

Homebeech Limited

Sandmartins

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Sandmartins is a residential care home providing accommodation and personal care to up to 40 people with a range of health care needs, including dementia, in one adapted building. At the time of our inspection there were 20 people using the service.

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

Following the last inspection, improvements had been made in a number of areas, such as the way people's support needs were recorded in their care plans. Further actions were needed to ensure people received a consistent standard of care.

People told us they felt safe living at Sandmartins. Their risks had been identified and assessed; staff knew people well and how to support them. Staffing levels were sufficient to ensure people's needs were met promptly and appropriately. Medicines were managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

A range of audits had been implemented to measure and monitor the service. The provider had drawn up an action plan to show what improvements had been made and what areas still required attention. People told us about their experiences of the home and were happy living there; they felt cared for by staff.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 November 2022) and there were breaches of regulation. At this inspection we found improvements had been made in the recruitment of staff, and in the management of medicines. Further work was required to sustain and embed the improvements made. At this inspection we found the provider remained in breach of one regulation.

Why we inspected

We undertook this focused inspection to check whether the Warning Notices we previously served in relation to Regulation 12 and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this focused inspection and remains requires improvement.

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.

We have found evidence that the provider needs to make improvements.

You can see what action we have asked the provider to take at the end of this full report.

This report only covers our findings in relation to the Key Questions Safe and Well Led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sandmartins on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified a breach in relation to records of staff competency to administer medicines, the auditing of medicines and the management of care plans at this inspection. We have made a recommendation about the management of some medicines.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sandmartins

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Sandmartins 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.

Sandmartins 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.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We looked at notifications we received from the provider since the last inspection. We reviewed a plan of actions the provider sent us following the last inspection.

We used all this information to plan our inspection.

During the inspection

We spoke with 4 people about their experience of the service. We spoke with the registered manager, the provider's area manager, crisis manager and a member of care staff.

We reviewed a range of records including one care plan and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served.

Staffing and recruitment

At our last inspection the provider had failed to ensure checks were completed to ensure new staff were recruited safely. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19. The requirements of the warning notice have been met.

- At this inspection, a robust system had been implemented to ensure new staff were recruited safely, and all necessary checks had been completed to show staff were suitable to work in a care setting.
- We reviewed 2 staff recruitment files. These showed all necessary checks had been completed including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient staff on duty to provide a safe level of care. The majority of staff providing care and support to people on the day of inspection were from an agency. One person said, "The agency staff are good". The provider used the same agency and regular care staff worked at the home to provide consistency of care. Recruitment for permanent staff was in progress.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. The requirements of the warning notice have been met.

- At this inspection, medicines were, in the main, managed safely. People received their medicines as prescribed, and there were sufficient stocks of medicines to ensure supplies did not run out. When medicines such as eye drops or liquids were opened, the date of opening was recorded. Medicines we

reviewed in the medicines trolley were all in date.

- We observed people receiving their medicines after their lunch. This was done appropriately by a trained member of staff. However, according to the Medication Administration Records (MAR) for two people, one medicine, 'Preferably to be taken 20 minutes before food', and the other medicine, 'Take 3 times daily with meals', had not been administered as instructed. Both people had already eaten their lunch before receiving their medicines.
- We discussed the issue above with the management team at the end of the inspection. They assured us they would look into this concern to prevent similar incidents from reoccurring.

We recommend the provider reviews when medicines are administered to people.

- Medicines to be given 'as required' were recorded on the reverse of the MARs as needed, and in line with the provider's policy and guidance.
- We were informed there were plans to store medicines securely in each person's bedroom in the future, so the medicines trolley would no longer be required.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of avoidable harm.
- One person told us, "I feel very safe here".
- The registered manager understood when to notify the local safeguarding authority of any incidents of potential abuse.
- Staff completed safeguarding training and understood what action to take if they had any concerns regarding people's safety.

Assessing risk, safety monitoring and management

- People's risks were identified, assessed and managed safely.
- We observed staff supporting people around the home. For example, one person was a little unsteady on their feet, so a staff member held their hands then walked backwards, facing the person. Another member of staff walked closely behind the person to provide reassurance; this enabled the person to walk safely and independently.
- The care plan we reviewed identified and documented the person's risks, with information and guidance for staff which was followed.
- Environmental risks had been recognised. The provider had plans to completely refurbish the first floor of the home and to build a fire escape. The laundry room was in good order, clean and well-managed to ensure people's clothes and household items were laundered carefully.

