

Jubilee Care Ltd

The Sandford Nursing and Residential Home

Inspection report

Watling Street South
Church Stretton
Shropshire
SY6 7BG

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22 May 2017

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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

The Sandford Nursing and Residential Home provides accommodation, nursing and personal care for up to 35 older people, some of whom have dementia. At the time of our inspection, 32 people were living at the home.

At the last inspection, the service was rated Good.

At this inspection, we found the service remained Good.

People still felt safe living at the home. Staff knew how to recognise, respond to and report abuse. The risks to people had been assessed and reviewed with them, and plans put in place to manage these. Appropriate staffing levels at the home ensured people's needs could be met safely. The provider had developed systems and procedures designed to ensure people received their medicines safely and as prescribed.

People had confidence in the staff team's knowledge and skills. Staff received the training and ongoing support needed to perform their job roles effectively. The management team and staff understood and protected people's rights under the Mental Capacity Act 2005. People had enough to eat and drink, and their individual dietary and nutritional needs were assessed and addressed. Staff helped people to access a range of healthcare services in order to maintain their health.

Staff adopted a caring and compassionate approach towards their work, and took the time to get to know people well. People's participation in care planning and decision-making was encouraged and facilitated. People's rights to privacy and dignity were recognised and promoted by staff.

People received care and support tailored to their individual needs and requirements. People had the support they needed to pursue their interests and spend time doing things they found enjoyable. People knew how to raise complaints and concerns about their care, and felt comfortable doing so.

The management team encouraged an open, ongoing dialogue with people, the external professionals involved in their care and the staff team. People had confidence in the management of the service. Staff felt valued, supported and able to request additional guidance and support from the management team. The provider carried out quality assurance activities to assess and improve the quality of the service people received.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Sandford Nursing and Residential 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 22 May 2017 and was unannounced.

The inspection team consisted of two inspectors and an 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information in the planning of our inspection.

As part of our inspection, we reviewed the information we held about the service. We contacted representatives from the local authority and Healthwatch for their views about the service and looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection, we spoke with 11 people who used the service, one relative, a volunteer from a local community centre and a local GP. We also spoke with 11 members of staff, including the registered manager, deputy manager, cook, nurses, senior care staff and care staff.

We looked at four people's care records, complaints records, medicines records, two staff members' recruitment records and records associated with the provider's quality assurance systems.

We also spent time in the communal areas of the home to observe how staff supported and responded to people.

Is the service safe?

Our findings

People still felt safe living at The Sandford Nursing and Residential Home. One person told us, "I have a buzzer to press when I need someone. They (staff) don't take long to come and that makes me feel safe." Other people described how the competence of staff and the security of the home helped them feel secure.

The provider still took steps to protect people from harm and abuse. Staff had been given training to help them understand how to recognise and report abuse. They told us they would bring any concerns of this nature to the attention of the management team without delay. The provider had procedures in place to ensure any abuse concerns were notified to the appropriate external agencies and investigated.

The risks associated with people's individual care and support needs were assessed and kept under review. This assessment took into account important aspects of people's personal safety, including their health, mobility and nutrition. Plans had been developed to manage these risks and keep people as safe as possible. For example, where people were at risk of developing pressure sores, suitable pressure-relieving equipment was in place and barrier creams were used. Staff confirmed they were kept up-to-date about any changes in the risks to people and themselves, enabling them to continue to work safely. People were involved in decisions about staying safe and their right to take risks was respected. For example, one person elected to eat certain foods that may increase the risk of them choking. The management team had assessed the associated risks and taken steps to enable this person to remain safe whilst they ate in their bedroom.

The management team and nurses monitored and acted upon any accidents or incidents involving people living at the home on a continual basis to reduce the risk of reoccurrence. For example, following a discrepancy with one person's tablets, the expected procedure for booking in people's medicines had been reinforced and additional checks introduced.

