

Horizon Healthcare Homes Limited

Sandhurst Court

Inspection report

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21 December 2022

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Ratings

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

Summary of findings

Overall summary

About the service

Sandhurst Court is a residential care home providing accommodation for people who require personal care for up to 8 people. The service provides accommodation, care and support to people who have a learning disability or physical disability. At the time of our inspection there were 8 people using the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way. The service was well maintained and met people's sensory and physical needs. There was evidence of partnership working with health professionals to ensure people were supported in the most appropriate way. Staff supported people to pursue their interests and develop meaningful skills.

Right Care:

Staff had received appropriate training to carry out their roles effectively. The care people received was appropriate to their individual needs. Communication tools were being used to enhance communication between the staff and people. People's choices and preferences were considered, and rooms were personalised. The service was clean and well-maintained.

Right Culture:

There was a strong person-centred culture within the service and people were encouraged to make decisions around their care. Staff had good knowledge of people and knew how to support them when they were distressed. Staff and relatives were complimentary of the registered manager and the staff were described as approachable. Service users were supported with activities in the community. The service had good links within the local community.

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

Rating at last Inspection

This service was registered with us on 26 March 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sandhurst Court

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 3 inspectors and Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Sandhurst Court is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sandhurst Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 14 December 2022 and ended on 21 December 2022. We visited the location's office/service on 14 December 2022, 16 December and 21 December 2022. One visit was unannounced and 1 of these visits occurred outside of normal working hours.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and local safeguarding team who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service about their experience of the care provided and we spoke with 3 relatives. We spoke with 5 staff members, including the registered manager. We also spoke with 2 health professionals.

We reviewed a range of records. This included 3 people's care records and 3 staff files. We viewed records relating to the management of the service, including accident and incident records and safeguarding referral records. We reviewed easy read documents.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There was a robust system in place to safeguard people from abuse. Relatives felt people were safe when asked. One relative told us, "Yes [Person] is safe, I've not had any particular issues with them around that."
- Staff had received safeguarding training and had a good understanding about how to safeguard people. One staff member told us, "Safeguarding is about keeping the residents safe and free from harm and abuse. If anything, we see that is not safe or will cause harm, we will make changes to that. We would also report concerns to the manager. If they did not do anything about this we will go to the next manager or local authority."

Assessing risk, safety monitoring and management

- Risks for people were identified and managed to keep them safe. Risk assessments and protocols in relation to behavioural strategies were in place, and people were supported in line with these.
- Some of the care plans lacked sufficient detail about how people should be supported. The registered manager assured us this was an action plan in place to address this.

Staffing and recruitment

- The provider had safe recruitment processes in place. People were involved in interviews of candidates.
- Staffing levels were flexible according to people's needs and activities. At the time of the inspection, we queried staffing levels in the evening time with the registered manager. They took immediate action which ensured additional staff support was available.

Using medicines safely

- People's medicines were managed safely. Staff were appropriately trained and their competency to dispense medicines was regularly assessed.
- Staff provided information about medicines in a way people could understand.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood the principles of STOMP (stopping over-medication of people with a learning disability and/or autism) and ensured people's medicines were frequently reviewed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting the service was in line with government guidance. Visitors were not restricted, and safety was promoted whilst they visited the home.

Learning lessons when things go wrong

- Staff knew how to respond to accidents and incident appropriately.
- The registered manager demonstrated good understanding of the importance of reviewing accident and incident records.
- Changes to practice had been made following accidents and incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and regular reviews were completed.
- Care was delivered by staff in line with current guidance and best practices, which achieved good outcomes for people.
- Staff knew people well and gave good examples of how they supported people.

Staff support: induction, training, skills and experience

- Staff completed an induction and received the training required for them to perform their roles.
- Staff felt supported and could ask for help if needed. Staff received regular one-to-one supervision sessions.
- Training was refreshed and updated regularly. One staff member told us, "Training is really good; we can always ask for more and do regular refreshers. We also have specialists in each home so we can go and ask for advice if needed."

