Sanford House Limited

Sanford House Nursing 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

Sanford House Nursing Home provides accommodation and nursing and personal care for up to 40 people. There were 39 people living in the home on the day of our inspection. The home is divided into two areas. The Carrick unit provides care to people who have nursing needs. The Shannon unit provides care to people who are living with dementia.

This inspection took place on 31 January 2017 and was unannounced.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

At the last inspection December 2015, we asked the provider to take action to make improvements to the cleanliness of some areas of the home and equipment that people used. At this inspection, we found that the necessary improvements had been made. Most areas of the home were clean as were people's rooms and the equipment they used.

People received good quality care from staff who were well trained, kind and compassionate. There were enough staff working in the home to meet people's needs and preferences. Staff were polite, thoughtful and treated people with dignity and respect.

People were able to make choices about their care and they were encouraged to maintain their hobbies and interests to enhance their wellbeing.

Systems were in place to protect people from the risk of abuse and avoidable harm. Risks to people's safety had been assessed and actions taken to reduce these risks as much as possible. Most people had received their medicines when they needed them.

People received enough to eat and drink to meet their needs and were supported to maintain their health. Their consent was sought when this was appropriate and where people could not consent to their care themselves, any decisions made for them by the staff were done in the person's best interests. This was in line with relevant legislation.

There was an open culture within the home. People and staff were involved in the running of the home and were able to contribute their ideas on how to improve the quality of care people received. These were listened to and implemented. People and staff could raise concerns without hesitation and these were listened to and dealt with quickly for the safety and satisfaction of the people living there.

Good leadership was demonstrated. The registered manager and staff understood their roles and

responsibilities. The registered manager improved their knowledge about social care by keeping up to date with best practice within this area. This was used to drive improvement in the quality of care provided to people.

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.

Systems were in place to reduce the risk of people experiencing abuse or harm.

There were enough staff to meet people's needs.

Staff had been recruited using a robust recruitment process.

Risks in relation to the premises were managed well.

Is the service effective?

Good

The service was effective.

Staff had received enough training and supervision to enable them to provide people with effective care.

Consent was sought from people in line with the relevant legislation.

People received enough food and drink to meet their needs.

People were supported with their healthcare needs.

Is the service caring?

Good

The service was caring.

Staff were kind, polite, caring and treated people with dignity and respect.

People were able to make decisions and choices about their care.

Is the service responsive?

Good

The service was responsive.

People received care based on their individual needs and preferences.

People had the opportunity to take part in activities and maintain their interests and hobbies.

There was a complaints procedure in place and any complaints people raised were fully investigated.

Is the service well-led?

Good

The service was well-led.

There was an open and transparent culture within the service where people and staff felt comfortable to raise concerns.

People were supported to make suggestions to improve the quality of the care they received.

Systems were in place to monitor the quality and safety of the service.

Sanford House Nursing 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 was 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 31 January 2017 and was unannounced. The inspection team consisted of two inspectors and an 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.

Before the inspection we reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us. We also requested feedback from the local authority quality assurance team and the Clinical Commissioning Group.

During the inspection, we spoke with seven people who live at the home and seven visiting relatives. We also spoke with six members of staff that included nursing, care, kitchen and maintenance staff, the registered manager and regional manager who represented the provider and a visiting healthcare professional. We spent time observing how staff interacted with people and the care they received.

We looked at the care records of five people in detail and 15 people's medicine records. Other records in relation to staff training and recruitment, the safety of the premises and how the registered manager and provider monitored the quality of care given were also viewed.

Good

Is the service safe?

Our findings

At our last inspection in December 2015, we found that some areas of the home and equipment that people used was unclean which increased the risk of the spread of infection. This resulted in a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan that detailed the improvements they planned to make. They told us these improvements would be made by the end of February 2016. At this inspection, we found that the necessary action had been made and that therefore, the provider was no longer in breach of this regulation.

