

London Borough of Hounslow

Sandbanks Resource Centre

Inspection report

Beattie Close
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Middlesex
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Tel: 02085835050

Date of inspection visit:
25 February 2019
27 February 2019

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21 March 2019

Ratings

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

Overall summary

About the service:

Sandbanks Resource Centre is a care home and is run by the London Borough of Hounslow. It provides 24 hour care for up to 62 people who are no longer able to live independently at home. The home is situated within a residential area of the London Borough of Hounslow. At the time of our visit there were 56 people using the service.

People's experience of using this service:

- The provider had a procedure in place for the management of medicines and care workers had completed training to support them in administering medicines in an appropriate manner.
- People told us they felt safe living in Sandbanks Resource Centre. The provider had a procedure in place to investigate and respond to any concerns raised regarding the care provided.
- There were adequate numbers of care workers deployed around the home to ensure people's support needs were met.
- We saw risk assessments and risk management plans had been completed where a possible risk to a person's health and wellbeing had been identified
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The provider had a robust recruitment process in place. Care workers completed training identified as mandatory by the provider with regular supervision and an annual appraisal.
- People were supported to access a range of healthcare professionals to support them with their care needs.
- People told us they were happy with the care they received and care workers respected their privacy, dignity and independence.
- Care plans identified people wishes as to how they wished their care to be provided. A range of activities were organised for people and they told us they enjoyed them.
- The provider responded to complaints in an appropriate manner.
- The provider had a range of processes in place to monitor the quality of the care provided.
- People and the care workers we spoke with felt the service was well-led.

Rating at last inspection: At the last inspection the service was rated Good (report published 06 September 2016).

Why we inspected: This was a planned inspection to check/confirm that this service remained Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. We may inspect sooner if we receive any concerning information.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led

Details are in our Well-Led findings below.

Sandbanks Resource Centre

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, a member of the medicines team and two experts 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:

Sandbanks Resource Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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:

The inspection was unannounced on the first day and we informed the registered manager that we would be returning on the 27 February 2019.

What we did:

Before the inspection we looked at all the information we held on the provider. This included notifications from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

We also looked at the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections. The provider sent this information on 11 July 2018.

During the inspection we spoke with the registered manager, the head of regulated services and seven members of staff. We reviewed the care records for six people using the service, the employment folders for four care workers, training records for all staff and records relating to the management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

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

Using medicines safely

- The provider had a policy for the management of medicines and a copy of the policy was kept with the medicines administration record (MAR) charts in each unit. The care workers had completed medicines training as part of their mandatory training programme to develop or refresh the skills to manage medicines safely.
- We saw the records for people who had their medicines administered covertly (medicines hidden in food or drink) did not clearly record the reason for the person's medicines to be administered in this way. We raised this with the registered manager who introduced new covert medication forms by the second day of the inspection which identified the reason for covert administration.
- MAR charts were completed appropriately and signed when people received their medicines. The quantity of medicines in stock was also checked periodically to ensure people had received their medicines as prescribed. This help to confirm that people were receiving their medicines as prescribed. The provider had completed regular audits of the MAR charts and where any issues had been identified these were addressed appropriately.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in Sandbanks Resource Centre and when they received support from care workers. Their comments included "During the night we feel very secure" and "Very secure. We are under constant supervision. Staff know more than we do about our cases. They know we are apt to fall and say, "Pick up your Zimmer frame"."
- The provider had a procedure in place to respond to any concerns about the safety of people and allegations or suspicions of abuse. During the inspection we reviewed the safeguarding records and we saw they included copies of detailed information relating to the issue, correspondence and the outcome of the safeguarding concern.

Assessing risk, safety monitoring and management

- We saw risk assessments had been completed and risk management plans had been developed where a possible risk to a person's health and wellbeing had been identified. These were regularly reviewed and provided guidance for care workers on how they can reduce the possible risk.
- People could either use the call bell in their bedroom or they could choose to wear a pendant alarm to alert care workers if they required help. The majority of people we spoke with told us staff responded quickly when they had pressed their call bell. There were also sensors on the bedroom doors to alert care

workers if anyone enters or leaves the bedroom. This help to monitor people who might be at risk of falls.

- A personal emergency evacuation plan (PEEP) was in place for each person which provided detailed information on how to support the person to evacuate the building in case of an emergency.

