

MNP Complete Care Limited

Sandgate Manor

Inspection report

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Sandgate
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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:

Sandgate Manor is a residential home for adults with learning disabilities who may also have physical disabilities. It provides accommodation for up to 25 people. There were 22 people living there at the time of our inspection. The service is made up of a large main house and three individual lodges. The service is run by the MNP Complete Care Ltd.

Sandgate Manor has been developed and designed in line with the values that underpin Registering the Right Support, Building the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

Relatives told us their family member was safe. Staff had received safeguarding training and knew when and how to raise concerns.

People were protected from risks. There were various risk assessments in place for each person giving guidance to staff to reduce the risks identified. Risk assessments were reviewed regularly or when people's needs changed.

There were sufficient numbers of staff on duty. Staff who knew people well and had been recruited safely with all the appropriate checks in place.

Medicines were administered, stored and managed safely. Audits identified no errors in the months before the inspection.

The service was clean, tidy and homely and suited to the needs of people living there. People had individualised rooms with their personal items and favourite colours and chose their decoration.

People's needs were thoroughly assessed by a multi-disciplinary team of specialist professionals within the learning disabilities service. People had access to health care and hospital treatment when needed.

Staff were trained in all of the providers mandatory areas and had the ability to access on line, face to face or group training. New staff had a robust and induction period and were well supported. Staff received regular supervision and yearly appraisals.

Staff were very caring and knew people, their preferences likes and dislikes well. Staff took pride in the standard of care they provided. We received good feedback from relatives and visiting professionals about the quality of care and the quality time staff spent with people.

Care plans were person centred and were regularly reviewed and updated. They were all being actively reviewed at the time of the inspection ready for transfer to an efficient electronic version.

When people's needs changed the appropriate referrals were made to re-assess and devise new strategies to support them effectively. The staff had regular meetings and discussions with health and social care professionals to ensure the right care was being provided.

There was a clear and supportive management structure in place. Quality assurance, audits and monitoring were undertaken by several layers of management. This meant that areas identified for improvement were acted upon in a timely manner.

Rating at last inspection:

This service was registered with us on 14 May 2018 and this is the first inspection.

The last rating for this service was Requires Improvement (Published 28 November 2017). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected:

Scheduled inspection based on timescale for unrated services.

Follow up: We will continue to monitor the service.

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.

Sandgate Manor

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.

Inspection team:

The inspection was carried out by one inspector and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Sandgate Manor is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an unannounced inspection.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered manager completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We sought feedback from the local authority and professionals who work with the service but did not receive any.

We observed the interactions between staff and people. We reviewed four people's records. This included

people's care records and medication records. We also reviewed three staff personnel documents, training and supervision records and a range of records about how the service is run. We spoke with the registered manager the deputy manager, the area and operations manager and three members of staff.

Is the service safe?

Our findings

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

This is the first time we have inspected the service and we have rated this key question Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people.
- Staff told us they received safeguarding training and we confirmed this from training records.
- The registered manager knew their responsibility to report any concerns to the relevant authorities and notify us.
- Safeguarding processes were regularly discussed during team meetings.
- Relatives told us their family members were safe and well looked after and they had no concerns.

Assessing risk, safety monitoring and management

- People had personalised evacuation plans in the event of emergencies such as PEEPS (Personal emergency Evacuation Plans) and they were designed around the individual.
- People were supported to take risks. One person was supported to go out into the local community on their own and there was a risk assessment in place.
- Risks were assessed and staff knew how to manage them. For example, risks such as moving and handling, medication, eating and drinking all had risk assessments in place.
- One person was at risk of choking. The assessment clearly identified the risk and how staff could minimise the risk by following guidance from the speech and language therapist. This included, pureeing foods to a specific texture, not leaving the person alone when eating and ensuring the person was sitting in an upright position, was not rushed or distracted when eating and drinking.
- Another person had a manual handling risk assessment in place which guided staff to provide two to one support for all transfers. Staff were all trained in manual handling safe practices and the person had regular reviews from the occupational and physiotherapist. We saw the appropriate equipment (hoist and personal sling) in place to support the person safely.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks included references, identity checks and disclosure and barring scheme checks had been completed before staff began working at the service. A Disclosure and Barring Service check ensures employers to make safer recruitment decisions and helps to prevent unsuitable candidates from working with vulnerable groups of people. People were not currently involved with staff recruitment but the registered manager told us this was something they had done in the past and are considering reintroducing. People told us they would like this.
- We saw sufficient numbers of staff during our inspection. Staff had time to spend with people and were not rushed.

Using medicines safely

- Medicines were managed, administered and stored safely.
- The home had a medicines policy and appropriate 'as required' protocols for people's individual medicines, in place.
- Staff told us they had training in medicines administration. This included how to complete a medicines administration record (MAR) accurately. Stock checks were completed daily and a full medicines audit was carried out weekly.
- Medicines reviews were completed by the prescribing pharmacy.