The communal areas of the home were clean. We checked some people's rooms, their bedding and some equipment they used and also found these to be clean. We saw staff following appropriate practice to protect people from the risk of the spread of infection, such as wearing gloves and aprons when supporting people with personal care. One section of the home, within the Carrick unit, had a malodour that remained throughout the day. We brought this to the attention of the registered manager who agreed to investigate it.

People were protected from the risk of abuse or avoidable harm. All of the people that we spoke with told us that they felt safe living at Sanford House Nursing Home. One person told us, "I certainly feel very safe here." Another person said, "I think I am safe here. Nobody worries me and the staff are very kind." The relatives agreed that their family member was safe. One relative said, "I would like to see [family member] at home but as [family member] is here I feel they are safe here."

The staff were clear about how to protect people from the risk of abuse. They understood what abuse was and the various forms it could take and told us they would report any concerns they had to the registered manager or the nurse on duty. They were also aware that they could report it to other organisations outside of the home if they needed to.

Staff had the necessary information to support people safely and where required, they had assessed risks to people's safety. They were able to tell us what steps they took to keep people safe and we observed that the identified actions to reduce risks of people experiencing harm had been put in place. For example, to reduce the risk of people developing a pressure ulcer, they were using specialist equipment. During the inspection, staff were seen to use effective techniques to distract and calm people who became upset and distressed. This diffused potential situations that may have been a risk to the safety of other people living in the home and the staff.

The staff had recorded any accidents or incidents that had occurred and the registered manager had reviewed these to see if changes were required to people's care. Advice from healthcare specialists such as the falls prevention team had been sought when necessary.

The premises were well maintained. Fire exits were clear so that people and staff could leave unhindered in the event of a fire. The registered manager assessed and reviewed risks in relation to fire, legionella and gas safety. They had completed this regularly to ensure any actions required to reduce the risk of harm to people were in place. Records showed that lifting equipment such as hoists and slings had been serviced in

line with legal requirements.

There were sufficient numbers of staff on duty to keep people safe and to meet their needs. All of the people we spoke with told us that this was the case although some said on occasions, the staff were very busy. One person told us, "I know if I need any help then I just need to press my buzzer and they will come and help me." Another person said, "I think the staff are really helpful and generally respond well to the buzzer. We are not neglected but there are times when they are pushed for time." A further person told us, "They respond pretty well but they could do with a couple more when they very busy. They are always there for me." The relatives we spoke with said they felt there were enough staff to meet there family member's needs. One relative said, "They are very good at coming when [family member] presses the buzzer."

All of the staff we spoke with told us there were enough of them to meet people's needs and to keep them safe. They said they were able to provide people with the care they required. This included support for personal care, supporting people to re-position themselves regularly where they were at risk of developing pressure ulcers and offering them plenty of food and drink. They added that they were usually fully staffed and that if staff were absence at short notice, other staff were available to cover for them. We observed that people's requests for assistance were answered quickly and that staff were available to support people when needed.

The registered manager had calculated the number of staff required to work in the home based on people's individual needs. They told us this was regularly reviewed in line with people's changing needs. Any unplanned staff absence was covered where able, either by existing staff who worked in the home or agency staff.

The registered manager had conducted the required recruitment checks prior to staff working in the home. This was to ensure that staff were suitable for working within a care environment. These included obtaining references from the staff member's previous employers and a Disclosure and Barring Service (DBS) check prior to commencing employment at Sanford Nursing Home. The (DBS) helps employers ensure staff they recruit are of good character and therefore suitable to work with people who use care and support services.

All of the people we spoke with told us they received their medicines when they needed them. One person told us, "They are very good at making sure that I take my tablets when I need to and they don't leave until I have done it." Another person said, "I always get my tablets on time." The relatives we spoke with agreed with this.

