

Mimosa Healthcare (No 4) Limited (In administration)




Sandhall Park

Inspection report

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Ratings

Is the service safe?	Inadequate	
Is the service caring?	Inadequate	
Is the service well-led?	Inadequate	

Overall summary

We carried out an unannounced comprehensive inspection of this service on 26 January 2015. At which a total of 12 breaches of legal requirements were found. We took enforcement action with regard to three breaches in relation to Regulations 22 (Staffing) 17 (Respecting and involving people who use services) and 10 (Assessing and monitoring the quality of service provision) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider was given a fixed timescale for compliance with the enforcement notices.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the three enforcement

notices. We undertook a focused inspection on the 26 March 2015 to check that the registered provider had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to the three enforcement notices. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Sandhall Park' on our website at www.cqc.org.uk

Sandhall Park provides accommodation for up to 50 people who require support with their personal care. The home provides support for older people and people living with dementia. There were 41 people living at the home at the time of our inspection.

Summary of findings

The home's registered manager has been in post since January 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our focused inspection on the 26 March 2015, we found that the provider had followed their plan which they had told us would be completed by the 15 March 2015 and legal requirements had been met.

There were enough staff to meet people's needs and staffing levels were monitored using a dependency level tool to ensure people's needs were met. Staff had been employed following robust recruitment and selection processes.

Staff received a range of training opportunities and told us they were supported so they could deliver effective care; this included staff induction, supervision and staff meetings.

People we spoke with said staff were caring and they were happy with the care they received. Care records contained assessments, which identified risks and described the measures in place to ensure the risk of harm to people was minimised. The care records we viewed also showed us that people's health and wellbeing was monitored and referrals were made to other health professionals as appropriate.

The registered manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. We saw from recent audits that the service was meeting their internal quality standards.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found action had been taken to improve safety within the service.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

There was sufficient staff on duty to meet people's needs and staffing levels were monitored and adjusted as dependency levels changed.

Robust recruitment processes were in place and followed by the registered manager to ensure staff were deemed suitable to work with vulnerable adults before starting employment.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Inadequate



Is the service caring?

We found action had been taken to improve care within the service.

All of the people we spoke with said they were well cared for and we saw that people were treated in a kind and compassionate way. The staff were friendly, patient and discreet when providing support to people.

All of the people we spoke with said that they were treated with dignity and respect and we observed this throughout our visit.

People were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for caring at the next comprehensive inspection.

Inadequate



Is the service well-led?

We found action had been taken to improve how well-led the service was.

There were systems in place to assess the quality of the service provided in the home. This ensured people were protected against the risk of receiving inappropriate or unsafe care and support.

Inadequate



Summary of findings

There was a registered manager employed in the home who supported the staff through supervisions and meetings. There were systems in place for staff to discuss their work practice or report any concerns about other members of staff.

People who lived in the home and their relatives were asked for their opinions of the service and their comments were acted on.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for well-led at the next comprehensive inspection.

Sandhall Park

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.

We undertook a focused inspection of Sandhall Park on 26 March 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection 30 October 2014 had been made. We inspected the service against three of the five questions we ask about services: is the service safe, is the service caring and is the service well-led. This is because the service was not meeting legal requirements in relation to these three questions and we had issued enforcement actions.

The inspection was undertaken by two adult social care inspectors over the duration of one day.

Before our inspection we reviewed the information we held about the service, this included the provider's action plan, which set out the action they would take to meet legal requirements. We also spoke with the local authority commissioning team and safeguarding team.

At the visit to the service we spoke with three people who lived there, five visitors, three members of staff, the deputy manager and the registered manager. During the visit to the service we looked at staff duty rotas, staff training records, three staff personnel files and quality assurance documents, which included audits and minutes of meetings. We also used the Short Observational Framework for Inspection (SOFI) to observe the care and support provided to people in the dining room at lunch time. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our comprehensive inspection of Sandhall Park on 26 January 2015 we found that there was insufficient staff on duty to meet the needs of people who used the service. We saw people left alone in the communal areas for long periods of time, people were distressed and shouting and some were walking around the unit unsupervised. We observed call bells were ringing for long periods during our visit and at lunch time people were left waiting at the tables after the meal as only three of the five care staff were available to offer assistance. Staff told us that the levels of staff on duty meant people did not receive care in a timely way in a morning and that staff regularly missed their breaks due to the heavy workload. Staff were struggling to meet the needs of people who had distressed and anxious behaviours as they had not received training on how to support individuals who challenged the service.