Preventing and controlling infection

- People were protected from the risks of infection. Staff had training in infection control practices and there were plenty of hand gels, paper towels and personal protective equipment (PPE) in place. We observed staff using PPE at appropriate times, such as when carrying out personal care.
- A cleaning schedule was displayed. Communal areas and bathrooms were clean and fresh.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reflected on them as a means of improving safety for people
- There had been one medicine error in the last 12 months. The member of staff concerned received extra training and lessons learned were discussed at the next team meeting to help ensure no further incidents occurred. To date, none had.

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

This is the first time we have inspected the service and we have rated this key question Good: 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; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were fully assessed by the registered or deputy manager or to ensure they could be met, prior to the person moving to Sandgate Manor. These assessments ensured staff had the right skills to support different needs.
- Care plans were developed from other external professional assessments such as physiotherapists for example, which gave detailed guidance to staff on how to meet people's needs appropriately.
- Staff worked closely with other health and social care professionals to ensure specific needs were met and planned for. For example, physiotherapists, occupational therapists, dieticians and nurses from the community team for people with learning disabilities. During the inspection there was a wheelchair assessment taking place so that the appropriate equipment was made available to people to help them maximise mobility.
- People were supported to attend hospital and GP appointments in the community. Each person had a hospital passport which detailed essential information for hospital staff on how to deliver person centred care.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled. Staff told us they had received good training which was relevant to their individual roles.
- The provider had an online training programme. This enabled staff to have easy access to e-learning and the management team could monitor their progress. If training wasn't being completed in a timely fashion staff were supported to complete them.
- New staff had an induction and were mentored throughout their learning period. Staff were checked for competency before being able to work independently. One person told us, "All staff know what they are doing, whether they are new or have been here a long time."
- Staff received informal supervision and guidance and had regular informal discussions to discuss learning needs or concerns.
- Staff told us they knew there was an open door policy and they could approach the management team whenever they felt they needed to. Staff felt well supported.

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

- People were supported to be involved in choosing and preparing their meals. People were asked what they would like to eat.
- During the visit we observed people and staff preparing meals and being offered plenty of drinks and snacks.
- Where appropriate people were supported to eat soft foods as directed by the speech and language therapist.

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

- The main house had a large communal lounge which was frequently used by the people living there. People had their preferred seating area.
- People's rooms were individually decorated to their taste and preference. Rooms had personal possessions, photographs and pictures.
- One person was moving to a more appropriately sized room which had a ceiling track hoist and space for larger pieces of equipment.
- There was outside accessible space and the home was located in a peaceful position.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments had been completed along with their corresponding best interest decisions.
- The provider had made appropriate applications to the local authority for DoLS and had a 'tracker' system to monitor their progress including screening and when an authorisation was due for renewal.
- The staff we spoke with were knowledgeable about the Act and how to apply this in their work with people. The provider was meeting the requirements of the Mental Capacity Act (2005).

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

This is the first time we have inspected the service and we have rated this key question Good: 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 encouraged to express their wishes with how they wanted to live their lives and the lifestyles they chose. People were supported to dress appropriately. During the inspection, it was a warm day and we heard people asking if they could wear something that day that suited the weather and staff helped them with this. Another person enjoyed mixing their own music and we saw staff stopping by their room to listen to their latest work.
- We saw staff kneeling to be at eye level with people when speaking. During meal times staff supported people in a way they wanted to, involving them at every opportunity throughout their meal and not rushing them. One person told us, "Staff here are caring. They listen to me and give all the help I need, when I need it." Staff gently alerted one person with a visual impairment before fully interacting or supporting them. They stated who was speaking and explained who else was in the room, to orientate the person.
- Staff chatted with people throughout the day and whilst carrying out support. For example, we observed two staff members assisting one person to transfer using a hoist and sling. The staff explained what they were doing and checked if the person was happy with the process. "Everything OK? [person's name], all ready, here we go, moving up now." The staff ensured the person was moved gently and placed their hands to ensure the sling was steady.

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

- Whilst staff were working they involved people in their activities. For example, a staff member said "Should I sit here next to you [person's name] while I write my notes?" They then chatted to the person about their plans for the day.
- Staff gained people's permission before supporting them. We heard staff ask people what they wanted to do, they were given options to choose from to make the decision easier.
- Staff knew people and their behaviours well. For example, one person would always choose the last option given, so staff ensured they gave choices in a variety of ways to ensure the person made a preferred choice.
- Staff we spoke with were passionate about the standard of care provided and adapting to the individual needs of people. One staff member told us, "I love this place. Residents and needs do change, you have to adapt with them. If a person had challenging behaviour, we have the training to help with reducing anxiety to stop things progressing and getting upset."