Twelve people's medicine records indicated they had received their medicines when they needed them. However, we found gaps in three people's records which implied this may not have been the case. We discussed this with the nurse on duty and discovered that two of these medicines had been given but the record had not been updated to reflect this. For one person, we found they had not received their required medicine on two occasions in January 2017. We spoke with the registered registered manager about this. They told us they conducted an audit of people's medicines each month and had therefore not yet looked at the completion of the records we looked at. They agreed to review this audit to ensure it was effective at identifying potential medicine errors in a timelier manner.

Medicines were kept securely for the safety of the people living in the home. There was clear information in place to guide staff on when to give certain medicines such as those that were used for occasional use only. We saw that the nurses followed good practice when giving people their medicines. Records confirmed the deputy manager had assessed their competency regularly to ensure the nurses were safe to carry out this task.

Good

Is the service effective?

Our findings

The staff had the knowledge and skills to provide people with effective care. All of the people and visiting relatives we spoke with said they felt the staff were well trained and provided them/their family member with good care. One person said, "Oh yes, they certainly know what they are doing for me." Another person told us, "I think they know what they are doing." A relative told us how the hard work of the staff had improved their family member's wellbeing.

All of the staff we spoke with told us they received sufficient training to enable them to perform their role effectively. Training was provided in a number of different subjects including but not limited to; supporting people to move, safeguarding people from the risk of abuse, infection control and dementia. The registered manager told us they sought other training for the staff to help them meet people's individual needs. This included training in pressure care, nutrition and hydration and how to support people who had experienced a stroke. We observed staff using safe practice throughout the inspection.

The staff told us their competency to perform their roles effectively was regularly monitored by the nurses and the registered manager. They also said they felt fully supported to develop within the home and that they were encouraged to complete qualifications in health and social care. The nursing staff we spoke with confirmed they were given time to complete their continuous professional development as is required by their regulatory body.

We saw that the registered provider had systems in place to ensure staff received the induction training they required to carry out their roles. The staff told us this involved new staff shadowing an experienced member of staff for a period of time before they were able to provide care on their own. This was only allowed once the new staff member had been deemed as being competent to provide care to people.

Consent was sought from people in line with the relevant legislation. People told us their consent was always sought before staff performed a task. One person told us, "They generally ask if it's alright to do things for me." Another person said, "When they are doing things for me they do talk to me." A relative told us, "They always ask [family member's] permission before they do anything. This helps [family member] understand what is going on."

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.

Mental capacity assessments were in place and detailed the extent to which people could make decisions and where they required support. Staff we spoke with had a good understanding of the MCA and we observed them demonstrating the principles of the MCA during the inspection. For example, staff were observed to always seek consent from people prior to completing a task. Where people found it difficult to

consent, staff supported the person by, for example, showing them the food or drink on offer so they could make the decision themselves. The staff when spoken to, were aware that any decisions they made for people had to be in their best interests.

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. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had assessed people living in the home in relation to DoLS and where they felt this was necessary, had made an application to the appropriate organisation for approval. Some of the DoLS had been approved and we saw the registered manager had ensured that any conditions attached to these approvals were being met and regularly reviewed.

People received enough to eat and drink to meet their needs. People told us they liked the food and that they received enough to eat and drink to meet their needs. One person told us, "The food is not too bad here." Another person said, "The food is quite good here but I'm not a fussy eater. I can always get a drink whenever I want one and they bring me hot drinks round several times a day." A relative told us, "The food is aright and I come on a Sunday to have lunch with [family member] which is nice." Another relative said, "Since being here [family member] has put on weight which is good."

We observed the lunch time meal in both the Carrick and Shannon units. Both of the dining areas were tastefully furnished and set up with napkins, flowers, tablecloths and menus. A number of people were supported into the dining room to have their lunch, which was a social occasion.

People were offered a choice of meal and drinks. Where people required support to eat and drink, this was provided by the staff. Staff engaged with people in polite conversation and people were offered a second portion or an alternative meal if appropriate. We spoke to the catering staff at the home. They had a good knowledge of people's individual dietary preferences and requirements such as whether people needed to have a soft or pureed diet for their safety. They told us the care staff communicated this information to them effective to ensure they had a good understanding of people's dietary needs.

