Hudson (Sandiacre) Limited

Sandiacre Court Care Centre

Inspection report

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on 16 January 2016. Sandiacre Court is a new build offering full time care over three floors. On the day of the inspection only two of the floors were in use.. People who used the service had physical health needs and/or were living with dementia. The service was registered to provide accommodation for up to 81 people. At the time of our inspection 53 people were using the service. This was the service's first inspection since it was registered with us on 23 December 2014. .

There was a registered manager in post. 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 care records did not always reflect the care people were receiving this meant there was a risk that some people would not receive the correct care as their needs changed.. Stimulation was offered on an organised basis and people and relatives told us they would like to see an increase in daily meaningful interactions. The provider had responded to verbal complaints it had received however there was no system in place to record these to look at themes and trends to drive improvement..

People told us they felt safe and staff had received training to ensure they knew how to recognise and report any concerns. Staff told us they had received training on their induction and on going regular training to maintain their knowledgeable and skills about their roles and responsibilities. People had risk assessments to reflect their individual needs in maintaining their independence and safety in the environment. There were sufficient staff to support the needs of the people. The manager ensured an on going review of staffing to reflect the changing needs of the people who used the service. People received their medicines safely and there were checks to ensure appropriate recording and storage. Staff received checks to ensure they were safe to work at the service.

We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The provider ensured that people had been involved in their care planning and where they lacked capacity other people were involved to ensure decisions were made in people's best interests. People felt they received a good choice of food and their individual preferences were considered in the menu planning. Referrals to health care professionals were completed in a timely manner to ensure people's health care was maintained.

Staff had developed positive relationships with people and they knew about their life and daily choices. People who used the service told us they felt their privacy and dignity was respected.

The manager had a range of auditing systems which reflected in developing the quality of the care being provided. The provider used a range of methods to continue to drive improvement. Staff felt well supported

by the manager in their everyday role and in their career development.

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

People told us they felt safe and secure. Risks assessments had been completed to support people's safety and maintain their independence. There were sufficient staff to meet people's needs. These were reviewed and changes were made to reflect the needs of the people using the service. Medicines were managed and administered safely. Please add staff were recruited safely.

Is the service effective?

Good

Staff received induction training and on going training to maintain their skill levels to support people. People were supported to make decisions and where people were unable to do so care and support was provided in the person's best interest. People told us they enjoyed the food and we saw their preferences had been included in the menu planning. Referrals to health care professionals were timely to support peoples' health and wellbeing.

Is the service caring?

Good

Staff knew people well and had positive caring relationships with people. People were supported to maintain relationships which were important to them. People were able to make choices about their day and were supported with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not consistently responsive
Care records were not always updated to reflect the changes in people's needs. Meaningful engagement could have been developed to maximise opportunities for people. Complaints were openly received and responded to however, verbal complaints had not been recorded to show the action taken to resolve those concerns.

Is the service well-led?

Good

The provider had effective systems in place to monitor and improve the quality of the care people received. People and their relative had been encouraged to provide feedback about the service. Staff felt well supported by the manager and provider.

Sandiacre Court Care Centre

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. Our inspection was unannounced. The team consisted of two inspectors and a specialist who had knowledge in the areas of people who were living with dementia

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority that provided us with current monitoring information. We used this information to formulate our inspection plan.

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 spoke with ten people who used the service and six relatives. Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with seven members of care staff and the cook, a domestic, the activities coordinator and the registered manager. We also spoke with four health care professionals. We reviewed three staff files to see how staff were recruited. We reviewed five care records in detail and other care records to clarify aspects of people's care. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. One person we spoke with said, "There is always someone nearby, I can press my buzzer and I can lock my door at night." A relative told us, "[name] used to worry when they were at home, now that worry has all gone." Staff had received safeguard training and they were able to explain to us the importance of keeping people safe. They told us how they would report any concerns and where information in relation to safeguards was stored. One staff member told us, "This environment is provided to keep people safe, we keep an eye on everyone and are alert to any concerns." This showed the provider ensured people's safety.