Respecting and promoting people's privacy, dignity and independence

- One relative told us the staff were, "Very attentive, can't praise them enough, very caring, they know the residents well, my relative is really happy and settled she likes all of the staff. They always tell me what is going on, to tell me if she has had a good or an off day. No worries at all never had to complain."
- Another said she was, "Very happy with [her relative's] care, absolutely marvellous, they are wonderful. I have no concerns, can't fault them at all."
- The registered manager told us "Dignity and privacy is paramount, alongside the ethos of person centred care." One person told us that, "Staff always knocked before coming into their room and ensured curtains were drawn and doors closed when being supported with personal care."
- The manager and deputy worked alongside staff to observe working practices to ensure the support provided was caring, respectful, discreet and promoted individual choice and independence.
- Staff were encouraged to continually reflect on how they supported an individual and if they could do anything better or use a different approach next time.

Is the service responsive?

Our findings

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

This is the first rating inspection of this service. At this inspection this key question was rated Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care and support plans were being reviewed and updated ready for the transfer to a new electronic version. People told us they took an active role in the care plans. One person told us, "I have a care plan; I was involved in it and agree with what is in it." Another said, "I like to be supported in a certain way and it's in my care plan. New staff members follow it so they know how to support me in the future."
- 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.
- The provider had installed a tablet on the wall in the foyer, with easy read communication of how to complain and what to do if you felt you needed to report something. One person told us, "I haven't used it yet as it is new but it will make it easier for people to complain if needed."
- People's individual communication needs were identified. Some people used pictures and signs and others had more complex means of communicating. For example, one person had a positive behaviour plan in place to guide staff on how to interpret behaviours as part of the person's communication method.
- Guidance included identifying noises and actions, what they meant and how to respond to meet the person's need. Staff were instructed to know how the person communicated as 'this is how [they] make their choices' and 'all behaviour is a form of communication'.
- People had the opportunity to access their local community and attend events they enjoyed and to socialise.
- Each person had an activities file with their individual interests. One person had recently been supported to attend a popular daytime TV show. "They told us, 'It was great, you could see the back of my head on the TV!'" Other examples included, going to the cinema and attending community network groups. Another person told us, "I am going on a cruise later this year, I can't wait."

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints but a complaints policy and procedure was in place and people told us they knew who to complain to. Informal complaints had been resolved day to day and we spoke to the registered manager about recording these better. One person raised an issue about a member of staff for talking about personal issues when they could hear. The manager took this up with the appropriate member of staff and supported them in ensuring it wouldn't happen again.

End of life care and support

- No-one living at Sandgate Manor was receiving end of life care at the time of our inspection.
- The service had a pictorial version end of life care plan which was developed to record people's individual wishes, funeral arrangements and decisions on where to receive care for example.

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

This is the first time we have inspected the service and we have rated this key question Good: This meant 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; and how the provider understands and acts on duty of candour responsibility

- The registered manager understood their role and their responsibilities under the duty of candour and in compliance with the regulations. The registered manager had notified us of significant events in a timely fashion.
- The registered manager had developed an open and transparent culture, where people were at the heart of the service. Staff we spoke to told us, "We all sing from the same hymn sheet, it is about the people."
- The staff we talked with spoke highly of their managers and the support they received. They were proud of the standard of care they provided to people and how well the team worked together.

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

- Audits for medicines were up to date and were managed weekly by the deputy manager and checked monthly by the registered manager.
- Audits for supervision and staff appraisal identified these were slightly behind schedule, but staff had access to regular informal day to day chats and informal supervision and guidance with the management team.
- There was a clear management structure in place which was supportive and effective. The compliance manager and director of care visited the service during the inspection. Staff told us, "They are encouraged with the work of the provider and the improvements they are trying to make. From top to bottom it feels more supportive."
- There was effective oversight of all areas of the service and the managers had access to the provider's Incident log system. This was a system where all accidents and incidents were monitored and all service audits recorded.

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

- The registered manager sought feedback from people and their relatives. We saw thank you cards and letters and relatives we spoke with gave very positive feedback about the service.

- Sandgate Manor was located in a private residential area and they had good relationships with their neighbours. They had held events in the past for the community to attend so that they could understand the service and the people they support. The registered manager told us, this is something they would like to re-introduce.

Continuous learning and improving care

- The management team continued to undertake the provider's mandatory training and refreshers, alongside the support staff.
- New electronic care planning systems were being put into place by the provider and the management team were taking the lead in learning how to use these effectively. They would then disseminate their knowledge to the staff team.
- The new care planning system would ensure recording and relaying information was current and would benefit people from being more efficient and accurate. The registered manager was looking forward to becoming proficient in using the new system. They felt it was a very positive addition to the continued improvements in the service.

Working in partnership with others

- Staff worked closely with other professionals in the community team for people with learning and physical disabilities. Their good working relationship meant they could liaise with specialist professionals regularly which provided good outcomes for people's health and treatment.
- The registered manager attended manager meetings to share knowledge and to keep up to date with best practice techniques.