

Qualia Care Limited

Sandycroft Nursing Home

Inspection report

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Blackpool
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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Sandycroft provides nursing care and support for a maximum of 26 people who live with dementia and/or a physical disability or sensory impairment. At the time of our inspection there were 17 people living at the home. Sandycroft is situated in a residential area of Blackpool close to local amenities. There are three floors offering single room accommodation for people who live at the home. There are ample toilet and bathing facilities and a large communal area for people's use.

People's experience of using this service:

We found the management team were keen to complete lessons learnt following recent concerns raised to maintain everyone's safety. People, staff and visitors said they felt the management team were making improvements at the home. A staff member stated, "I know it has only just happened, but the new manager is going to be really good news for the home. It already feels safer here."

We found care planning and recordkeeping was not always personalised or detailed to assist staff responsiveness to people's needs. For example, there were gaps in records and monitoring charts.

We have made a recommendation about recordkeeping.

The management team had safe systems to mitigate accidents and incidents. Care records held risk assessments intended to reduce the risk of harm or inappropriate care. The new manager assured us they were focused on developing these further to maintain people's safety.

People and relatives said they felt safe and secure at Sandycroft. One person commented, "Staff are caring, compassionate and competent." A relative added, "We've never had any concerns, [our relative] is well-looked after and safe." Staff demonstrated a good understanding of their responsibilities to protect people from abuse and poor care.

The provider was improving the deployment of consistent, regular staff and the number of personnel on each shift to meet people's needs. Those who lived at Sandycroft told us staffing levels were sufficient to ensure they were supported with a timely approach.

We observed staff followed national guidance in the safe management of people's medicines. Those who lived at the home confirmed they received their medication as prescribed.

People told us they enjoyed their meals and were offered options about what to eat. Staff completed support plans and various assessments to monitor and meet their nutritional needs.

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. We saw staff

supported people to make their day-to-day decisions.

Records showed the management team provided staff induction training and a programme of courses to support them in their roles.

Staff demonstrated genuine affection and compassion whenever they interacted with people. One person told us, "All the girls are lovely with me." People commented staff respected their human rights to be self-sufficient and live meaningful lives.

We found the provider and new manager was working transparently with other organisations following recent concerns raised to the local authority. They were engaging with staff, people and relatives to gain their feedback about the improvement of the home.

People and relatives confirmed the new management structure at Sandycroft had improved the home's atmosphere and their comfort. Staff told us the management team worked closely with them and were accessible. One staff member stated, "[The manager] has been very supportive."

Rating at last inspection: Good (date published 07 August 2018).

Why we inspected: We undertook an unannounced focused inspection due to information of risk and concern reported to the local authority. We completed a full inspection, due to the nature and level of concerns received, to check people were safe and the service was effective, caring, responsive and well-led.

Follow up: We have asked the service to follow the recommendation we have made. We will carry out a further inspection in line with our guidelines to check improvements have been made. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any issues or concerns are identified we may inspect sooner.

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

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 remained good

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained good

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained good

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service dropped to requires improvement

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service remained well-led

Details are in our Well-Led findings below.

Good ●

Sandycroft Nursing 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.

The inspection was prompted by information of risk and concern reported to the local authority. The information shared with CQC indicated potential concerns about the management of Sandycroft; recordkeeping and monitoring of risk; staffing levels; clinical procedures; infection control; training; dignified care; and activity provision. This inspection examined those risks to check the service was safe, effective, caring, responsive and well-led.

Inspection team:

This inspection was carried out by two adult social care inspectors.

Service and service type:

This service 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, both of which we looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. We saw evidence the provider was in the process of registering a new manager. They had suitable systems to maintain the organisation and leadership of Sandycroft in the meantime.

Notice of inspection:

This inspection was unannounced.

What we did:

Before our inspection we completed our planning tool and reviewed the information we held on the service.

This included notifications we had received from the provider about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports.

We also checked to see if any information concerning the care and welfare of people supported by the service had been received. We contacted the commissioning department who used Sandycroft. This helped us to gain a balanced overview of what people experienced whilst living at the home.

During the inspection we spoke with a range of people about Sandycroft. They included three people who used the service, four relatives, two members of the management team and four staff.

We looked at records related to the management of the service. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead Sandycroft in ongoing improvements. We checked care records of three people who lived at the home. We also looked at staffing levels, recruitment procedures and training provision.

As part of the inspection process we walked around the building to carry out a visual check. We did this to ensure the home was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns raised to the local authority about safety at the service.

