

Tanglewood (Lincolnshire) Limited

Sandpiper Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Sandpiper Care Home is a care home in the village of Alford. It is registered to provide accommodation and personal care to 30 older people, some of whom may be living with dementia or physical disability. At the time of our inspection, 28 people lived at the service.

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

People were extremely happy with the service and complimentary of staff. One person said, "It's the best care home in Lincolnshire. It's wonderful and [staff] look after us. It's like living in a hotel."

People felt safe and trusted staff, and there was enough staff to meet people's needs in a timely way. Recruitment, induction and ongoing training processes helped ensure only suitable staff were employed and that they had the required skills and knowledge. Staff were supported by the management team through supervision, appraisals and meetings.

Staff promoted people's independence and supported people to maintain their skills safely. Staff respected people as individuals and helped them to follow their own routines by providing appropriate support. People pursued their interests and took part in a wide range of stimulating activities.

People enjoyed the choice and variety of food provided and staff monitored people's health and wellbeing, ensuring referrals were made to healthcare services in a timely manner. Staff were knowledgeable about the support people needed and followed professional advice, though not all care plans were up to date. People's privacy and dignity was maintained.

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

The manager promoted a supportive and positive culture. They worked closely with the provider to maintain a high-quality service. The provider included people in the development of the service and invested in facilities in line with people's wishes.

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 18 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sandpiper Care 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. 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.

Inspection team

The inspection was completed by one inspector and one assistant inspector.

Service and service type

Sandpiper Care Home 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 service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The new manager had worked alongside the previous registered manager and was being supported by the provider. The new manager had applied to register with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service, one relative, a healthcare professional, the cook, two care staff and one activities co-ordinator. We also spoke with the manager, the operations manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We completed a tour of the environment to look at infection control practices and the facilities available for people. We also looked at a range of documentation including three people's care files and medication records for another three people. We looked at three staff files and reviewed documentation relating to the management and running of the service such as recruitment, induction, supervision and staff training.

After the inspection

We were sent further information which included care plans, staffing levels and planned training for medicines.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People trusted and felt safe with staff. One relative said, "I trust [staff] 100%."
- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns to relevant professionals.
- The manager monitored accidents, incidents and safeguarding concerns, and learned from them to reduce the risk of them happening again.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were appropriately managed. People were encouraged to take positive risks, such as accessing the community independently with a mobile phone and emergency contact details to help maintain their safety.
- The provider maintained the safety of the building and equipment through regular checks, servicing and maintenance.

Staffing and recruitment

- Staffing levels met people's needs and people were supported in a timely manner. The manager monitored and adjusted staffing levels to reflect changes in people's needs. Staff were calm and able to talk and spend time with people.
- The providers recruitment processes helped ensure only suitable staff were employed.

Using medicines safely

- Medicines were stored appropriately and administered as prescribed. There were some recording errors and records did not show what action was taken to address this. This was addressed by the operations manager during the inspection process.
- Staff were knowledgeable about how people liked to take their medicines and when they needed them. People were supported with their medicines in a personalised manner.
- Appropriate authorisation and advice was sought for people who needed their medicines administering without their knowledge, also known as covert administration.
- Protocols were in place for 'as and when required' medicines, also known as PRN. We discussed with the manager ways to ensure they contained enough detail.

Preventing and controlling infection

- The home was clean and tidy. Processes were in place to deep clean areas that needed more regular cleaning. One person said, "It is spotless, [staff] clean every day."
- Staff were trained in infection prevention control and wore gloves and aprons appropriately to help control

and prevent the spread of infections.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and their preferences were considered when arranging their care.

Assessments were used to develop care plans which supported staff to provide care in line with people's personal routines.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to support people safely. New staff completed an induction programme and mandatory training and all staff completed regular training to ensure they were able to meet people's needs.
- Staff received regular support, supervision and appraisals. A staff member said, "If I've got any problems I can go to [Manager's name] and talk through anything."

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

- People were complimentary of the variety, quality and amount of food. One person said, "The food is very good. I keep asking for smaller portions. We get two choices and there are vegetarian meals."
- People were encouraged to help themselves to drinks and snacks. A wide variety of chilled snacks and drinks were available for people and these were refilled regularly.
- Staff monitored people's weight and relevant healthcare professionals were involved as people needed. Staff were knowledgeable about people's dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were met in a timely way. Staff supported people to access healthcare services and followed professional advice. One person said, "If you are ill [staff] get the GP out straight away."
- Staff were knowledgeable about people's needs. Staff were kept informed of any changes to people's health and wellbeing through handover meetings and communication diaries.