Staffing and recruitment

- People told us there were enough care workers on duty to provide their care but there were times when there were not enough. Comments included "Yes [there is enough staff], but sometimes they're short staffed when staff are off sick" and "Don't think the care workers have enough time." A relative said "Every time I come, there are two or three staff present."
- The number of care workers in each unit was based upon the level of support required and the number and needs of the people living in the unit. There were two care workers on each unit during the day with a floating care worker based on the ground floor and five care workers providing support across the units at night. If additional support was required care workers would provide short term cover from another unit.
- The provider had a robust recruitment process in place. The provider's human resources department processed the application for new staff which included requesting two references and the completion of a criminal records check. During the inspection we were unable to review the recruitment paperwork for staff as this was held by the provider's human resources department. We looked at the records for four care workers and we saw notes with confirmed all the checks required by the provider had been completed before they started work at the home.

Preventing and controlling infection

- We asked people for their views on the cleanliness off the home and they told us "Nice and clean. Carers wash their hands very often" and "The place is spotless." We saw housekeeping staff worked around the home to ensure it was clean and free from malodours.
- Care workers were provided with personal protective equipment (PPE) for example gloves and aprons to use when providing care. Care workers had completed infection control training as part of their induction and training considered mandatory by the provider.

Learning lessons when things go wrong

- The provider had a procedure in place to learn from the outcome of incidents and accidents and complaints.
- We saw that when an incident and accident occurred, a form was completed with details of the incident, who was involved and the action taken to investigate these with the outcomes. This information was also transferred to the computerised system which was used to review the records and identify any trends. A log sheet was also completed to record the information about the incident.

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

Good: ☐ 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

- Before a person moved into the home a detailed assessment of their support needs was completed. The registered manager explained a referral would be received from the local authority detailing the person's support needs. If these needs could be met by the home a face to face assessment was arranged with the person and their relatives. The information from the assessment was used to develop the person's care plans and risk assessments.

- People were also encouraged to visit the home and meet other people living there before making a decision to move to the home.

Staff support: induction, training, skills and experience

- Care workers had completed a range of training to enable them to provide care in a safe and appropriate manner. Care workers confirmed and records demonstrated they had completed a range of courses identified as mandatory by the provider which included moving and handling, fire safety, supporting people with dementia and skin care.

- New care workers completed an induction programme and shadowed an experienced care worker when they started their role at the home.

- We saw records that showed care workers had regular supervision sessions with their line manager and an annual appraisal. Care workers told us they found the supervision meeting with their line manager very useful and helpful in their day to day work.

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

- People we spoke with told us they were happy with the meals provided in the home and had choice. They told us "The food here is excellent. They ask the day before what you want to eat the next day", "I really like the food and the options they give me. I can have the vegetable option of the roast", "Every two to three days we are offered new laid eggs. The carers have a list of choice of the day, even to our breakfast like cereals and toast" and "The food is very nice. One day it's English, the next day it's Asian."

- We saw picture menus were used in all the units and there was one for each day with large, clear pictures and care workers also explained to people what the meal options were and supported them to make a choice. The menu included a themed international meal day once a week and we saw these include a Greek, Italian, Chinese and Asian day every month.

- There was detailed information in the kitchen identifying each person's specific nutritional requirements for example pureed, diabetic or fortified diets. During the inspection we saw people were supported to choose their meals, care workers sat with people who needed support or encouragement to eat and people were offered additional food during meals if they were still hungry.

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

- Each unit had rooms which were well lit, the lounge and dining room had enough room to accommodate all the people living in that unit and the corridors were well lit with hand rails.
- The communal toilets located near the lounge in each unit did not have any signage to enable people to identify it as a bathroom. We raised this with the registered manager who told us they were in the process of reviewing guidance on providing a dementia friendly environment to improve the signage around the home.
- People could access the garden which was wheelchair friendly and had a pond, seats and an area to see the chickens.
- Bedrooms had room numbers and memory boxes located on the wall outside the room as objects of reference and people had been supported to personalise their own bedroom.