This was a breach of the Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our focused inspection on 26 March 2015 we found that the provider had followed the action plan they had written to meet the enforcement notice in relation to the requirements of Regulation 22 described above.

People who spoke with us said they got the care they needed, when they wanted it. One person said “I am alright if staff help me. Sometimes I have to wait a while for assistance, but I have a bell to call the staff when I need them. They always answer it. I do not get woken up in a morning too early and I can always have a bath – I have had one this week. The staff come and check on me and make sure I am okay.”

We spoke with five visitors who told us “There appears to be plenty of staff around” and “We have seen staff interacting with people and responding to their requests for assistance.” One visitor said “I have never had any concerns about the care. I approached a member of staff about some issues I had and these were addressed straight away.” Another visitor told us “I have noticed improvements taking place lately. There are more staff now, previously there were never enough, and the changes are making it much more pleasant in the home. Staff were previously very disheartened, but it is getting better.”

Staff who spoke with us were positive about the changes taking place in the service. One member of staff said “There are enough staff now to really make a difference. The shifts have changed so there is more overlap between teams starting and finishing shifts. The new staff who are on induction are able to shadow us and observe how things are done before they are expected to work on the units.” We saw in three staff files that these new employees were completing a 12 week induction package that ensured they received training in care practices at the start of their employment. All staff were receiving supervision from the registered manager or senior care staff to ensure they had the support and skills to deliver a high standard of care.

We were told by the registered manager that the registered provider had recruited nine new members of care staff and two new domestic staff since our comprehensive inspection in January 2015. The staffing levels on the unit for people living with dementia had increased to ensure that there were staff in the communal areas to offer people assistance even at busy times of the day. Checks of the staff duty rotas showed that the level of staff on night duty had increased and there was documented evidence that the shift patterns had altered to offer more flexibility at peak times.

We saw that the staffing rotas indicated which staff were on duty and in what capacity. The rotas showed us there were sufficient staff on duty during the day and at night, with sufficient skill mix to meet people’s assessed needs. The staff team consisted of care staff, domestic and laundry assistants, administrator, activity coordinator, catering staff and maintenance personnel. There was a tool used to calculate the dependency levels of people who used the service and this could be used to identify how many staff were required.

We saw that recruitment for new staff was on-going and that the registered provider used agency staff to cover any gaps in the rotas. We were told that the registered manager used the same agency staff wherever possible so that the people who used the service had a chance to get to know who the staff were and also receive continuity of care. Our checks of the staffing documentation showed that the registered provider had obtained profiles on each of the agency workers, which recorded their recruitment checks and training carried out by the agency. This ensured they were deemed fit to work with vulnerable adults and had the appropriate skills and knowledge to meet their needs.

Is the service safe?

We looked at the recruitment files of three care staff recently employed to work at the service. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). These measures ensured that people who used the service were not exposed to staff who were barred from working with vulnerable adults. Interviews were carried out and staff were provided with job descriptions and terms and conditions. This ensured the staff were aware of what was expected of them.

Our observations in the communal areas showed an increased staff presence and a much more settled atmosphere on the units. The call bells were being answered promptly and staff had time to sit and chat with people who used the service.

We observed the midday meal being served in two dining areas of the home. There were sufficient staff on duty to ensure people were provided with a pleasant and enjoyable experience and the meal time was well

organised. The staff on duty knew the people they were supporting and the choices they had made about their support. People were encouraged as far as possible, to eat and drink independently.

Staff told us that there was more training taking place including dementia awareness, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and this gave them more knowledge and confidence in the workplace and was influential in them providing better standards of care. We were given a copy of the training plan which showed that seven staff had completed the local council's MCA and DoLS training in March 2015 and 21 staff were booked to complete this training in April 2015. We found that 23 staff had completed Dementia Awareness training on either the 16 or 23 March 2015 and 19 additional staff were booked to attend this training by the 30 March 2015. The registered provider told us that they were sourcing training for staff with regard to restraint and managing behaviours that challenged.

Is the service caring?

