

Belmont Sandbanks Limited

# Sandbanks Care Home

## Inspection report

Coast Road  
Littlestone-on-Sea  
New Romney  
Kent  
TN28 8RA

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This inspection took place on 1 February 2017 and was unannounced.

Sandbanks Care Home is registered to provide accommodation and personal care for up to 25 older people. There were 24 people using the service during our inspection; who were living with a range of health and support needs. Most people were living with dementia and one person was receiving respite care.

This service is a very large detached house situated on the sea front at Littlestone-on-sea, Kent. There was a large communal lounge/dining room with armchairs and a TV for people and a separate bright conservatory where people could sit quietly if they chose to. There was a secure enclosed garden to the rear of the premises, with far-reaching views over the sea.

A registered manager was in post. A registered manager is a person who has registered with the care Quality Commission to manage the service. 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.

Sandbanks Care Home was last inspected in June 2015. At that inspection it was rated as good overall but with the safety of the service being rated as requiring improvement. Two breaches of Regulations were found at that time.

At this inspection we returned to check that the safety of the service had improved. We found that although the issues highlighted in our last report had been addressed, some others had arisen.

Following the last inspection, broken or unsuitable waste bins had been replaced and the service was generally clean and hygienic throughout. Cleaning staff had been deployed in such a way to ensure better cover over seven days and to facilitate weekly deep-cleans.

Medicines had not always been managed safely. There were gaps in the recording of some administrations, which could only be resolved by carrying out a physical check of medicines. We found people had received their medicines but recording had been poor. The storage and recording of creams required improvement to make sure risks were assessed and addressed and that people consistently received creams as they had been prescribed for them.

A range of individual risks had been assessed and, in the main, actions to reduce them had been carried out effectively. However, more could have been done to prevent known risks to people's skin; through accurate setting of air mattress pumps and consistent repositioning.

There were enough staff to meet people's needs and rotas evidenced that there had been no recent short-falls. The registered manager assessed people's dependencies to determine how many staff to have on shift

and we observed that staff were attentive and prompt in supporting people.

Recruitment processes were robust and helped to ensure that only suitable staff were employed to work with people. Staff had up-to-date training about keeping people safe from abuse or neglect and knew how to report any concerns. Accidents and incidents had been properly documented and reviewed by the registered manager. Preventative actions had been taken so that reoccurrences of accident and incidents were less likely.

The premises were well-maintained to reduce the chance of hazards emerging. Routine safety checks were made on a number of aspects of the service, including equipment, the passenger lift and gas and electrical supplies. Staff received fire safety training and fire alarm tests and drills were regularly conducted. Personalised evacuation plans were in place for individuals which took account of their physical and emotional needs in the event they had to leave the building in an emergency.

We recommend that risk assessments are made about the storage of prescribed creams in people's bedrooms.

We recommend that daily checks include noting whether pump settings match people's current weight and making any necessary adjustments.

## 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 consistently safe.

Medicines had not always been managed safely.

Individual risks to people had been assessed, but actions to minimise them did not always happen.

The service was clean and hygienic.

There were enough staff deployed to keep people safe.

Recruitment processes were robust and helped ensure the suitability of applicants.

Environment and equipment safety checks had been regularly undertaken.

Staff were knowledgeable about abuse and knew how to report it.

**Requires Improvement** ●

# Sandbanks Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 February 2017 and was unannounced. One inspector carried out the inspection.

Before our inspection we reviewed information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at any safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met with eight of the people who lived at Sandbanks Care Home. Not everyone was able to verbally share with us their experiences of life in the service. We therefore spent time observing their support. We inspected the home, including the bathrooms and some people's bedrooms. We spoke with three care workers, domestic staff, the deputy manager and the registered manager.

We 'pathway tracked' four of the people living at the service. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home where possible and made observations of the support they were given. This allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed other records. These included three staff training and supervision records, four staff recruitment records, medicines records, risk assessments, accidents and incident records, staffing records and cleaning schedules.

## Is the service safe?

### Our findings

Most people we spoke to were unable to tell us about their experiences of living at Sandbanks Care Home. This was because they were living with dementia or other conditions which made it difficult for them to communicate. However, those people who could speak with us gave positive feedback about their care. One person told us "I only have to ask and staff will do anything for me, no question". Another person said "There's always staff around when I need them, which makes me feel safe".