We saw that risk assessments had been completed to cover areas of the environment and individual risks. These assessments identified the risk and how the person could be supported to minimise the risk and where possible still retain some independence. Some of the people who used the service were at risk of falls; we saw that falls risk assessments had been completed. The assessments identified the equipment the person needed and the level of staff guidance to help maintain their independence. Staff told us about the support the person required and we observed people using the equipment safely. . Another assessment reflected a person's ability to use the call bell. We checked with the person and they told us, "I am able to use the call bell and they always come." Where it was identified a person was not able to use a call bell regular checks were provided and documented to ensure the person remained safe. Records confirmed checks had been completed as stated in the risk assessment. Some people required equipment to enable them to transfer. We observed staff when they supported some people to transfer from their arm chair to a wheelchair, this was done in line with their care plan. Staff provided guidance to the person and showed knowledge and confidence in using the equipment.

Staff told us they understood about the whistleblowing policy. This is a policy to protect staff if they have information of concern. One staff member said, "If I saw something I would report it." The staff we spoke with felt confident any concern they raised would be acted upon and they would be supported.

People told us and we saw there were sufficient staff available. One person told us, "There always there if you need them and always someone on call." Relatives also felt there were sufficient staff, one relative told us, "There are always enough and I visit at different times." Staff we spoke with confirmed they felt there was enough staff. One staff member told us, "Yes there is enough staff, haven't used agency for care staff and rarely have nurse's from agency." Another staff member said, "There are enough staff and they have been recruiting ready for the next floor to open." The manager told us they reviewed the staffing levels on a regular basis in line with any new admissions or in relation to the increased needs of the people using the service. The records confirmed staff levels reflected people's needs and we saw that there had been an increase in staff numbers in relation to the numbers of people and their dependencies. The manager told us they were about to increase the staffing on the residential floor to an additional staff member as the dependency had increased. This demonstrated that the provider ensured there were sufficient staff to meet the needs of the people using the service.

We saw that recruitment and selection procedures were in place to check new staff were suitable to care for

and support people who used the service. We saw the provider had requested and received references. A disclosure and barring service (DBS) check had also been carried out before staff started work. Staff confirmed they had received these checks, one staff member said, "I had to complete my DBS and provide two references before I stated." The visiting hairdresser confirmed they had obtained a DBS prior to supporting people at the service.

People received their medicines at the right time and in a dignified way. We observed staff spent time with people to explain their medicines and encouraged them to take them. For example one person was reluctant to have a drink after taking their tablets, the staff tried different cups to encourage the person to have a drink. The provider had procedures in place to ensure storage and records were maintained and there was a clear audit system in place. This showed the provider ensured people received their medicine in accordance with their prescribed needs.

Good

Is the service effective?

Our findings

Staff told us the training programme covering a range of topics through different methods, some training was classroom based and some online learning. One staff member told us "The training is happening all of the time, lots of the carers are doing NVQ." New staff completed an induction programme which consisted of training and shadowing an experienced member of staff. All the staff we spoke with said the induction was useful in meeting their needs. One staff said, "Fantastic, best induction I've ever had, it covered everything." Another staff member told us, "All the staff are helping me at every point, as I am still training." All new starters were completing the care certificate and there was an ongoing record of those who had completed it and the stages other staff were at. The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The provider used a computer based training management system which identified when each staff member were due further training, this mean the provider enabled staff to keep up to date with their training needs

The Mental Capacity Act 2005 (MCA) provides the legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack capacity to take particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

We saw that the service worked within the requirements of the Act. Were appropriate people had received a capacity assessments and when identified the person lacked capacity, we saw best interest assessments had been made. For example one person did not have the capacity to make a decision about a pressure mattress and bed rails. It was identified the person was at high risk of skin damage without the use of the equipment and therefore following a best interest assessment established the reason for the use of the equipment.

We saw the service had completed applications for a DoLS to the local authority and they had a system for tracking the applications. One DoLS which had been authorised had expired, the service had taken appropriate action to ensure the application was reviewed and renewed. Staff understood about people's capacity and the different levels of decision making. One staff member told us, "If people are able to make a decision, we have to respect that, other people who cannot make a decision; we give them choices with food, clothes, small things." We observed people were given choices and permission obtained before support was provided This meant staff were working to ensure people's best interests were protected.