Snacks such as cakes, biscuits, sausage rolls and yoghurts were readily available to people between their meals if they wanted them. For people who had lost weight, their food was fortified with extra calories and high protein drinks such as milkshakes were offered to them. People who were at risk of not eating or drinking were closely monitored and specialist advice was sought and implemented when needed. For example, some people had been prescribed 'build up' drinks and we saw these were regularly offered to people to help them put on weight.

Following feedback received from people about the food, taster evenings had been introduced. These happened regularly and gave people the opportunity to try different foods such as Italian food or tapas. A 'sherry and shortbread' tasting session had also been introduced once per week. This occurred on the day of the inspection and we observed some people enjoying this experience.

Most people had access to drinks throughout the day. We did observe two people whose drinks were out of their reach which we advised the registered manager about. They told us both people could drink independently and said that drinks should be in their reach. They agreed to speak to the staff about this and monitor that drinks were always available to people when they needed them.

People were supported to maintain good health. Everyone we spoke with told us they saw healthcare

professionals regularly to help them maintain their health. One person said, "I can get to see the doctor whenever I need to and I am waiting for an eye test today." Another person told us, "If I need the doctor then they arrange it." One relative told us, "The nurses are very good. The surgery nurse comes each day to check on people which is very good as it keeps an eye on them."

A healthcare professional told us that staff acted quickly if they were concerned about people's health and that they were contacted regularly in respect of this. They said that their advice was always followed and they found staff to be knowledgeable about people's health needs. People were able to access the appropriate healthcare support such as the GP, dentist, speech and language therapist and community nurse to meet their health needs.

Good

Is the service caring?

Our findings

The staff had developed positive and caring relationships with the people they supported. All of the people we spoke with told us the staff were kind and caring. One person said, "I would say the care I get is really good. They are there when I need them. I think they understand me and I know that I can talk to them and explain what I want and what I am feeling." Another person told us, "The staff really look after me really well. They make me smile."

A relative told us how the staff knew their family member very well and interacted with them regularly. They said this was important and that they could see this made their family member happy. Another relative said, "The staff are so kind, it gives me total peace of mind [family member] being here. Nothing is too much trouble and they all speak so nicely to people. They get to know people and know what makes them laugh." A healthcare professional told us that they always witnessed staff being kind and caring to people and treating them with dignity and respect.

It was evident from our conversations with staff that they knew the people they supported well. Staff spoke of people in a respectful manner and with kindness and compassion. People's life history had been explored when they moved into the home and the staff told us this helped them to reminisce with people and strike up conversations with them.

During our inspection we listened to and observed staff as they were working. We noted that conversations with people were kind and respectful with people being given explanations as to what was happening. Staff gave people time to respond to them when they asked a question and got down to people's eye level when speaking with them. Where people could not verbally communicate, the staff used different techniques such as hand gestures to determine how people felt or if they needed any support. Staff provided comfort when needed through holding people's hands and listening to them when they had a concern. We saw that people were often smiling and looking happy in the presence of staff.

People were supported to express their views and make decisions about their care. One person told us, "The really nice thing is that I can make choices about what I want to do and what I don't want to do." Another person said, "I can decide for myself what I want to do and they help me do that." A relative told us, "The staff always give [family member] choices. That's automatic and we were asked about the care before [family member] moved in." Another relative said, "They make sure that [family member] can do what they want to do when they want to do it."

Throughout the inspection, we heard staff offer people choice so they could make a decision about their care. For instance, we heard people being asked if they were ready for their lunch and where they would like to eat it. This provided people with choices about their meals and their dining experience. People were asked if they wanted to join in with activities or what they wanted to drink or what to wear. Regular meetings were held with people and their relative if required to talk about the care that was being received. This was completed with a staff member where all aspects of the person's care was discussed and any changes required agreed.