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

Relatives and friends were free to visit the home. Sanitising hand gel was available for people to use when they came into the home.

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

- 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. Any conditions related to DoLS authorisations were being met.

Learning lessons when things go wrong

- Lessons were learned if things went wrong.
- After the last inspection, several issues were identified which required improvement. Actions were taken and practices improved or changed as a result.
- The provider was working with the local safeguarding authority and with health and social care professionals to remedy the shortfalls found at the last inspection. For example, the recording of people's information within care plans had previously been kept electronically and in hard copy format. Operating two systems had meant information about people's care and support needs was, in some cases, inaccurate or inconsistent. A decision had been made to cease the use of electronic care plans; every person's care plan was in the process of being reviewed and transferred into hard copy format.
- At the time of the inspection, only one care plan had been reviewed and updated; this was the care plan we reviewed. All other care plans had still to be looked at and had not been changed since we last inspected, so we did not look at them.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. The requirements of the warning notice have been met.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure systems were sufficiently robust to ensure people received a consistent, high standard of care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements had been made at this inspection, further actions were required and the provider remains in breach of regulation 17.

- At this inspection, a robust system had been implemented to ensure staff were recruited safely, with all appropriate checks being made. Infection prevention and control systems were effective. Work was in progress to review and reformulate the way people's care and support needs were recorded in their care plans, to provide a consistent approach.
- The auditing of medicines was not effective. A weekly audit of medicines had failed to identify the storage of one medicine which should have been disposed of. This was removed promptly when it was drawn to the attention of the management team.
- Staff competency to administer medicines had not been recorded. The provider was aware of this and had identified this in their action plan.
- Needs assessments were in the process of being reviewed and completed for people to ensure information within their care plans was accurate and up to date. However, only one care plan had been completed at the time of this inspection.
- Where people were at particular risk, daily monitoring charts were completed, although these required further detail in some instances. For example, one person was at risk of dehydration, so their daily fluid intake was recorded. In some instances, it was not clear how much drink was offered and how much was consumed. A recommended daily fluid intake should be documented so comparisons can be made to see whether a person is drinking fluids in sufficient quantities. If not, action can then be taken to remedy this.

Auditing and systems to drive change and areas in need of improvement were not yet fully embedded or

effective. This is a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider gave us an update of the actions they had taken since the last inspection. Some improvements have been made to measure and monitor the service, but further work was required to embed these into the overall running of the home to ensure they were sustained over time.

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 management team understood their responsibility under duty of candour.
- Following on from the last inspection, some people had been administered out of date medicines. Their relatives were contacted to apprise them of this, apologies were offered, and steps taken to ensure similar issues did not reoccur.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were encouraged to be involved in all aspects of the home, and any concerns were swiftly acted upon. One person informed us there had been no recent residents' meetings, but if they had any complaints, they would go to the registered manager.
- Another person said, "This place is wonderful and the staff are very nice, they look after me. If I ask staff for anything, they've got it". A third person told us, "I'm happy here and the staff are very nice. I watch TV in the afternoon, and I come down for my meals. The meals are very nice. Today we had hunter's chicken".
- We observed staff were kind, caring and patient with people. People living with dementia were supported by staff who understood their particular needs. For example, one person was worried about their financial situation and kept asking to go to the bank. They were reassured by the registered manager who said they would arrange a trip to the bank the next day. The registered manager knew everyone's name and people called out a greeting to her when she walked through the sitting room.
- At the time of the inspection, the majority of care staff were provided by an agency. We spoke with one permanent member of staff who told us they felt supported by the management team.

Working in partnership with others

- The service worked in partnership with a variety of health and social care professionals.
- After the last inspection where shortfalls were found, resulting in breaches of regulations, the home had received support, advice and guidance from the local safeguarding authority and other professionals. People's moving and handling needs had been assessed, the hoists and slings in use, and moving and handling advisors were providing support to staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Auditing and systems to drive change and areas in need of improvement were not yet fully embedded or effective.