Our findings

At our comprehensive inspection of Sandhall Park on 26 January 2015 we found that there were inadequate arrangements to ensure the privacy and dignity of people who used the service. We saw that people were not dressed appropriately and staff responses to requests for help were off-hand. We raised concerns with the registered provider about how staff spoke with people, they were abrupt and people were ignored. Staff lacked the skills to manage people's distressed behaviours and staff were observed to be hurried and lacked respect and compassion for people who used the service. We saw that there was poor communication between staff and relatives / people who used the service. People were not given choices about their daily lives and care practices were impersonal and poorly recorded in the care plans.

This was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our focused inspection on 26 March 2015 we found that the provider had followed the action plan they had written to meet the enforcement notice in relation to the requirements of Regulation 17 described above.

Since our last comprehensive inspection in January 2015 the registered manager had arranged for the reassessment of some people's care needs and behaviours. For one person this meant that arrangements were put into place to find them more suitable accommodation in another service. The registered provider told us that a more robust assessment process would be used in the future to look at the diverse needs of people looking to use the service. This would ensure that placements would only be offered to people who fit the service criteria in the statement of purpose and whose needs could be effectively met by the service facilities and staff skills.

Following our comprehensive inspection in January 2015 all the care staff at the service had completed training in care planning, communication and record keeping. This was evidenced in the staff training plan, in the staff files and by speaking to staff. One member of staff gave us examples of the importance that smiling, touch and communication had in giving effective care, especially to people living with dementia who may have communication difficulties.

During the inspection we observed staff speaking quietly and respectfully to people in the bedrooms and communal areas. One person told us "Things have gotten better, the staff are making an effort." We saw members of staff sat with people chatting about their families and general life in the home. One relative said "People always seem well looked after. Some of the girls really go out of their way to make sure everyone is happy." Another relative said "People are being offered choices now. They get plenty of drinks and can choose from biscuits, crisps or fruit as snacks." We saw the drinks trolley go around the service at midmorning and people were supported with eating and drinking by the staff as needed.

The registered manager had completed monthly dignity audits to monitor the dignity standards in bedrooms and communal areas. They had looked at the effectiveness of communication in the service and looked at dignity practices used during meal times. Feedback from the audits had been given to the staff through supervision sessions and meetings. We were able to look at the minutes of these. The service had signed up to the Dementia Friends website to increase staff awareness of privacy and dignity and how it could be promoted within the service. We noted that staff had not been offered any training around Dignity and Privacy and this was discussed with the registered provider at the end of the inspection.

Checks of people's care files showed that some improvements had been made in the recording of people's preference regarding male or female care staff and wishes regarding personal care. Activity records showed what sessions people had chosen and enjoyed. However, the registered manager and registered provider acknowledged that there was still further improvements to be made in documenting how people's dignity and privacy was being promoted and monitored in their care files and quality assurance records. We looked at the staff supervision records, which showed us that staff were being spoken to by the registered manager if it was recognised that their record keeping or conduct was not meeting the expected standards of the home.

Our observations of the service showed that care practices had improved and people were settled and relaxed in the service. We noted over the lunchtime period that one person sat at the table with a doll which they kept with them at all times. This kept them occupied throughout the day and was a comfort to them. However, two people told

Is the service caring?

us they did not like sitting at a table with the doll. We fed these comments back to the registered manager and asked if they had considered changing their seating arrangements to suit everyone using the dining room. The registered manager told us they would sort this out immediately.

Overall the service had made a number of improvements since our comprehensive inspection in January 2015, but there were some minor issues that still needed addressing.

We saw that people were well dressed and smartly presented during our inspection. Staff offered people the choice of clothes protectors at lunch time, but we noted that no one was offered the opportunity to wash their hands either before or after their meal. In one dining room we saw that people were offered a choice of drinks with their meal, but in the other dining room only one choice was available.

Is the service well-led?

Our findings

At our comprehensive inspection of Sandhall Park on 26 January 2015 we found that people were not protected against the risks of inappropriate or unsafe care or treatment as the registered provider had failed to implement an appropriate quality assurance system. We found that staff and relatives wanted the registered manager to be more visible and that there was a lack of values and vision in the service. People were not being treated in a person centred way and there was a lack of a positive person centred culture that was inclusive and empowering. There was poor staff morale and mixed views about the culture of the service. Concerns raised with the registered manager were not addressed properly. We saw there were poor quality monitoring systems in place and a lack of action was evident with regard to issues identified through the completed audits. People and staff were not involved with the developing of the service, there was a lack of meetings and staff were afraid to raise their viewpoints.