We looked to see how medicines were managed and found that there was room for improvement to ensure people received their medicines and creams as prescribed for them. There were a number of missed signatures on the medicines administration records (MAR). Most of these gaps had occurred on the morning of the day of our inspection, and before we arrived at the service. Staff are supposed to sign the MAR to evidence that people have been given each dose of their medicines. People's regular medicines were provided by the pharmacy in sealed blister packs marked up for each day. We were able to check these and found that people had actually received their medicines and the missed signatures had been a recording error. Nonetheless, missed signatures meant that full and accurate records of people's medication had not been consistently maintained.

Some people had creams prescribed for them, but we found that applications of these had not been properly documented. Where people had prescribed barrier creams for example, there was no separate record to evidence when and to where these had been applied. The registered manager told us that staff would record this within people's daily notes. However, these only documented that full personal care had been delivered and did not itemise the fact that creams had been used. This was a further example of poor recording practice in relation to medicines and meant that there was no evidence that people had received their creams as prescribed to them. During the inspection the registered manager contacted the pharmacy and arranged for topical medicines charts to be provided to the service in future.

Most people were living with dementia and we found creams stored in their bedrooms. There was a risk that people might apply more of them than had been prescribed, or use them on a different area of skin. There were no assessments of the individual risks of storing creams in this way. Some of these creams had no dispensing labels on them and there was no record on the MAR to show that they had been prescribed for the people using those bedrooms. The registered manager contacted the GP and pharmacy during the inspection to clarify this situation. However, there was a risk that people may have used creams that were not intended for them.

We recommend that risk assessments are made about the storage of prescribed creams in people's bedrooms.

The medicines trolley was stored securely. Medicines for which there are special legal requirements were kept locked away and records of their administration were properly maintained and checked regularly. Protocols were in place for people prescribed medicines on an as and when required basis (PRN). Records were kept to show when people had received PRN medicines and the reason that they were needed. The

registered manager told us that this helped to detect any changes in the frequency that people required PRN medicines; which might indicate deteriorating health. The registered manager said that the GP would then be contacted to reassess the person.

Assessments had been made about individual risks to people, with clear directions about how these could be minimised. In most cases we observed that staff followed this guidance in practice. However, some people had been assessed as at risk of skin breakdowns and had special air mattresses to help relieve pressure on their skin. The pumps on these mattresses should be set close to the weight of the individuals using them. We found that two pumps were set at the wrong weights for people. One person weighed 64kgs but the pump was set at 120kgs and another person weighed 42.6kgs and their pump was also set to 120kgs. These people would not receive the intended benefits of the mattresses while they were set at these levels. The registered manager immediately adjusted the pump settings and introduced a new daily checklist for staff to complete about air mattresses. One of these people had a recent skin wound which was healing. They were supposed to be supported to reposition every three hours while they were in bed, to take the pressure off their wound. Records showed that this had happened consistently until 1:30am on the day of our inspection. There was no further repositioning documented by staff when we checked the records at 2pm, although the person was sitting out in a chair with a special cushion on it at that time. The registered manager checked with staff and acknowledged that there was no evidence that this person had been supported to reposition from 1:30am until they moved to their chair.

We recommend that daily checks include noting whether pump settings match people's current weight and making any necessary adjustments.

Other risks to people had been fully assessed and actions were taken to reduce them. For example; one person sometimes showed behaviour that challenged others. The risk assessment about this gave detailed guidance to staff about any known triggers and ways of managing aggression or agitation. We observed this person becoming confrontational with others at times, but staff were vigilant and attentive; using distraction to calm the situation. They followed each of the directions given in the risk assessment by talking about things which were important to the person or encouraging them to sit with staff and have a cup of tea. The person responded well to this approach and their agitation was quickly defused.

At our last inspection we found that some waste bins were either broken or worn, creating a risk that infection could be spread. We also reported that there were unpleasant odours in some areas of the service. At this inspection bins had been replaced and were now fit for purpose. Although we noticed odours in two bedrooms in the morning, these had gone by lunchtime and rooms were fresh and clean. A cleaner told us that they started their jobs downstairs in the mornings, which explained why the odours had not been addressed until later in the day.

