Crown Care III LLP

Sandringham 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?	**Outstanding**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 11 and 16 February 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

The home provides care and accommodation for up to 92 older people. On the day of our inspection there were 88 people using the service. The home has four separate units over three floors.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home was last inspected by CQC on 2 and 3 April 2014 and was not compliant. This was because the environment had not been fully adapted to meet the needs of people with dementia.

During this inspection, we found the environment had been fully adapted to meet the needs of people with dementia.

Summary of findings

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We saw evidence that thorough investigations had been carried out in response to safeguarding incidents or allegations.

We saw a copy of the provider's complaints policy and procedure and found that complaints had been fully investigated.

We saw comprehensive medication audits were carried out regularly by the provider.

Training records were up to date and staff received regular supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

We saw staff supporting people in the dining rooms at lunch time and choices of food and drinks were being offered. People told us the food was always good with a wide selection of choices available at every meal.

All of the care records we looked at contained care plan agreement forms, which had been signed by the person who used the service or a family member.

The home was clean, spacious and suitable for the people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager and looked at records. We found the provider was following the requirements in the DoLS.

People, who used the service, and family members, were complimentary about the standard of care. They told us, "This is a wonderful place; all the staff are caring it gives me peace of mind knowing that my mother is so well cared for." A resident said, "I chose to come here, it was the only place I considered and have no regrets."

We saw staff supporting and helping to maintain people's independence. We saw staff treated people with dignity and respect and people were encouraged to remain as independent as possible.

We saw that the home had a full programme of activities in place for people who used the service.

On both days of our inspection, we saw people were actively involved in a range of activities.

All the care records we looked at showed people's needs were assessed before they moved into the home and we saw care plans were written in a person centred way that always involved people or their representatives.

We saw the provider worked in partnership with other health and social care professionals.

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Summary of findings

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 was safe.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service.

The provider had an effective recruitment and selection procedure in place.

Thorough investigations had been carried out in response to safeguarding incidents or allegations.

Comprehensive medication audits were carried out regularly.

The home was clean in all areas.

Good

Is the service effective?
The service was effective.

Training records were up to date and staff received regular supervisions and appraisals.

Staff supported people in the dining room at lunch time and choices of food and drinks were being offered.

All of the care records we looked at contained care plan agreement forms, which had been signed by the person who used the service or a family member.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Good

Is the service caring?
The service was caring.

Staff treated people with dignity and respect. This was confirmed by people using the service. People were complimentary about the care they received.

People were encouraged to be independent and care for themselves where possible.

People were well presented and well groomed and we saw staff talking with people in a polite and respectful manner.

People and their representatives had been involved in writing their care plans and their wishes were taken into consideration.

Outstanding

Is the service responsive?
The service was responsive.

Risk assessments were in place where required and these were linked to people's individual care plans.

The home had a full programme of activities in place for people who used the service.

Good

Summary of findings

The provider had a complaints policy and procedure and we saw that complaints were fully investigated. People we spoke with knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

People, who used the service, and their family members, told us the home was well led. They told us, “This is a well-run home the management team are good.”

Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

Sandringham Care Home

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 11 and 16 February 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection on the 11th was led by a single Adult Social Care inspector. On the 16th a second Adult Social Care Inspector also attended the inspection.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history and safeguarding notifications. No safeguarding concerns had been raised and the service had met the regulations we inspected against at their last inspection, which took place on 2 and 3 April 2014. We also contacted professionals involved in caring for people who used the service, including; Healthwatch, commissioners of service and the Local Authority safeguarding team. No concerns were raised by any of these professionals.

For this inspection, the provider was not asked to complete a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they planned to make. During this inspection, we asked the provider to tell us what they were doing well.

During our inspection we spoke with ten people who used the service and fifteen family members. We also spoke with the registered manager, three nurses, three senior care workers, one carer and two housekeepers and two activity coordinators.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for. We looked at six staff supervision records and also looked at the personnel files for four members of staff.

Good

Is the service safe?