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

- People confirmed they were able to see the GP and other healthcare professional when necessary. One person told us "The doctor comes regularly. He's really good. Staff organise a dentist visit. The chiropodist came yesterday."
- The care plans identified the contact details of the GP and any other healthcare professional involved in the person's care. The majority of people were registered with the same GP but they could choose a different one of they wished. Records of each visit from a healthcare professional were kept in the person's care folder and the care plan was updated if a change had been identified in their support needs.
- Each person had a hospital information sheet as part of their care plan which included information on the person's medical conditions, their support needs and the contact details for the person's relatives.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where there were signs that people might not have the mental capacity to make decisions, appropriate mental capacity assessments were carried out to assess if the person was able to consent to the care and support they required. The person's care plans identified how care workers could support the person to give consent and make choices. Where people could not give consent, we saw that appropriate best interests decisions were made and recorded.
- We saw where a person had been identified as lacking capacity an application for DoLS had been made to the local authority. There was a record maintained to indicate when each person's application had been made, when it was authorised and if any conditions had been made as part of the authorisation.

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

Good: ☐ 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 told us they were happy with the care they received at Sandbanks Resource Centre. Their comments included "Staff are very polite. I like it here, nice and cosy", "They're wonderful", "20 out of 20 - no problem", "Wouldn't like to be moved from here. It's very nice" and "The night staff are good." One person told us "I'm not disgruntled about anything. It comes natural to the carers. We have a key worker. Mine is marvellous. She cuts my nails, even sews a button back on my shirt. She left me a birthday present."

- We saw care worker supporting people in a kind and caring way and they had a good understanding of how people wanted their care provided. People told us they felt the care workers were kind and caring.

- We asked the registered manager how staff had been supported to promote a LGBT+ (Lesbian, Gay, Bisexual and Transgender) friendly environment at the home. The registered manager explained all staff completed diversity training as part of their mandatory training which helped them understand the needs of people from a range of backgrounds. They also told us that if a person required additional support from voluntary or support organisations they would assist them in any way the person wished. The provider had a policy on supporting people with their sexuality.

- People's religious and cultural needs were identified in the initial assessment and in the care plan. People told us "The Baptist Church comes in once a month. Our own vicar comes on a Wednesday and takes communion" and "We have people coming here from different denominations. I used to be in a church choir. So, I know the hymns of the service here." People were supported to attend the services run by local religious groups every month.

- On one unit there were people with an Asian background and a care worker told us "I like communicating with them in their language. It's my second language. This person feels "at home" when I talk to her in the same language. We joke together. I talk the same language as two people." People were also supported to attend an Asian Women's Group which was held at the day centre located next to the home.

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

- People told us they felt they were involved in decisions about their care and most people told us they felt involved in the way the service was provided. Their comments included "Yes, they discuss my care with me", "Yes my relative comes to meetings about what they're doing to me" and "If I have any queries they'll answer my question or direct me to a person who can. It gives a feeling of satisfaction."

Respecting and promoting people's privacy, dignity and independence

- People told us care workers respected their dignity and privacy when they provided care. Their comments included "Yes, they're polite and friendly", "They're thoughtful", "Yes, they help with washing and dressing. They don't bat an eyelid" and "They are like family." Care workers we spoke with showed they had a clear understanding of how they could support the person in maintaining their privacy and dignity when receiving care. The care workers explained they would ensure the doors and curtains were closed and they would cover the person with a towel during personal care.
- During the inspection we saw care workers encouraged people to be as independent as possible. Where a person could walk unaided or eat their meal without support the care workers reminded the person that if they needed help, they just needed to ask. People told us "They try to do this. I can get up from this chair, and walk to the table with the frame and walk to my room and down the corridor" and "Every morning I'm first at breakfast because I can serve myself and make my own coffee." A relative commented "She's encouraged to use her Zimmer frame."

Is the service responsive?

Our findings

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

Good: ☐ 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

- People's care plans identified how they wished their care to be provided by care workers. The care plans included information about the person's preferences for the morning and bedtime routines, personal care and meals.

- The care plans were reviewed every month in case of any changes in the person's support needs with a more detailed review every six months. An annual review was undertaken with the person's social worker and their family to ensure the person's needs were being met.

- Care workers completed a detailed record of the care and support they have provided to people on the unit during their shift so it was clear how people were being supported and to demonstrate they were following people's care plans.

- We asked people for their views on the activities organised around the home. Some people told us "I like the singing. That's all I can do. Some things are boring me so much", "We have a quiz. It helps you remember things. We talk about memories" and "We have special functions. The activities lady helped me decorate the room for Valentine's Day. They ask for your suggestions." Other people told us they chose not to be involved in the activities.