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People told us they felt safe whilst living at Sandycroft. One person commented, "I can't look after myself because I am very unsteady, but I feel safe here." Another person added, "The call bell is always close by and the staff are here in a jiffy. It makes me feel safe."
- Care records held risk assessments intended to reduce the risk of harm or inappropriate care. We noted these were not always personalised to each individual and provided staff with limited information to support them. The new manager assured us they were aware of this and were focused on developing them further to maintain people's safety.
- The management team had safe systems to mitigate accidents and incidents. This included clear recordkeeping of events, control measures and actions taken to reduce risk.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated a good understanding of their responsibilities to protect people from abuse and poor care. The management team underpinned this with robust policies and training to enhance staff awareness about whistleblowing and reporting procedures.
- Shift leaders were required to complete incident forms about safeguarding issues and report these to the senior management team and local safeguarding authority. We noted action was taken as part of the lessons learnt process to manage identified issues. For example, additional training was implemented to strengthen procedures following a medication error.

Learning lessons when things go wrong

- The management team and staff were keen to reflect on recent concerns to improve the service and people's experiences. An example of this related to the monitoring of each person's needs to ensure care was safe and appropriate. Staff had introduced multiple charts to check care delivery was effective in continuing to meet their requirements.

Preventing and controlling infection

- We looked around the building and noted it was clean and tidy. We observed staff had access to and made use of personal protective equipment, such as disposable gloves and aprons. They received infection control training to develop their awareness of related procedures. One person commented, "It's always very clean and they have plenty of staff to make sure it stays that way."

Staffing and recruitment

- There was a recent high staff turnover at Sandycroft, overreliance on agency personnel and limited additional cover for nurses to complete clinical tasks. However, we saw the provider was addressing these issues and sufficient staff were on duty. One staff member commented, "I'm happy with the staffing levels. We get plenty of time to spend with the residents."
- People confirmed adequate staffing levels meant they were supported in a timely way. One person said, "We went through a recent unsettled period, but things are getting much better and have improved."
- We noted the management team followed the same safe recruitment procedures we found at our last inspection to ensure suitable staff were employed.

Using medicines safely

- Staff managed people's medicines safely. They focused on one person at a time and ensured storage areas were locked when not in use. People said they had their medicines as prescribed. One person said, "I get all my medication and the nurses bring it to me when it is due."
- Staff followed national guidance in medicines recordkeeping, such as the National Institute for Health and Care Excellence 'Managing medicines in care homes' guidelines. For example, they signed records afterwards to evidence people had taken their medication.
- The local pharmacy worked closely with staff and completed a recent audit that showed they were following safe procedures. Staff also completed medication training to enhance their skills.

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns raised to the local authority about the effectiveness of the service.

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.

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

- We found the registered manager was referencing current legislation, standards and evidence-based guidance to achieve effective outcomes. For example, staff had access to and followed various proven protocols to deliver care effectively.
- People's needs were assessed before their admission and in line with the referring agency's information. This reduced the risk of inappropriate or failed placements at the home.

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

- A four-weekly menu was operated at Sandycroft to vary everyone's diet. People told us they enjoyed their meals and were offered options about what to eat. One person stated, "Yes, the food is good and the cook always checks what else we want if we don't like the main course."
- Care records included a variety of assessments and charts to monitor people against the risks of malnutrition. Staff completed support planning to meet their nutritional needs.

Supporting people to live healthier lives, access healthcare services and support

- Relatives told us they were kept informed about people's changing health needs. This included when staff referred individuals to other healthcare services to optimise their health.
- Care records included a variety of new assessments centred on maintaining effective treatment outcomes. We saw examples of staff working with other professionals in the delivery of care.

Staff working with other agencies to provide consistent, effective, timely care

- People had good levels of access to health and social care professionals. This included GPs, social workers and specialist community and hospital services. The management team reflected their treatment input in each person's care plan to ensure a cohesive approach.

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.

- Staff completed mental capacity assessments when people demonstrated a change in their mental health. Where necessary, staff followed correct procedures when an authorised DoLS was required to safeguard each individual. Staff demonstrated a good working knowledge of the MCA and received training to further develop their skills.
- We saw people's freedom was not limited and staff supported them to make their day-to-day decisions. One person said, "They don't take over, they are patient with me and let me take my time."

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

- The environment at Sandycroft was bright, modern and well-maintained. The wide corridors and open spaces was appropriate for people with complex needs, including those who lived with dementia. This included a sensory bath to help individuals reduce their anxiety levels.

Staff support: induction, training, skills and experience

- Records showed the management team provided staff induction training and a programme of courses to support them in their roles. These covered, for instance, safeguarding, fire and environmental safety, falls management, MCA, food safety and dementia awareness.
- Staff said they had sufficient training and supervision to enhance their roles and professional development. One employee said, "I'm happy with the training and feel well supported."
- People confirmed they were supported by experienced, skilled staff. One person stated, "They know what they're doing and they're very well-trained."

Is the service caring?

Our findings

We have inspected this key question to follow up the concerns raised to the local authority about care at the service.