Our findings

We looked at staff rotas over the last four weeks, which showed the staffing levels at the home. The registered manager said staffing levels currently met the needs of the people who used the service. The registered manager showed us the dependency tool she used this was called; 'Based on the Staffing Guidance for Nursing homes'. People who lived at Sandringham confirmed that there was usually enough staff on duty. People told us, they never had to wait long for assistance. One person said, "Yes the staff are very good at responding when I call them, and I am never made to wait for long."

The registered manager said they usually managed to cover short notice staff absence with staff who were prepared to do overtime and by using the home's bank staff. The registered manager told us she never used agency staff. When we spoke with two nursing staff on the top floor nursing unit, they said mealtimes were very busy because 13 of 17 people required assistance with their meals. The unit had a nurse and three carers. We talked to theregistered manager about this who said that she would re-assess people's dependencies and ensure there were enough staff around during mealtimes. Other comments from people who used the service included; "I think there are enough staff on the rota all the time", "I think there are usually enough staff" and "The staff are always around the corridors and if you are in your room they come regularly to see if you need anything and to make sure you are okay."

The staff we spoke with were aware of their responsibilities in relation to safeguarding. They were able to describe to us the different types of abuse and what might indicate that abuse was taking place. We saw records which showed us that staff were trained in safeguarding as part of their essential training and that there was a detailed safeguarding policy in place which guided staff on any action that needed to be taken. The registrered manager and other staff were very clear about when to report concerns and the processes to be followed to inform the local authority, police and CQC.

We saw evidence that thorough investigations had been carried out by the provider in response to any allegations and concerns raised. Where necessary, the provider had informed CQC and the local authority safeguarding team of any allegation and worked closely with them, and other appropriate professionals, to make sure people who lived at the service were protected. The service had taken action to address any issues that were raised. This demonstrated that the provider took allegations seriously and took action to make sure people were protected.

We found there was a culture of learning from such events and an open approach. The service managed incidents, accidents and safeguarding concerns promptly, and investigations were always thorough. This meant the service had a proactive approach to respecting people's human rights and diversity and this reduced discrimination that may lead to psychological harm.

We looked at recruitment records and spoke with staff about their recruitment experiences. We found that recruitment practices were safe and that relevant checks had been completed before staff worked unsupervised at the home. This was confirmed when we spoke with staff. This meant that people were protected from staff who were known to be unsuitable.

Risk assessments had been completed with the individual service users and their representative, if appropriate for a range of activities. These identified hazards that people might face and provided guidance upon how staff should support people to manage the risk of harm. Activities included the use of the call bell, moving and handling, falls, nutrition and choking.

The home had an efficient medication policy supported by procedures linked to NICE guidelines, which staff understood and followed. When we checked the medication records, we found these were fully completed, contained required entries and were signed. We saw there were management audits to monitor safe practices. We saw a copy of the latest medication audit, carried out by the manager in January 2015. This checked that medication records were up to date and medicines were administered at the right times. We saw copies of the medication records, which identified the medication type, dose, route for example, oral and frequency and saw they were audited daily by the nursing staff and reviewed monthly and were up to date. People and their family members we spoke with told us they knew what their drugs were for. We carried out an audit of the controlled drugs for three people; all were found to match the records recorded in the controlled book register.

We saw the medication fridge daily temperature record and saw that all temperatures recorded were within the two

Good

Is the service safe?

and six degrees guidelines. We looked at a random sample of maintenance certificates and checks to services and equipment to make sure these were carried out. For example, legionella water checks, gas, and electricity, nurse call system, passenger lift, fire equipment and moving and handling equipment. We found all had been regularly maintained by the contracting manufacturer. This ensured people who lived at the home, staff and visitors were kept safe.

Are

We did a full tour of the home. We found the premises were safe, very clean and hygienic. Equipment was well maintained and serviced regularly which ensured people were not put at unnecessary risk.

Good

Is the service effective?

Our findings

Most people on the dementia care unit could not tell us if they were involved in decisions about their care due to their level of dementia. However, we saw that people were involved in decision making in many aspects of their daily life. For example people were asked what they would like to eat, what clothes they would like to wear or if they wished to join in an activity.

When we spoke with family and friends (15 in total) they confirmed they were always consulted and felt involved about all aspects of their relatives care and support needs. One person mentioned the relatives and residents meetings which gave them the opportunity to discuss any concerns or ideas they may have.

