

Prasur Investments Limited

Sandrock Nursing Home

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Sandrock Nursing Home provides accommodation for up to 28 people who require nursing or personal care. The home is in one adapted building. At the time of our inspection 15 people lived in the home.

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

During the previous three inspections we identified serious concerns with the safety and quality of the service being provided for people.

During this inspection, although the provider had made improvements to the concerns identified previously, there continues to be a breach of the regulations. With the provider's poor regulatory history and repeated concerns from the past 3 inspections, we could not be assured that the quality of the service would improve in the areas identified at this inspection.

During this inspection the provider neglected the premises people lived in placing them at risk of abuse. We found a series of concerns relating to the safety of both the inside and outside of the premises.

Medicines management had improved, stock recording of medicines had improved, and people had their medicines as prescribed. Staff had been trained on administering medicines and their competence was regularly checked.

Monitoring to mitigate risks had improved. Care records were individualised and reflected each person's needs and preferences. Risks were assessed and identified, and staff had guidance to help reduce the risk of avoidable harm to people they were supporting.

The principles of the Mental Capacity Act (2005) were now being consistently followed when providing care and treatment for people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were protected from abuse because staff understood the correct procedure to follow if they had any concerns. Staff were knowledgeable about people's health needs and the provider worked in partnership with other health professionals as a measure of providing the appropriate level of support.

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

Rating at last inspection and update

The last rating for this service was inadequate (report published 25 October 2022) and there were breaches of regulation. Following the inspection, we imposed 2 conditions on their registration. The first condition was for the provider to undertake an independent assessment of the competency of the registered manager

and deputy manager in relation to medicines management. The second condition was, the registered provider must have a suitably qualified, skilled and competent professional undertake an independent assessment of the safe management of medicines within the service.

At this inspection, we found that the provider and registered managers had made some improvements to the service and were no longer in breach of regulations 12 and 11.

In other areas, the provider had failed to make sufficient improvements. This meant the service continued to be in breach of regulation 17 for the fourth consecutive inspection.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

During this inspection, we looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last inspections, by selecting the 'all reports' link for Sandrock Nursing Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to premises and effective governance of the service.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate 

The service was not safe.
Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Inadequate 

The service was not well-led.
Details are in our well-led findings below

Sandrock Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

This inspection was undertaken by 2 inspectors.

Service and service type

Sandrock Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sandrock Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced .

What we did before the inspection

We reviewed information we had received about the service since our last inspection and we sought feedback from the local authority. We used this information to plan our inspection .

During the inspection

We spoke with 2 people who used the service and 4 relatives about their experience of the care provided. We also spoke with 8 members of staff including the registered manager, deputy manager, care staff, kitchen and maintenance staff. We made observations in communal areas of staff interactions with people living there .

We reviewed a range of records. This included 6 people's care and support records and medicine administration records. We looked at 2 staff records in relation to recruitment and training. We also reviewed a variety of records relating to the management of the home, including policies and procedures, staffing rotas, accident and incident records, safeguarding records and reports.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- The provider did not operate robust procedures and processes that made sure people were protected from the risk of abuse.
- We found serious concerns with the safety and condition of both the inside and outside of the premises.
- The garden area presented multiple health and safety hazards to both people and staff. On the first day of the inspection, we highlighted several concerns including blocked drains, old mattresses, gas cannisters, wooden pallets and garden materials piled up. For 2 people this blocked their bedrooms window views. The provider had cleared these areas by the start of the second day of the inspection.
- Gutters were blocked with plant materials and in the eaves of the roof, several pigeons had made nests. These directly impacted unoccupied bedrooms on the top floor of the premises.
- Unoccupied bedrooms, that the provider had planned for new admissions, were in poor condition. There were stains and damp patches in unoccupied rooms of the premises.
- There were multiple doors in the unoccupied rooms that did not close properly and in once instance the door frame was disintegrating.
- We saw that any remedial work that had been completed on the unoccupied rooms was of a poor standard.
- The provider was issued with a fire enforcement notice on 24 August 2022 by Merseyside Fire and Rescue Service. The notice detailed fire safety concerns in relation to 7 items. The provider had actioned 5 before the inspection, 1 during the inspection and 1 remained outstanding.
- One of the outstanding items was the kitchen hatch which opened to the communal and dining area, did not meet the required standard of 30 minutes fire resistance. Although the provider had made their own kitchen hatch, this had not been surveyed or checked for appropriate quality.

The provider had failed to appropriately assess, monitor and manage risks to people's health and safety by neglecting the environment placing people at risk of harm. This was breach of Regulation 15 (premises and equipment).

- Where people required some aspects of their care and support to be monitored, such as risks associated with malnutrition, dehydration and poor skin condition, charts were in place to evidence how these were monitored and managed.
- Staff had received safeguarding training and knew what action to take if they had any concerns.
- Accidents, incidents and safeguarding concerns were recorded and acted upon appropriately to keep people safe. This included referrals to relevant health and social care professionals.

Using medicines safely

At our previous 3 inspections, the management of people's medicines was unsafe. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer on breach of this regulation, but further improvements were still required.

- Medicines were mostly managed safely.
- Recording of stocks was not always robust. The provider had implemented a system for recordings stocks of medicines, but this needed more time to become embedded.
- Prescribed creams were not always stored safely.
- Staff responsible for medicine administration had received relevant training and had their competency levels regularly checked.
- Where people were prescribed 'as required' medicines, staff had access to information and guidance to ensure these medicines were only administered when needed, this helped staff to give these medicines consistently.