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; respecting equality and diversity

- Staff demonstrated genuine affection and compassion whenever they interacted with people. One person confirmed, "I'm very happy and well looked after."
- Care records evidenced each person's spiritual requirements and preferences about family contact. People told us staff recognised the importance of their family relationships and welcomed visitors. One person said, "I get to see my relatives whenever I want. They don't have any restrictions with that, which is so important to me to see my family."
- People commented staff respected their human rights to be self-sufficient and live meaningful lives. One person stated, "My independence is very important to me and I don't think I've lost that since I've been in here." Staff had equality and diversity training to develop their knowledge.

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

- People stated staff actively involved them in their care planning. Relatives confirmed, where applicable, they could discuss their family members ongoing support needs. One relative said, "The staff are very welcoming and tell us how [our relative] is doing."
- Care records evidenced staff discussed support with people and their representatives before admission. They then jointly developed a care plan from this information, was regularly reviewed. Support was focused on assisting people to maintain their independence.
- Staff made information available to people about advocacy services, including contact details. Consequently, they could access this if they required support to have an independent voice.

Respecting and promoting people's privacy, dignity and independence

- Staff were mindful of people's dignity and supported them discreetly. A person commented, "I like my own privacy and I can shut my door when I want. The staff always knock before they come in to check if I am decent."
- Staff were skilled at promoting people's independence and were respectful in their approach. One person said, "Yes, the care is good and the staff have a friendly attitude."

Is the service responsive?

Our findings

We have inspected this key question to follow up the concerns raised to the local authority about the responsiveness of the service.

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

- Care planning, assessment, observation and recordkeeping was not always personalised or detailed to assist staff responsiveness to people's needs. For example, documentation was brief and there were gaps in records and monitoring charts.

We recommend the provider refers to current guidance on recordkeeping, including care planning and monitoring.

- The management team had already identified this and assured us they were focused on improving recordkeeping. For example, they introduced new charts to check care responded to each person's needs. People told us they were safe and involved in the review of their care.
- We saw the management team documented people's preferences in relation to, for instance, meals, drinks, name and activities. This, along with an outline of their life history, assisted staff to better understand each person.
- The provider employed an activities co-ordinator to assist staff throughout the day to support each person with their social needs. People and relatives confirmed the provision of activities was sufficient to occupy them. One person told us, "I have plenty to do, I don't ever get bored. They have a nice lady who plays lots of games."

Improving care quality in response to complaints or concerns

- People said they knew how to comment about their care and were confident concerns would be addressed. One person stated, "I have no complaints, but I think [the manager] would deal with them if I had any." The manager followed up comments to check they acted responsively and transparently. This included an assessment of any lessons learnt to improve the service.

End of life care and support

- Although Sandycroft supported people with life limiting illnesses, during our inspection no-one was receiving end of life care. Care records held information about each person's related wishes and advanced decisions. A relevant policy guided personnel about end of life care and the provider reviewed deaths monthly to assess treatment responsiveness.

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns raised to the local authority about the leadership of the service.

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

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

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

- People and relatives confirmed the new management structure at Sandycroft had improved the home's atmosphere and their comfort. One relative said, "[The new manager], who has taken over, is really good. She cares."
- The new manager was keen to work transparently with CQC and the local authority to improve people's experiences of living at Sandycroft.

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

- The management team were engaging with staff, people and relatives to gain their feedback about the quality of care. They worked hard to involve everyone in the development of the home following recent concerns raised to the local authority. In the latest survey, a relative commented, 'They communicate well and listen.'
- The new manager and all staff were working as a cohesive team and endeavoured to act on people's feedback and concerns. For example, the chef had recently held a 'residents' meeting and was given feedback about repetitive meal options. Consequently, they were in the process of changing menus to give people greater choice.

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

- We found the management team had clear oversight of environmental safety to maintain everyone's welfare. For example, they monitored fire, legionella, electrical and gas systems to ensure they functioned correctly.
- Additionally, the management team completed multiple assessments to check the quality of service delivery. This included auditing of fire and environmental safety, wheelchairs and other equipment, safeguarding, complaints, pressure ulcers and incidents. The manager assured us they would act on identified problems to maintain people's safety and wellbeing.

Continuous learning and improving care

- It was clear the provider engaged with the new manager and staff to assess concerns for any learning that

would improve the service. Systems included staff meetings and supervisions to explore incidents, debrief and consider the introduction of new or strengthened procedures. An example of this related to identified concerns in the monitoring of people's health. This resulted in new checks being implemented to assess care met each person's needs.

Working in partnership with others

- We found the provider was transparent and working with other organisations in the ongoing improvement of the home. Additionally, the manager and staff engaged well with other health and social care professionals as part of each person's continuity of care.