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

- Staff supported people to maintain a diet of their choice. They were knowledgeable about people's dietary requirements.
- Seasonal menus were planned with people. One relative told us, "From the meals I've seen, they try different foods and I see lots of good veg and they have treat times, so it's well balanced."

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

- People were supported to access health care services. Staff supported people to appointments.
- There was an allocated nurse practitioner for the service who completed regular reviews. The service worked closely with health and social care professionals to review and make changes to a person's support when appropriate.
- Professionals told us they had observed positive interactions between people and staff when visiting to support people with their healthcare needs.

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

- The design and layout of the home supported people's individual needs. The home was decorated to a good standard and appropriate to people's age.
- There was no indication outside of property that this property was a care home.

- There was a sensory room which we saw people using throughout the inspection.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff were encouraging and empowered people to make their own decisions.
- Records demonstrated any conditions in place were being met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received their care with kindness and respect from staff, which demonstrated the values of right support, right care and right culture.
- Observations of staff providing support showed they were caring and passionate about people receiving good care. Relatives said staff were caring. One relative told us, "I am happy with Sandhurst; they're a caring company and you don't often feel that from other places."

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

- People were supported as much as possible to express their views and be involved in deciding their care. Hopes and dreams of people were discussed with them and they were supported to achieve these.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was promoted. The service supported people to set 'can do' goals; these were meaningful goals for people which were celebrated upon achievement.
- Staff had a good understanding of how to promote independence. One staff member told us, "If residents can do something let them do it; if residents can't, support them but don't take over. Only support where needed and encourage and show residents so they can build their own skills."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care by staff who knew them well. Care plans were being reviewed to include more detail about how people wanted to be supported.
- Staff communicated well with each other and shared relevant and up-to-date information about people.
- We observed staff offering choice to people. One person told us he decided when he would wake up and go to bed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Information was available in an easy read format to meet people's needs.
- Communication tools were used to communicate with people. Staff knew people's communication needs well. One staff member told us, "We need to know everyone's way of communicating so we can support them in the best way. One person uses communication aids so we use pictures with them, and for others we look out for their signs and responses."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities which they enjoyed. People also attended the provider's day centre to enable them to maintain relationships with people from other homes.
- During the inspection, we witnessed staff planning days out for people based on their likes and preferences.
- People said they enjoyed being involved within the community. One staff member told us, "We do lots of things within the community; we attend church services and we were invited to the local school play. We send cards to people within the community and we recently had a day where we gave seeds to people in the community on appreciation day. We also invited people in the community on Halloween, everyone really enjoyed this."

Improving care quality in response to complaints or concerns

- Complaints were appropriately recorded and acted on. Where needed, actions were put in place following complaints to support improvement at the service. Staff told us the registered manager was very approachable should they need to raise a concern.

End of life care and support

- The service was not supporting anyone on end of life care.
- There was a section in the support plan which once completed would provide the necessary details to support end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff understood their role and responsibilities. The service had robust quality assurance arrangements in place. This was monitored by higher management to ensure people received safe and person-centred care.
- Staff understood their responsibilities in reporting concerns. One staff member told us, "I would make sure the incident is dealt with first and everyone is safe. I would then follow policies and report to the appropriate people."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture was person-centred. Relatives and staff spoke positively about the staff team. One relative told us, "I have spoken at length with them [staff]; they are very approachable, and they send emails too."
- Staff described the care they delivered as person centred. One staff told us, "We all get along with each other and the residents. Staff take their time with getting to know the residents; we provide very good person centred care."

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

- People and relatives were involved in the service. People attended regular meetings and relatives were sent surveys.
- People were supported to personalise their bedrooms.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with others to ensure people received appropriate care and support.
- We saw examples of how the provider worked in partnerships with health care professionals to support them with people who displayed challenging behaviours.