People told us they enjoyed the food and they had a choice of meals every day. One person told us, "There is a lot of food, it's all very good, I am asked in the morning what I would like." We saw throughout the day

people were offered drinks and snacks. Some people chose to stay in their room, one person told us, "They bring me a fresh jug of juice, they brought blackcurrant, but I prefer lemon so they changed it." The cook had a five week menu plan which was based on people's dietary needs and preferences. An additional menu had been had produced to accommodate one person with their cultural requirements. At lunchtime we saw the person received the meal as stated on their menu. We saw that when people arrived at the service an individual profile on their food preferences had been completed and that the cook attended the meetings for the people who used the service to discuss any feedback on the meals. For example at the meeting it was raised that the menu had two spicy choices and nothing traditional, we saw that the menu had been changed to reflect the feedback. This demonstrated that the provider considered people's views and responded to make improvements.

We observed the lunchtime meal. Staff were knowledgeable about special dietary needs, such as diabetes or whether people required 'soft' foods. We saw were people needed support this was offered, but independence was promoted. One staff member said, "You've done so well with your dinner, I've brought you a pudding do you want to carry on yourself or shall I help you?"

We saw staff encouraged people to eat and drink. They told us and records confirmed that people's food and fluid intake was monitored. Staff completed monthly audits of people's nutritional needs and intake. Any weight loss concerns were actioned with a referral to the appropriate health care professional. This showed that people's nutritional well-being was promoted and monitored.

The service had established positive links with health care professionals. One health care professional told us, "The staff here are helpful and supportive, if needed they follow any action or ring for advice they are very proactive." We saw that the care records documented health care visits and any guidance and in the staff office there was a diary with appointments and tasks to be completed each day. This meant communication between staff was effective in promoting people's health and wellbeing.

Good

Is the service caring?

Our findings

People told us the staff treated them with kindness. One person told us, "Everyone is lovely." They went on to say, "They always chat to me about all sorts of things." Relatives we spoke with also commented on the caring nature of the staff. One relative told us, "It's lovely to see the staff sitting with people holding their hands." Staff had a good knowledge of people and the things that are important to them." For example one person made a positive comment on a dress someone was wearing; the staff picked up the conversation and continued it knowing the person had previously been in the dressmaking industry. One staff member told us, "My favourite bit of the job is communicating and cheering people up."

People were encouraged to keep in touch with people that mattered to them. Relatives we spoke with told us, "I can visit anytime and I am always made welcome." One relative told us when they first visited, the staff familiarised themselves with them. They told us, "Staff refer to me by name and know my relationship with my relative; it makes me feel more welcome." We saw that relatives were made welcome. For example one relative took their family member downstairs to the café, the staff made sure they had refreshments. The person enjoyed spending time with their family in the café and we saw this was documented in that person's care records.
The service held monthly meetings for people who use the service and relatives were welcome to attend. One relative said, "These are useful as the manager and cook attend and people can have their say." Relatives also told us they were able to ask about the person's care they received. One relative said, "They will always talk things through with me." Another relative said, "I cannot praise this place enough my relative has made so much progress since coming here."

We observed that when care was provided people were supported to maintain their dignity. Staff used people's name and made eye contact when speaking to the person. They enquired about people's wellbeing and we saw when one person complained that their back was hurting, the staff member took time to rub the person's back and then ensured they were comfortable before they left them. Relatives we spoke with felt people's privacy of people who used the service was respected. One relative said, "The staff are always respectful to my relative, they knock on the door before entering and always use their name." Staff we spoke with told us how they support people to maintain their privacy and dignity. One staff member said, "It can be just the small things like closing the door of the bathroom or talking at eye level."

Requires Improvement

Is the service responsive?

Our findings

One relative told us they had made a verbal complaint, but they had not received a formal response. People and relatives we spoke with had concerns about the laundry and had raised these concerns with the manager. The manager was able to discuss the verbal complaints which had been made but there were no records of the concerns so we could not be sure they had responded to them in line with their policy. The service had a complaints procedure which was available in the service user guide and people and relatives told us they were aware of how to raise any concerns. The service to date had not received any formal complaints.

We saw that the information within several care records did not reflect the care which was being provided. For example one person's record identified they required a non-spill beaker, we did not see the beaker being used by the person who used the service.. Another plan stated a person was on a soft diet, however we saw the person was able to manage a regular meal. The staff confirmed the records had not been updated to reflect the current needs of the person. This meant there was a risk that some people would not receive the correct care as their needs changed.