One person from the residential unit told us, they had visited the home with their daughter before making a decision to move in. They said, "The staff told me all about the home and what I could expect. They gave me a brochure that I could take away with me. They also asked me about the things that I liked to do and my favourite meals. I then came for a period of respite care and this helped me to decide to come and live here. I have no regrets, the care and support I receive is really good.

Visitors confirmed that they were able to see people in private and that visiting times were flexible.

People's needs were taken into account with signs around the home that made it easier for people to see where toilets, bathrooms and bedrooms were located. Doors of these rooms were colour coordinated to help with this. We saw all bedroom doors had a memory box and this helped people to locate their rooms easily. The layout of the building enabled people to move around freely and safely. The premises had been sensitively built to meet the needs of people with dementia and physical impairments. We saw parts of corridors had been themed; there was a knitting area, a reading area and a music area. There were craft rooms and a fully stocked bar that opened twice weekly. On the dementia care unit we saw hat stands, rummage drawers and lots of appropriate signage and colours helped to create a dementia friendly environment, and orientate people around the unit. We also saw that a bathroom was in the process of being converted to an old fashioned sweet shop for people to use.

During our observations we saw that staff communicated well with people. Staff responded well to people who had dementia. They were patient and kind and gave people time to make decisions for themselves. For example during lunch time people with dementia were shown two different meals and could choose which they preferred.

We saw pictorial and large print menus were displayed in the dining rooms. We observed people eating their midday meal and saw they were offered a choice. If a meal was declined staff offered alternatives and encouraged people to eat. We saw a healthy option was always available. Meals were attractively presented and there was a relaxed and sociable atmosphere. People were offered hot or cold drinks and were encouraged to eat sufficient amounts to meet their needs.

We observed people coming and going throughout the day and food was made available as required. This showed that meal times were flexible. For some people, we saw they had finger food available between meals to make sure they had sufficient to eat. People's care records showed that other professionals had been involved with people who were at risk of weight loss. We saw risk assessments and care plans were in place to support them. We saw that people had their needs assessed and that care plans were written with specialist advice where necessary. For example care records included an assessment of needs for nutrition and hydration. Daily notes and monitoring sheets recorded people's needs across the day and provided current information about people's support needs.

We saw people, or those close to them had consented to their care, treatment and support needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. At the time of this inspection we were informed by the registered manager that ten DoLS applications had been made and authorisation for three had been received. The registered manager was aware of the recent Supreme Court judgment about people who lived in care home's or supported living arrangements who received 24 hour support and did not go out unsupervised. We saw documentation within the care records that showed us the correct processes were followed to ensure people who did not have the capacity to make significant decisions had their rights upheld.

Good

Is the service effective?

We saw staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals. Where people did not have the capacity to make decisions, their friends and family were also involved. This process helped and supported people to make informed decisions where they were unable to do this by themselves. We saw there was information displayed in the home about accessing external advocates who could be appointed to act in peoples' best interests when necessary. The senior staff were aware of how to contact an Independent Mental Health Advocate (IMHA). IMHA's are a safeguard for people who lacked capacity (this means people who were unable to make decisions for themselves). This ensured they were able to make some important decisions on behalf of the person who lacked capacity.All of these measures meant, where people did not have the capacity to consent, and the provider acted in accordance with legal requirements.

Staff we spoke with were knowledgeable about the people in their care and the support required to meet their needs.

Staff confirmed they had completed an induction at the beginning of their employment and records confirmed this. They said they also undertook shadowing shifts to see how tasks were completed and what was required from them. In addition to mandatory training, records showed that the majority of care staff had completed a National Vocational Qualification level 2 or equivalent qualification. This meant that the staff team had appropriate skills and knowledge to support the people who used the service. The home provided training in dementia care, which all staff had undertaken during their induction. Records confirmed that staff had also completed refresher training in dementia care. We saw staff had access to e-learning and this was complemented by having face to face training such as moving and handling, medication and conflict resolution.

Individual supervision sessions took place regularly and staff told us they found them useful for their personal development. Appraisals were also used to develop and motivate staff and review their practice and behaviours.

Outstanding ☆

Is the service caring?

