to be done to make the care plans even more person centred and this improvement was still ongoing through the introduction of new templates.

People were supported by person centred approaches where people's likes and preferences were respected. One relative told us how their relative had particular individualised wishes and how the staff would respect this, they told us, "They have got to know my relative very well. Even all their funny little ways. They like to have a shave and sometimes more than twice a day and this isn't a problem they are supportive. My relative likes to sit in a certain chair and things need to be done in a certain way and the staff make sure their requests are met."

People were supported to take part in meaningful activities at the service and within the local community. Such as, musical bingo, nature walks, guess who and picture quizzes. Two activity co-ordinators were in post at the time of our inspection. One person we spoke with told us, "I don't always like to join in but there is plenty to do. I like to do puzzles in my room." Also "They take us to the little park, there is a nice café there." The service had recently signed up to the 'oomph' project which provides training and resources for activities both in the home and in the community. We observed an exercise class during our inspection that taken from the oomph tool kit and saw that people really enjoyed the sessions which included dressing up.

Information was made available for people in various formats. The manager told us how they could make relevant information in larger print for example or easy to read if needed. We saw copies of the activities timetable, menus in picture format. We discussed other options and how the manager could develop this further.

People and their relatives told us they could complain if they wished. There was a complaints policy in place. We looked at records and could see where issues had been raised they were recorded and outcomes were addressed accordingly. People told us they were confident they could raise issues if they wanted to and that they would be addressed by the manager. One person told us, "I have no issue if I needed to complain I would, but I don't need to."

Regular communication took place with relatives through phone calls and review meetings. When we spoke with people and their relatives we received positive feedback. One relative told us, "We can ring up any time we like and my relative can use the phone any time."

People were supported to maintain relationships with their families and friends. People were supported to keep in touch with their friends. One relative told us, "My sister lives further away than me and she calls our relative often and vice versa. Some friends still visit and they are welcomed."

At the time of our inspection there was no one receiving end of life care. Discussions had taken place with people and their relatives about the care they required at the end of their life. The registered manager told us they were working towards the Gold Standards Framework (national standards for end of life care). We were able to speak with a relative who had recently received support for their relative who had recently passed away and they agreed to speak with us, they told us, "The care and love that my relative, me and my family have had has been professional and compassionate. Credit where credit is due." And "I can't praise them enough they have made the last year of our relative's life much calmer and we have appreciated all of the support."

Is the service well-led?

Our findings

At our previous inspection in November 2017, we rated this key question as 'requires improvement'. At this inspection we found some improvements and changes to audits had been made however, these improvements needed to be sustained over a longer period. Whilst we did not find detrimental impacts on people who used the service (in fact, feedback was positive), the provider needed to ensure they had in place suitable systems to ensure adequate oversight of all aspects of the service including medicines and records.

At the time of our inspection, the service did not have a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. The service did not have a registered manager in place, however the manager was in the process of applying to us and was awaiting their fit persons interview.

The provider had improved systems in place to monitor the quality and effectiveness of the service. However, we found the audits undertaken on a regular basis failed to identify the issues we found in the service. For example, the medicines audit did not address the gaps we found in topical medicines or PRN medicines. The care plan audit didn't identify the information needed to record best interest decisions for people who lacked capacity to make decisions for themselves.

People and their relatives gave us positive feedback about the manager, comments included; "I like to speak with the manager, they do come and chat with me, I like to get to the bottom of everything, they have time for me" and "If my relative isn't happy about anything they can go to the manager or they call me." And "Since the new manager is here things seem tighter and everyone seems happier. Staff have a better outlook." Also "The manager has joined us for a cuppa a couple of times when I have visited and we like that. They make time for us."

Staff told us the manager was approachable and well respected, comments included; "The manager has made a big difference." and "The management are all so approachable."

The manager held regular staff meetings for the staff team to come together to discuss relevant information, policy updates and to share experiences regarding people who used the service. We saw the minutes of these meetings and could see how people's needs, progress and care plans were discussed. We saw that the manager had introduced a new incentive to increase staff attendance at team meetings and this included a prize draw.

The manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm, were carried out. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

Policies and procedures were in place and were regularly reviewed and in line with current legislation. All records were kept secure, and were maintained and used in accordance with the Data Protection Act 2018.

Surveys to measure the quality of the service had been distributed to relatives and people who used in 2018. The result outcomes were displayed in the main entrance as well as the actions taken to improve on feedback given from the last survey. We saw the feedback on the service had been largely positive.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Relatives and staff facilitated access for people to the local community. The home is situated with views of the beach and a local park. Photographs were on display of people using the local facilities.

We found there was partnership working between the staff in the home and other professionals and between the staff and relatives. This has led to other professionals offering to provide additional training to staff. The manager told us their plans to introduce further training for staff