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

- People's rooms were personalised to their tastes. People were supported to decorate their rooms with furniture, pictures and items of interest. One person said, "The rooms are fantastic, and we can personalise them, they tell us it's our home."
- The environment had been adapted to promote the wellbeing of people. People had access to communal gardens which one person took pride in helping to maintain. Pictorial signage was used to help people find their bedrooms, bathrooms and communal areas.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff sought people's consent and people were supported to make their own decisions. Their care plans reflected this.
- Staff recognised restrictions on people's liberty and appropriate action was taken.
- Where people lacked capacity to make specific decisions, best interest records did not always show people's legal representatives had been involved. For example, one person's care plan did not record their family's involvement in the best interest decision regarding the use of bedrails. We raised this with the manager who updated the records with the person's legal representative.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were positive about the care they received and their relationships with staff. A relative said, "The care is very good, and you are always made to feel welcome."
- Staff were considerate of people's emotional wellbeing. One person said, "[Staff] help me with my personal problems. I never laughed until I came here, now I laugh all the time."
- Staff were kind and caring. A staff member said, "Your hearts got to be in it, if not you've in the wrong job. We have a lot of staff whose heart is in it."
- Staff respected people as individuals and were trained in equality and diversity. People were supported to practice their religion and attend local churches.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained, and staff asked people discreetly if they wanted support. One person said, "[Staff] knock on our door and never come in unless we say they can."
- People were encouraged to maintain and develop their independence. For example, one person was supported to maintain their skills by helping around the service.

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

- People were encouraged to make decisions and choices about their care. Staff supported people with their routines and offered them choices.
- Staff worked with people and their families to ascertain how they liked to be cared for and this was recorded in their care plans.
- People had support from their families or advocates if they needed help with making decisions.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People took part in activities that helped them to lead fulfilling lives. Staff arranged for some small ponies to visit the service. One person had particularly enjoyed the activity as they used to work with horses.
- Regular social and fundraising events were held. These included car washes and attending garden parties at the service and the providers other services.
- Activities were tailored to people's interests and abilities. They included singing, quizzes, trips into the local community, ball games and sensory activities.
- People were supported to maintain their relationships with families and friends and could have visitors when they chose.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had a rapport with people and were familiar with their personal histories and interests, which enabled them to provide person-centred support.
- Staff understood how to meet people's needs and preferences. Most care plans contained detailed information, though one person's care plan did not contain important information about their diet or pressure care. We raised this with the manager who reviewed and updated the care plan, ensuring it contained appropriate information.

End of life care and support

- Staff liaised with healthcare professionals to ensure people had the right medicines and equipment in place to help maintain their comfort and dignity.
- Staff understood the importance of providing good end of life care. A staff member said, "I get so attached to people, they're like family. We make sure everything is nice for people. Relatives know we are about if they would like to speak to us."
- Staff respected not all people wanted to discuss their end of life wishes. For those who did, care plans did not always contain enough information about how people wanted to be cared for at the end of their life. We discussed with the manager ways to ensure they contained enough detail.

Improving care quality in response to complaints or concerns

- Complaints were addressed in line with the providers policy and procedure. Staff resolved any issues where possible or passed on concerns to the manager.
- Compliments had also been received. One compliment said, "A big thank you to all of you for making [Person's name's] stay at the Sandpiper a happy one. It was their home and they enjoyed joining in the

activities. Whilst in hospital [Person's name's] wish was to get back home to their friends and people they knew and felt comfortable with."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff provided information in a way people could understand. People's communication needs were considered and recorded in their care plans.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider was pro-active in improving the service. They were refurbishing and investing in the home, whilst ensuring people were not disturbed or upset by the changes. The provider had recently won awards for investment and development of their services.
- People, staff and professionals were included in the development of the service. The manager and the provider held regular constructive meetings to openly discuss how the service could be improved. Satisfaction surveys showed people were happier and consistently positive about the service.

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

- The manager promoted a positive and supportive culture. A staff member said, "Morale is really good. If you've got any problems, you can always go to [Manager's name] and talk to them. They always have time for staff, people and their families. It's like we're just one big happy family."
- The manager had met people, relatives and professionals to introduce themselves.
- Staff were rewarded for their hard work. The provider held a 'Care home celebration day' and gave the staff gifts to thank them.
- People received the right support which enabled them to achieve good outcomes. One person was provided with a uniform and helped staff with a wide range of tasks including gardening, cleaning and setting the tables. This support had a positive effect on their emotional wellbeing.

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

- Systems were in place to monitor the quality of the service. However, they had failed to pick up issues we identified during our inspection. This included not consistently ensuring appropriate information and guidance was in place for staff to ensure people's care needs were met. Audits were completed regularly by the manager and the provider, where problems had been identified, they were resolved in a timely manner.
- The manager understood the regulatory requirements and reported information appropriately.

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 manager understood their legal obligation to let people know when things went wrong and had processes in place to respond appropriately.

Continuous learning and improving care; Working in partnership with others

- The provider's systems enabled learning to be shared across their services. The manager met with managers of the provider's services to review accidents, incidents and share their skills and knowledge.
- The manager and staff worked closely with professionals and local groups to build effective working relationships.
- The manager and staff worked to integrate the service in the local community. Relatives and the local community were invited to events at the service. For example, the manager worked with local children to hatch butterflies and release them with people at the service.