- There was an activity coordinator on duty seven days a week at the home and people could also access events at the day centre next to the home. During the inspection we saw activities were organised in the units and around the home. There was an activity room which was in use throughout the day and there were chickens living in the garden and people were helped to visit them and stroke them if they wanted to. The registered manager explained the eggs collected from the chickens were used at the home for meals and in cakes for special occasions such as someone's birthday. There was a hair salon at the home and a hairdresser visited the home twice a week and people were offered manicures and nail care once a week as part of a pamper day.

Improving care quality in response to complaints or concerns

- The majority of people we spoke with told us they knew how to raise a concern or complaint and their comments included "I would go to the manager. But haven't needed to complain" and "My relative would complain for me. We did complain once about the time taken sometimes to answer the bell and it did improve."

- Information on how to make a complaint was displayed in each unit. During the inspection we looked at the complaints records and we saw the complaints that had been received had detailed information on any investigation with what actions had been taken and a copy of the response to the person who raised the

complaint.

End of life care and support

- Care plans included information in relation to how people wanted to be cared for at the end of their life. The section in the care plan identified if the person wished to remain at the home for as long as possible or if they wanted to receive support elsewhere. The plan also identified if the person wanted their relatives involved in any decisions and if they wished to be resuscitated should they stop breathing or if their heart stopped. Information was also on file if a person had a funeral plan in place and who should be contacted.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The majority of people we spoke with told us they felt the registered manager was nice, friendly and had regular contact with people using the service. Their comments included "I like them on the whole. They come quite regularly and chat to me. I'm extremely happy here", "They're O. K., friendly. The manager sometimes comes in to talk to me in my room" and "[Name] is the manager here she is very good. Any problems can talk to her." Relatives commented "When you come into the home to visit [your family member], you are treated with respect by the staff and you are made to feel like part of the family here. It's a really wonderful home" and ""They are great. They go out of their way. They have the patience of a saint."
- Staff we spoke with told us they were supported by the senior management in their roles and they felt there was an open and honest culture. Care workers told us "You can go and speak with the manager whenever you have a question or problem – you just need to knock on the door and ask" and "Each unit is like a family and as we are the care workers who are on this unit we get to know the people really well. If you have a day off and come back you can notice if something is not right with a person. The people in the unit say they miss us when we are not at work and we are a family group."

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

- The registered manager had a clear understanding of their role and responsibilities and had experience of working in another care home and running a day centre for the provider.
- The head of regulated service for the provider was based in the same building and they were a regular presence in the home.
- There was a clear management structure in place with a deputy manager, assistant manager and duty senior care workers who provided support for the care workers supporting people in the units.

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

- A quarterly newsletter was sent to people using the service which included information on activities and birthdays. Staff also received a regular briefing newsletter providing updates on good practice and developments within the service.

- The registered manager explained a questionnaire has been circulated to people using the service asking for their views on the care and support they received during Autumn 2018 with 22 questionnaires being completed. We saw 100% of the people who responded felt the care they received was either excellent or good.

- Care workers told us there were regular team meetings in the unit where they worked and with staff across the home and this was confirmed by the registered manager and records we looked at.

Continuous learning and improving care

- The provider had a range of quality assurance processes in place to monitor the care provided. A care plan audit was completed every six months to ensure the information was up to date and any missing or incorrect information was identified and actioned.

- A monthly audit of the MAR charts was completed and the action taken to resolve any issues identified was recorded. The Clinical Commissioning Group and the pharmacy also carried out regular medicines management audits to monitor the way medicines were managed.

- The incident and accident, complaints and safeguarding records were regularly reviewed to identify any trends or areas requiring improvement so these could be addressed. The records for staff training, supervision and appraisal were also regularly reviewed to ensure staff were up to date with their training and support.

Working in partnership with others

- As the provider of this location was also the local authority the registered manager told us they could access local authority services when necessary and worked closely with them, where required.

- The registered manager explained there was a close working relationship with other agencies such as the wheelchair service, the cognitive impairment and dementia service, occupational therapy, GP, district nurses, palliative care, speech and language therapist and dietician to ensure people using the service had access to appropriate equipment and professional support so they received the care they needed.