Our findings

We spoke with ten people across the home about how they preferred to receive their care. They told us that they spoke with staff about their preferences, and that this was usually undertaken in an informal way. Everyone commented on the kindness and gentleness of the staff. This demonstrated that people who lived at the home were treated with dignity and respect and their views on the way they wanted their care and support to be provided was listened to.

People told us that their dignity and privacy were respected when staff were supporting them, and particularly with any personal care. For example people told us their personal care was always undertaken in the privacy of their own bedroom or bathroom, with doors closed and curtains drawn. We saw and heard staff addressing people by their name and we heard staff explaining what they were about to do and ask people if it was alright before carrying out any intervention. One person said "I can choose my own clothes every day and what I want to do and eat." One staff member commented "It's all about being person centred here now. There have been management changes for the better. With a very different and proactive person centred management attitude. Those who didn't want to change have left, which is good. This showed that people were treated with fairness, dignity and respect by the staff team.

During our observations we used a short observational framework for inspection (SOFI) to gather information about the experience of care from the point of view of people using a service. As part of this we spent some time in the dining rooms and lounge areas. We saw good staff interaction with people. Staff were caring, kind and gave people time to make decisions for themselves. For example people were encouraged to join in with activities within the home but were not pressured into participating. We saw that staff showed patience and understanding with the people. They spoke with people in a respectful and dignified manner. We saw good interactions throughout our observation and throughout the day and the all the staff we observed showed respect and understanding to people and gave them time to make decisions for themselves.

When we spoke with people's relatives, everyone commented about the kindness the staff showed to their loved ones. One relative told us, "The staff are so caring; nothing is too much for them. I visit my husband every day and I think the care he receives is outstandingly good."

Another said, "I needed a place that would care properly for my husband, I am in here every day, and I cannot fault the care he receives. The staff also take care of me during my daily visits, they are all so kind."

Other comments included; "Great care," "Lovely staff," "The manager has completely changed the culture of the home for the better since she came here about 18 months ago. I would now describe the home as outstanding."

We saw best practice was being followed; for example one relative told us, "My mother has benefited enormously since the home introduced the Mamaste Care Programme for people with advanced dementia about nine months ago. The programme strives to maintain the highest quality life for people. It provides both physical and sensory stimulation based on the five senses. I have seen for myself how my mother has benefited from this programme. So much so, I am now working with the lead nurse who is showing me the correct techniques to use so that I can become more involved with the programme. We spoke with the nurse leading this programme. She told us the programme was developed in America in 2003 and is now wildly used in hospice services around the world. She described that those taking part received treatments for ten minutes every hour throughout the day. It involved one to one hand and foot massage, soft playing music, inhaling scents, gentle touch and speaking very softly. She told us that this had greatly reduced anxiety related behaviour, and for six people taking part, they no longer required anti-psychotic medicines to manage their behaviour.

Good

Is the service responsive?

Our findings

A life story document held in people's care plans contained information about their past and what mattered to them. Relatives had provided information about people's past and important people and events in their life, which helped staff to provide personalised care and support, particular to those people living with dementia

People told us that they were able to express their views about their care and said that staff did listen and act on what they said. For example, one person told us that they did not like to socialise and preferred their own company. They said, "I never feel lonely as the staff are always popping in for a chat." We observed that staff were caring and responded to people's needs.

Relatives told us that they felt they were kept informed about the health and wellbeing of their relative. One relative commented, "I feel that staff keep me well informed about my relative's welfare. I used to have a lot of anxieties, but these have reduced since they came to live here. I am very happy to have my relative here."

We saw that people were supported to maintain relationships with people important to them, such as family and friends. For example, one person told us that they were supported by the staff to see their husband in private. A relative confirmed that their relative was supported to maintain links with the local community, often visiting the pub and local shops.

One person told us, "I have friends and family who come quite often and there are no restrictions on visiting times.

During our second visit we observed people attending a craft session, and those taking part appeared to be enjoying the activity with staff. There was lots of laughter and friendly interactions. A few other people had chosen to spend time in quieter lounges or their rooms, watching television. We saw some people sitting in the music area singing along and tapping their feet to the music.