The care records identified people's preferences in the way they wished to receive their care, and we saw that each record had information about the person's life including important events and people. Staff we spoke with were able to tell us about people's lives before they used the service. One Staff member said, "It's important to know things about people so you can engage them in conversation." This showed staff were able to support people's life and what they enjoyed.

People and relatives we spoke with told us they would like to see more interactions with people. One relative told us, "The activities are structured, there seems to no spontaneity." Staff we spoke with told us they would like to receive some additional training in supporting people living with dementia, so they could offer more support to these people. One staff member told us, "I would like more training and information about dementia and behaviours that challenge."

A dedicated activities coordinator had recently been employed and they were developing a programme of activities. We saw people were encouraged to join the chair based exercise class; however they had to walk to a different part of the building. This reflected the number of people who were able to join in and limited the opportunity for others to join in once the session had started. This was because the sessions was in a different part of the service and some people needed support to mobilise to this part of the service to access the activity.. One person told us, "I would like to have more activities." The manager told us evaluations of the activities were completed to consider the value of the activity and the provider had plans to recruit an additional activities coordinator as the service grew.

We saw that people's birthdays and calendar events were celebrated through a combination of food and arts activities. The cook told us, "We like to make a fuss, we make a cake themed to their favourite things and we decorate the tea trolley with birthday banners." We saw the provider had planned events throughout the year. For example for Valentine's day people had made decorative boxes and the kitchen had produced

handmade chocolates. Relatives told us, "It's lovely the staff all dress up, and they have different food." The cook also provided baking sessions and we saw on the activities list these sessions were recorded and planned. One relative told us, "My relative had baked things and been involved in the crafts." This demonstrated the provider considered what people liked and chose to participate in.

Good

Is the service well-led?

Our findings

People told us the service had a homely atmosphere. One person said, "It's like a beautiful hotel." Relatives also told us they felt the environment was relaxed. One relative said, "The staff make people comfortable like family." We saw that the manager had a good overview of the home and the people who used the service. The home had a daily handover meeting to ensure they supported each individual and information was cascaded to staff, in addition to this the manager had introduced a handover report each Monday morning to identify any concerns raised over the weekend. We saw the manager also had a 'hands on' approach by completing a care shift once a month along with being on call. The manager told us, the care shifts were part of their way of getting to know the people using the service and checking the quality of the care being provided.

The provider had told us in the PIR that they supported staff to develop and enhance their skills. We saw this had happened. Staff told us they had regular supervision sessions which they felt offered them support and the opportunity to identify any areas for development. For example the cook and assistant had expressed an interest in expanding their cake decorating skills to support the themed events and personal celebrations at the service. The manager confirmed they were sourcing a course to support this request. Other support which had been offered was in relation to the nurses who were completing their validation of their nursing registration. They told us the manager had accessed training to support their evidence base for this process. This demonstrated that the provider supported staff to enhance their skills.

The provider used a variety of methods to assess and monitor the quality of the service. These included audits, meetings with areas of the service and monitoring information. For example we saw how information received from the care staff was used to support a monthly monitoring report. This linked into a monthly audit, and that in turn a meeting with the senior staff to ensure all information was cascaded. We saw how the monitoring form had identified one person had an increase in their behaviours that challenged. This person was discussed in the seniors meeting and a planned approach to managing the behaviours that challenge along with a referral to a health care professional. The records reflected this action had been completed. Other audits in relation to the service had a similar link so that the information could be used to drive improvement to the service. For example some people had complained about the lights in their bedrooms not being bright enough. We saw the maintenance person had tried different wattage bulbs until the people were happy with the level of light. This showed the provider used information to drive improvements.

The provider was planning to complete a quality questionnaire this summer as the service should be at full occupancy and this would provide a good baseline for the service to start from. In the meantime the service had encouraged people and relatives to complete the questionnaire produced by the care homes website. The site had received 20 reviews and we saw the provider had responded to people through the site in relation to the feedback.

The manager told us they received good support from the provider, with regular meetings and support as required. They told us, "I feel I have control on how to manage the home." The manager understood the

responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of the registration.