People and staff felt staffing levels at the home ensured people's individual needs could be met safely. The registered manager monitored and organised their staffing requirements based upon people's current care and support needs. Unexpected staff shortages were covered through voluntary overtime, as opposed to agency staffing, to promote continuity of care. All prospective staff underwent pre-employment checks to ensure they were suitable to work with people. These included an enhanced Disclosure and Barring Service (DBS) check and employment references. The DBS carries out criminal records checks to help employers make safer recruitment decisions.

The provider had developed systems and procedures designed to ensure people received their medicines safely and as prescribed. One person told us, "I have medication. They (staff) never forget to give it to me." These systems included the use of secure drugs trolleys, completion of medicine administration records and monitoring of the use of any "as required" medicines. However, during our inspection we identified that, on occasions, the nurses administering people's medicines did not always stay with people to ensure they took these. Rather, they delegated this responsibility to the staff member supporting the relevant individual at the time. The registered manager assured us they would take immediate action to address this area of

potential risk.

Is the service effective?

Our findings

People still had confidence in the skills and knowledge of the staff supporting them at The Sandford Nursing and Residential Home. One person told us, "They (staff) have the knack; they know what they are doing." During our inspection, we saw staff assisted people, and responded to their needs and requests, in a confident and competent manner.

All new staff completed the provider's induction training to help them understand and adapt to their new job roles. Staff spoke positively about the opportunity this had given them to work alongside and learn from more experienced colleagues. Staff then participated in an ongoing training programme, based upon the provider's assessment of their learning and development needs. Staff praised the training provided. For example, one staff member described how their dysphagia training had taught them about the impact of posture, lighting and noise levels on people's ability to eat safely and comfortably. Dysphagia is the medical term for difficulty in swallowing. Staff also attended periodic one-to-one meetings with a member of the management team to receive feedback on their work performance and identify any additional support they may need.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found the registered manager and staff had an appropriate understanding of people's rights under the MCA, and we saw evidence of mental capacity assessments in the care files we looked at. The management team had made DoLS applications based upon an individual assessment of people's capacity and their care and support arrangements. Where DoLS authorisations had been granted, any associated conditions were reviewed and complied with.

People told us they had enough to eat and drink, and were able to make choices about what, when and where they ate. One person said, "I get as much as I want (to eat) and I enjoy the food. There's a good variety and you can choose to eat where you want." People's individual dietary and nutritional needs were assessed and addressed, with specialist input from the local speech and language therapy team, where necessary. We saw mealtimes at the home were relaxed and sociable affairs, during which people had the support and assistance needed from staff. One person told us, "Mealtimes are very good. A group of us always sit together and enjoy our meal and conversation."

People told us staff helped them to seek professional medical advice or treatment, when they needed this. One person explained, "If the staff think you need a doctor, they would call one or would put your name down to see one if it's not urgent." In the care files we looked at, we saw evidence that staff liaised with a range of healthcare professionals and specialists to ensure people's health was monitored and their health needs met. A local GP praised the manner in which staff worked with them and their colleagues to maintain the health of the people living at the home. They told us, "I have absolute confidence that the medical advice given will be followed through."

Is the service caring?

Our findings

People continued to feel that staff treated them in a kind and caring manner. One person told us, "I like them (staff) all. They are all very kind and helpful." During our time at the home, we saw staff spoke to people with warmth and patience, and prioritised their needs and requests. Staff showed concern for people's comfort and wellbeing at all times. For example, we saw a member of staff sensitively reassure one person who had become confused about an aspect of their personal care. The staff we spoke with demonstrated good insight into the individual needs and requirements of the people they supported, whom they spoke about with respect and affection.

People were able to freely express their views and opinions to the management team and staff, and felt adequately involved in care planning and decisions that affected them. One person said, "I am involved in planning my personal care. It is reviewed at least once per month." The provider supported people to have their say through, amongst other things, distributing annual feedback surveys, organising monthly residents' meetings and providing a suggestions box. One person told us, "I use the suggestion box; you can put what you like in it. When I attend residents' meetings, they always action what is said and they ask our opinion." The registered manager confirmed people were supported to access advocacy services, in the event they needed someone to speak up on their behalf.