The people we spoke with and the visiting relatives all told us that they/their family member was treated with dignity and respect. Staff told us how they protected people's dignity and privacy. Examples given included closing curtains and doors when providing personal care, knocking on people's doors before entering their rooms and listening to people and respecting their decisions. We observed that staff put these in place when providing care and support to people. One person spilt their cup of tea on the floor when they stood up from the chair. The staff member present quietly helped clear up the spillage without drawing attention to the person or the accident.

Good

Is the service responsive?

Our findings

All of the people we spoke with told us they received personalised care that was responsive to their needs. The visiting relatives agreed with this. One person told us, "I can choose when I do things and how want to spend my day. I prefer to stay in my room." Another person said, "I get up when I want and I go outside on better days when my scooter is charged up." A relative told us, "The staff are very good at helping [family member] do what they want to do. They put [family member] in their wheelchair so they can take them out into the garden in the better weather." Another relative said, "They have made such a difference with [family member]. With support they have made really good progress and are much better than when they first came in. The one to one has really helped and [family member] is more like their old self."

The staff we spoke with told us they were able to meet people's preferences such as what time they liked to get up in the morning and the gender of carer to support them with their care. Staff were knowledgeable about people's individual likes and dislikes and how they liked to be cared for. We observed staff being responsive to people's individual requests for support throughout the inspection. Staff also had time to talk with people and engage them in conversation.

Before people moved into the home, a full assessment of their individual needs and preferences had been made in conjunction with them and if required, a relative also. Following that assessment, the staff had developed a record of their care. This provided clear information for staff to guide them on how the person wanted to be cared for. Areas such as personal care, eating and drinking, communication and social needs and hobbies had been assessed. The staff had regularly reviewed the care records to ensure the information was an accurate reflection of the care people required.

The care records contained a lot of information about people's needs. Therefore, a summary of people's individual needs was kept in their room. This was so that new staff or any agency staff who may be working in the home, could easily access key information about the support people required to facilitate them receiving the care in the way they preferred.

People told us they maintained hobbies and interests with the support of the staff. On the day of the inspection, people were seen to enjoy playing skittles or singing and dancing and watching a movie. We spoke to the activities staff member who had a good understanding of people's interests and hobbies. They told us that activities such as quizzes, crafts, reminiscence, singing and exercises were offered to people if they wished to participate. They also told us they were able to take people into the local community to visit the shops and have a coffee. A visit to the local bowling centre was being arranged for people who had enjoyed bowling before they moved into the home. A minibus was also available to take people further afield.

Within the Shannon unit there were many tactile items that people could touch, feel and pick up to stimulate their senses. Some people were seen carrying these items and taking comfort from them. For those people who were being looked after in their room, the activities staff member told us they had time to speak to them on a one to one basis. Families and friends were also encouraged to visit. One relative told us,

"I can visit at any time, it's not a problem. The care here is just wonderful." There was a newsletter that was issued regularly to tell people about what was planned for the home.

The staff had introduced a "wish tree" into the home. Details of people's wishes had been written down and hung on the tree. The staff did their best to accommodate these wishes and if the person was unable to communicate their wishes, the registered manager and staff encouraged friends and relatives to tell them what the person may have wished for. Some people had said they wanted to visit Austria. Unfortunately this was not possible so the staff team had brought Austria to the home. This had involved staff and the registered manager dressing up in traditional Austrian costume, with Austrian music and food and drink. Another person had wished to visit Scotland. Again the staff had brought Scotland to the person by holding a day celebrating everything Scottish. Photographs of these occasions had been taken and we saw that people had enjoyed these days.

One person had a wish to go on a train. The staff had therefore taken them on the local steam train. The registered manager told us that this had brought them and the person's relative to tears to see how much the person had enjoyed it. Another person had been taken to watch their beloved football team play a match. These were good examples of how the home had innovatively provided person-centred care to people to enhance their well-being.