The service appeared clean and tidy throughout and we read cleaning schedules which detailed the daily tasks for domestic staff to complete. In addition, deep-cleaning schedules set out which areas and jobs should be carried out in rotation. The laundry was clean and well-organised and staff were able to describe the dirty to clean process in operation there. Staff wore latex gloves and aprons to support people with personal care, and antibacterial hand wash was available in bedrooms and bathrooms to enable people and staff to keep their hands hygienically clean.

At our last inspection, we found that there were not enough cleaning staff to ensure the service was clean to an appropriate standard. At this inspection, the deployment of these staff had been reassessed so that there was cover for seven days per week. Both cleaning staff worked on Mondays, so that one could carry out deep cleans while the other completed routine tasks. The service was clean and uncluttered and one person told

us "It's very clean you know. They're always mopping and wiping and it keeps the place nice".

There were enough care staff on duty to meet people's needs promptly. The registered manager showed us that assessments had been made about people's needs and dependencies to determine how many staff should be rostered. There were four care staff during the days and two at night and rotas showed there had been no shifts which had run short staffed in the month before our inspection. Agency staff had not been used for more than a year, which helped to provide continuity for people.

Most people sat in the lounge/diner during the day, so were visible to staff. Those people who chose to stay in their bedrooms received regular visits from staff to check on their well-being. We observed lunch being served, which was an unhurried experience for people. Staff were efficient and worked as a team to see that people received their meals promptly. Some people needed support to eat and staff took time to do this in an engaging and encouraging way.

Staff anticipated people's needs in a considerate manner, for example, by providing a paper tissue to a person whose nose was running and cleaning another person's glasses because they were smudged. Some people needed walking frames to move about and we saw that staff made sure these were in reach. Many of the staff had worked in the service for a number of years and it was clear that they knew people very well. They made time to chat with people affectionately and used their training about dementia to provide distraction and stimulation: such as giving people towels and napkins to fold. The staff we spoke with felt there were enough of them to support people appropriately and the registered manager said that the provider would always sanction extra staff if needed.

There was a robust recruitment process in place; which ensured that suitable staff were taken on. Checks were made about applicants' backgrounds before they were employed. This included the provider obtaining information about criminal records and receiving references from past employers. Application forms contained full details about former jobs and any gaps in employment were explained so that the provider had a full picture of applicants' past experiences. Records had been made about performance at interview, which showed that interviewers had asked in-depth questions to determine the best applicants for the jobs. Identity documents, including a recent photo had been retained to evidence that staff had the right to work in the UK.

Staff had received up-to-date training about keeping people safe, and knew how to report any concerns; both within the service and to external organisations such as the CQC if necessary. Incident and accident reports had been properly completed by staff and were all reviewed and signed off by the registered manager. Appropriate actions had been taken when, for example, people had falls. Alarm mats were in place in a number of bedrooms, which alerted staff when people stood up and helped them to prevent further recurrences. For people who were able to use call bells, there were signs displayed to remind them "Please call, don't fall". The registered manager told us that there had been no recent safeguarding incidents in the service. However, they knew the process for completing alerts to be sent to the local safeguarding authority if the need should arise.

People had individual evacuation plans in the event of fire. These detailed the physical support each person would need and also documented how they might react emotionally. This was an important consideration in a service which catered mainly for people living with dementia. Fire equipment such as extinguishers and emergency lighting had been regularly maintained and alarms had been routinely tested. Full fire drills happened twice a year and had been documented, and staff received fire safety training and updates. Visitors to the service were asked to sign in so that a record of people inside the building was made, for fire safety purposes and to generally keep people safe. The service had a business continuity plan which held

information about how the service should be evacuated if necessary. This also detailed a reciprocal arrangement with another of the provider's local care homes, so that people could be transferred there and receive continuous care with minimal disruption.

The service was maintained in good order, which helped to prevent hazards developing which might be unsafe for people. Any repairs needed were recorded in a book and maintenance staff signed to show when jobs were completed. Plans were in place to upgrade the décor in the conservatory to give the appearance of a beach scene. Some work had started on this project and we heard how it had been designed to reflect the seascape outside into the service. Safety checks had been made on gas and electrical supplies and appliances and the passenger lift. Records of water temperatures were made regularly to make sure they did not exceed suitable levels. The provider had a maintenance contract with an external company who carried out routine testing on hoists and stand aid equipment.