People felt staff respected their rights to privacy and dignity. One person told us, "I can close my door if I want to be more private and they (staff) knock before entering. My privacy is respected." A volunteer from a local community centre said, "What I've been struck by is the huge respect staff here have for the elderly. They treat them like they were their own grandparents." People also spoke about the ease with which they were able to get out and about: an important aspect of retaining their independence. One person explained, "I can go out when I want. I go to the library two to three times per week, and I go to church on Sundays. I just write on the board when I am leaving and the time." The staff we spoke with understood what it meant to treat people in a dignified and respectful manner, and gave us examples of how they put this into practice in their day-to-day work with people.

Is the service responsive?

Our findings

People continued to receive care and support that reflected their individual needs and requirements. During our inspection, we saw daily routines within the home were flexible and that staff adjusted their communication and approach to suit the individual. This was evident as, for example, staff helped people to move around and eat and drink comfortably.

Before people moved into the home, they and their relatives contributed to the provider's initial assessment of their individual needs and care planning activities. Each person's "named nurse" then reviewed their care plans on a monthly basis, consulting with people and their relatives, as necessary, during this process. People also had an allocated "key worker": a member of staff tasked with ensuring their individual requirements were being met.

People's care plans were individualised and covered a broad range of needs. In addition to setting out how the individual's care and support needs would be met, they also included information about their personal history, preferences and interests. On this subject, a staff member said, "It's helpful to know a bit about the people you are looking after because you can start a conversation." Staff understood the importance of following people's care plans and told us they had the time needed to read and refer back to these.

Staff supported people to pursue their interests, and spend time doing things they found enjoyable. One person told us, "They (staff) are marvellous at keeping us occupied and giving us a choice of what to do." Other people talked about their enjoyment of particular activities within the home or in the local community. These included yoga, bell-ringing, exercise groups, visiting musicians and entertainers and walking in the home's garden. During our inspection, we saw people listening to music, reading the day's newspapers and playing dominoes. In planning activities, the provider took into account people's religious interests. For example, Holy Communion was held at the home on a monthly basis.

People knew how to raise any concerns or complaints with the provider, and had confidence these would be resolved. One person told us, "I feel comfortable to raise a complaint or a concern. I would speak to the staff in the office." Another person said, "I did complain once about the tea which was not hot enough. It is much better now." The provider had developed a formal complaints procedure to encourage good complaints management. We saw they had investigated and responded to recent complaints in line with this procedure.

Is the service well-led?

Our findings

During our inspection, we met with the registered manager. 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 2008 and associated Regulations about how the service is run. The registered manager had a clear understanding of the duties and responsibilities associated with their post, and the statutory notifications to be submitted under their registration with us. They described the support they received from the general manager as "excellent" and confirmed they had the resources needed to develop and improve the service people received.

People knew who the registered manager was, and expressed confidence in their management of the home. One person told us, "You won't find much wrong with this place. If there is anything wrong, they (management team) put it right straightaway." A local GP spoke highly of their experience of working with the home's management team. They said, "They (management) communicate effectively and take on suggestions. There's a mutual feeling of trust." Through the monthly residents' meetings, the provider's monthly newsletter and an open, ongoing dialogue with the management team, people felt involved in the service. One person explained, "I talk to [registered manager] every morning when I go in for breakfast. They also do a very good newsletter every month."

Staff expressed enthusiasm for their work at the home. They were clear what was expected of them, and felt they had the support they needed from management to succeed in their job roles. Staff found the management team approachable, and praised their knowledge and willingness to work alongside them. One staff member said, "They (management team) are very supportive. [Registered manager] and [deputy manager] will sometimes come and work with us. Both are people you can speak with if you have any doubts or concerns; there are no barriers." Another staff member said, "I've never felt so supported in any job."

The management team and senior staff carried out quality assurance activities to monitor and address the quality of the service people received. These included routine checks on people's medicines and associated record-keeping, periodic infection control audits and the distribution and analysis of annual feedback surveys. The provider's quality assurance activities had resulted in improvements to the service. These included better management of the risk of malnutrition with lower use of prescribed supplements, improved cleaning protocols and the installation of a new whirlpool bath.