People and visiting relatives told us they did not have any complaints but that if they did, they felt confident to raise them and that they would be dealt with quickly. One person said, "I know if I have any problems I know I can talk to the manager and they help sort it out." Another person told us, "I just need to speak with the manager. [Registered manager] is very approachable." A relative said, "We have no complaints about the care [family member] gets." Another relative told us, "I have no complaints. They are doing a great job for [family member] and have made a real difference to their life."

The provider had a system in place to capture and investigate any complaints or concerns that had been raised. We looked at one complaint in detail and saw that the registered manager had fully investigated into the matter and involved the person who had raised the complaint. Details of how to raise a concern were given to people when they first moved into the home and discussed with them regularly during reviews of their care. We were therefore satisfied that people were encouraged to raise concerns and that these were dealt with appropriately.

Good

Is the service well-led?

Our findings

There was a positive culture in the home which was open and inclusive. Good management and leadership was demonstrated. All of the people we spoke with told us they were happy living in the home and that they felt the it was well-led. Everyone we spoke with said they would recommend it as a place to live. The visiting relatives we spoke with agreed with this. One person told us, "I am very happy here and I have recommended it to other people. The manager is very approachable and often comes in to have a chat." Another person said, "I am happy here. I don't think I could find a better place to stay. I would recommend it to anyone." One relative told us, "We are very happy with the level of care given. [Family member] is very happy here." Another relative said, "[Registered manager] has really improved the home an awful lot. They fix things and get new furniture. [Registered manager] is involved and always comes around and chats to [family member] and me."

All of the staff we spoke with were happy working in the home. They told us their morale was good, that they received support and direction from the senior staff, understood their roles and responsibilities and felt valued. They said they worked well as a team and worked hard to provide people with good quality care that met their needs. The staff felt the home was led well and that the senior staff were approachable and open. They had confidence that if they raised any concerns about the quality of care being provided, that these would be listened to and dealt with appropriately. All of the staff we spoke with said they would recommend the home to others and would be happy for their relatives to receive care in the home.

The registered manager had an open door where people, relatives and staff could go and chat with them if they wished to. We saw the registered manager regularly speaking to people and relatives during the inspection and providing direction to the staff. The registered manager had been working in the home for a number of years and knew the people they provided care for well. They were passionate about providing people with good quality person-centred care. They were continually looking to improve the quality of care provided through the conduct of regular audits and seeking the views of people living in the home, relatives and the staff.

The registered manager had established links with the local community. This included the local school which had visited the home to sing carols to people during Christmas. Some people had attended the Christmas lunch at another school in the area. Children from a local stage school also visited the home on occasions to provide entertainment to people and links had been made with another company who provided a pantomime at Christmas.

The registered manager was pro-active in keeping up to date with best practice within social care. Regular meetings were held with managers of the provider's other homes. We saw from minutes of these meetings that issues of concern were discussed to encourage learning across the provider's services. The registered manager had signed up to receive regular bulletins from local education sources. Having taken this action ensured they received details of any training courses that were available in the local area for staff, which some of them then attended. This helped to increase staff knowledge and skills for the benefit of the people living within the home.

Since our last inspection, the provider had been refurbished some areas of the home. This included the introduction of a reminiscence room that people could use. This had a homely feel containing a cosy fire place and a grandfather clock.

The provider had systems were in place to monitor and improve the quality of the home. The registered manager carried out a number of regular audits and checks including audits of health and safety, infection control and care records. These were reinforced by the additional audits and checks that the regional manager undertook. Meetings were held with senior staff regularly to evaluate that appropriate action was being taken where people were at risk of falls, not eating or drinking or of developing pressure ulcers. The training that staff completed was monitored to ensure their skills were up to date and relevant.

Records, and our discussions with the registered manager, showed us that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered manager had an understanding of their role and responsibilities.