Staff told us that other activities included music therapy, board games, reminiscence, quizzes, cake baking and arts and crafts. The activities coordinator told us that they were planning to create a memory tree at the end of the corridor that led into the sensory garden. People told us they were particularly pleased when they could go "to the home's pub for a pint once or twice a week."

We looked at four people's electronic care records. We saw some good examples of person centred care and of how peoples' needs were to be met by care and nursing staff. We found every area of need had descriptions of the actions staff were to take. This meant staff had the information necessary to guide their practice and meet these needs safely. Staff we talked with gave us examples of the different ways they worked with people depending on their preferences. We looked at peoples' care plans which confirmed these ways of working had been written so staff would be able to give consistent support. For example, staff had specific ways of responding to people to guide and comfort them which took account of their dementia type illness and previous life experiences. Where people were at risk, there were written assessments which described the actions staff were to take to reduce the likelihood of harm. This included the measures to be taken to help reduce the likelihood of falls, weight loss and skin pressure damage.

When there was a transition between services, a copy of the electronic care plans could be easily printed to enable other health and social care professionals to see how people's needs should be met.

We saw there was a complaints procedure. We also saw there was information about how to complain displayed in the home. People living in the home said they had no complaints and were satisfied with the service provided. They also said they would have no hesitation in talking with the staff if they had any concerns. One person said "If I was not happy I would just tell them. It's the only way to get things sorted out." Another person said "If I was unhappy with something I would feel able to complain." Visitors we spoke with said they would talk to the manager or any of the staff if they had any concerns.

The registered manager told us she welcomed complaints as an opportunity to look in depth at the way services were provided and to improve the quality where this was needed. The registered manager kept a record of the complaints she had received. We saw she kept a record of the investigation she had carried out as well as details of the outcome. We also saw that the registered manager kept a copy of the letters she sent to people to tell them about the outcome of her investigation. We saw how the registered manager had invited one relative to discuss their

Good

Is the service responsive?

complaint about their family member's care at a staff meeting. The registered manager described to us how effective this had been at changing and improving staff care practice.

We asked staff what they would do if someone made a complaint to them. They told us they would treat even the smallest 'niggle' seriously and inform whoever was in charge that day so they could record and deal with it appropriately.

All of these measures meant people were given the support they needed to make comments or complaints.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

We saw that the registered manager worked alongside staff, when required and provided guidance and support. People, who used the service, and their family members, told us, "it's a well-managed home, the registered manager and staff are very committed to what they do, and they do it very well."

Another relative told us, "Since the manager was appointed about 18 months ago, she has turned this place around. There is a complete new culture that is both caring and nurturing."

When we spoke with staff, they told us that the registered manager was very supportive and approachable. Staff told us she is a strong leader but very fair. Comments included, "She leads by example and she has very high standards."

The registered manager showed us how she adhered to company policy, risk assessments and general issues such as trips, falls and incidents. We saw analysis of incidents that had resulted in, or had the potential to result in harm were in place. 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.

Prior to our inspection we asked the local authority who are the commissioners of the service and County Durham's healthwatch team for their views about the service provided at the home. They confirmed they had no issues or concerns about the service at the time of our inspection.

Systems were in place for the monitoring and reviewing of the service. Audits were completed on a monthly basis by the registered manager and senior staff. These included areas such as; infection control, falls, care plans, medication, nutrition and health and safety. Where improvements were needed, action plans were identified and then the actions were followed up the following month to monitor improvements. The quality regional manager also visited the home on a regular basis and undertook audits of all areas. These too were recorded and their findings shared with the registered manager. This ongoing assessment of service provision ensured the home was constantly developing in accordance with internal standards and external regulations.

We saw the service worked effectively with other health and social care professionals, such as; dieticians, speech and language teams, occupational and physiotherapists, end of life care specialists, care managers and dementia care specialists.

Staff said service had a positive culture that was person-centred, open, inclusive and empowering. We found staff had a well-developed understanding of equality, diversity and people's human rights. All of these were confirmed by people who used the service and their representatives.

We were told satisfaction surveys were distributed to people who lived at the home and their relatives so that they could provide feedback about their experience and provide any comments they may have. We looked at six relative surveys that had recently been returned. All were very complementary about the service provided.