This was a breach of the Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our focused inspection on 26 March 2015 we found that the provider had followed the action plan they had written to meet the enforcement notice in relation to the requirements of Regulation 10 described above.

We found that the registered provider and registered manager had made a number of improvements throughout the service in relation to staffing, privacy and dignity and quality assurance. We spoke with staff who were very positive about the changes and who told us that our report from the comprehensive inspection in January 2015 had been discussed with them, including all the areas that needed attention.

Staff were enthusiastic about the increased staffing levels and training opportunities, but there were some mixed feelings about the leadership in the home. We were told by staff "I can go to the registered manager if I had concerns. Things have improved overall including the environment. The work the registered provider is doing is making things better for the people who live here and they are benefitting from the changes. Staff morale is also better." However, other staff said "There is a lack of confidentiality, staff do

not feel they can go into the office and discuss issues." These concerns were discussed with the registered provider who said they would do further investigation into how things could be improved.

Satisfaction questionnaires had been sent out by the registered manager in January and February 2015. The results from these were being analysed by the manager and an action plan was in the process of being written at the time of our focused inspection. Discussions with five relatives during our inspection indicated that they had seen visible changes taking place in the service and they felt more included in the process. However, one relative said "I haven't seen the manager, she hasn't put herself forward."

Observation of the service showed that care was more person centred and staff had a less task based approach to their work. This was demonstrated especially at meal times when people were given individual support to eat and drink and encouraged with their meals. We heard pleasant and relaxed interactions between staff and people who used the service. People were able to express their wishes and choices regarding their care and this was respected by the staff.

Discussion with the registered provider and registered manager indicated they were aware that further work needed to be done to link working practices and changes in the environment to current best practice guidance and legislation. This included looking at best practice for medication administration, looking at dementia care models and care plans and consulting 'living with dementia' guidance when planning changes to the environment.

Checks of three staff files showed that action had been taken to develop the recruitment process for new members of staff to ensure the appropriate employment checks were carried out prior to them starting work. This ensured they were deemed suitable to work with vulnerable adults before being offered employment.

Robust staff induction, supervision and training programmes were in place and being used. One member of staff told us "My initial induction lasted three days and I completed training in health and safety, communication, safeguarding of vulnerable adults and I am booked onto a

Is the service well-led?

dementia awareness course this month. I have had supervision sessions with the registered manager who discussed privacy and dignity with me as part of my development.”

The quality assurance process had been developed to include regular audits, risk assessments, meetings, surveys and reviews. We saw that the registered manager had completed audits in January, February and March 2015 for care plans, medicines, privacy and dignity, complaints, accidents and incidents and the environment. We saw evidence that showed where issues were found through the audit process, action was taken to address these. This included talking to staff in supervisions and meetings, booking training for staff to improve skills and knowledge, and the purchasing of new equipment / furnishings and fittings. We noted that the fire risk assessment for the service had not been updated since 2011. This had been mentioned in the last report. The registered provider said they would get the maintenance person to review it straight away.

We saw that the registered manager was completing an accident and falls analysis report monthly, which was then sent on to the registered provider. This highlighted any falls,

risks or incidents in the service and gave an oversight of any triggers or trends that could indicate a potential hazard. Action could then be taken to reduce the risk of further incidents.

Meetings were being held with relatives, people who used the service and staff to discuss the changes in the service and to ensure people were able to give the registered provider and registered manager their viewpoints and opinions. Minutes of these meetings showed these took place monthly and feedback was given to individuals at the following meeting regarding any action points and changes made as a result of the feedback received.

We saw that a complaints policy and procedure was on display in the reception area which was available in a clear print format and an easy read version for people living with dementia. Checks of the complaints record showed that the service had received three complaints in February and one in March 2015. All had been investigated by the registered manager and action taken to resolve the issues. People who used the service and their visitors told us they were confident of using the complaints process. However, one visitor did tell us “The television in the lounge on Honeysuckle unit is rubbish, the picture is terrible and there is a lot of glare from the windows.” This concern was past onto the registered manager who said they would sort it out immediately.