Preventing and controlling infection

- People were not always protected from the risk of the spread of infection. Some occupied and unoccupied rooms were not clean or in good condition. Many items of furniture in people's bedrooms and communal areas including chairs and tables were unclean and in poor condition.
- We found that in 2 bedrooms, carpets had a malodorous smell that was overpowering, and despite being cleaned as per the cleaning records, the carpets were not fit for purpose.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's approach to visiting was in line with current government guidance.

Learning lessons when things go wrong

- Lessons had been learned from our previous inspection and systems were now in place to help assess and monitor the risks in providing care and treatment for people with specific medical conditions. This helped ensure the appropriate guidance was in place for staff.
- Improvements had been made to the risk assessment for each person and we saw complete documentation that was relevant and up to date.

Staffing and recruitment

- There were enough staff to meet people's needs.
- Staff personnel files contained the appropriate information needed to ensure 'fit and proper persons' were employed. Staff files were well maintained and accessible. Since the last inspection the provider had recruited a new staff member.
- Disclosure and Barring Service (DBS) checks were completed for all staff who worked at the service. This ensured that all staff were deemed 'suitable' to work in health and social care settings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

At our previous inspection people's needs were not adequately assessed, monitored and managed to ensure the care provided was effective. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer on breach of this regulation.

- People's needs and choices were assessed, and care plans were detailed, person-centred and provided staff with the guidance they needed to support people.
- Care plans included information about people's preferences and choices, and when a person's needs changed their care plan was updated.
- Staff monitored people's health and involved healthcare professionals where required. During our visit a number of health professionals visited the service to complete reviews. They gave positive feedback about the provider. One professional told us, "Staff are caring and they put the people first."
- People's health appointments and any recommendations from these were recorded and used to update people's care plans.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal

authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our previous inspection people's legal rights were not always protected in accordance with the MCA. This was a breach of Regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer on breach of this regulation.

- Staff received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA. Staff promoted people's rights and worked within the principles of the MCA to ensure these were upheld.
- Care records showed where people lacked capacity to make certain decisions, these had been made in their best interest with input from family members or other professionals.
- The registered manager had made appropriate DoLS referrals where required for people.

Adapting service, design, decoration to meet people's needs

- The home was uncluttered and accessible. We observed people moving around the home.
- People were able personalise their rooms with their own belongings.
- The home had a courtyard for people to enjoy if they wished. Access to the garden area was limited .

Staff support: induction, training, skills and experience

- Staff were supported with a range of training which supported people's individual needs. Staff spoke positively about training and the support they received.
- Staff had received mandatory training and had been supported to access training for their development.
- New staff members received an induction at the service. There had only been 1 new member of staff employed by the provider since the previous inspection.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet.
- Catering staff knew about people's special dietary requirements, for example, people who required their food to be modified or have low sugar foods.
- People were offered a good choice of food and drink.
- During the inspection, we observed positive mealtime experiences and people felt comfortable and were never left waiting for food or drinks. Staff were attentive to people's requests and spent time assisting and engaging with them at mealtimes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's dignity had not always been respected. We saw that 1 person's belongings had been left in an unused and unlocked bedroom. This included photographs and personal items .
- Staff understood the importance of maintaining people's confidentiality and we observed staff respecting people's personal space. Staff knocked on bedroom doors before entering and used the person's preferred name.
- Relatives told us that staff were kind and caring. Comments included, "Well looked after and don't leave her for a minute and they are like that for everyone. They really do care ."

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring, friendly and always took time to speak with them and ask how they were. Staff had formed positive and caring relationships with people and knew them well.
- The provider aimed to ensure people received care from a consistent team of staff. Staff were knowledgeable about people's care and support needs and their preferences on how they were to be met.
- Staff supported people with kindness and respect. We observed people felt comfortable and relaxed in the presence of staff team and we saw many examples of good rapport between people and staff.

Supporting people to express their views and be involved in making decisions about their care

- People and family members told us they were given the opportunity to share their views about the care they received and also invited to make suggestions for improvements to the service.
- Regular review meetings were held with people and family members to discuss care and obtain people's views.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided care and support that met people's individual needs.
- Each person had a care plan which contained specific information on how they wished their needs to be met. Staff knew what was important to people and followed the guidance from their care plans.
- Care plans included specific information about what people could do for themselves and what staff could do to provide the right care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans contained information about people's communication needs. The provider had not admitted any new service users since the previous inspection, however we saw that the provider had an admission assessment in place that included a person's communication need.
- Each person's care plan contained information on how they communicated their care and support needs and choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to get involved in a variety of activities to meet their needs.
- Although the provider did not employ a dedicated activities coordinator, the care team worked hard to facilitate activities that were meaningful and inclusive.
- We observed staff engage people with singing that was meaningful and created a joyful atmosphere in the home.

Improving care quality in response to complaints or concerns

- Complaints were acknowledged and responded to and used to improve people's experiences.
- The provider had a complaints policy which they shared with people and relevant others. Where complaints had been raised, they had been responded to efficiently.

End of life care and support

- People were supported to make decisions and plan their preferences for end of life care if they wished, and family members were involved where this was appropriate.
- At the time of our inspection, no one was receiving end of life care. The registered manager said they worked in collaboration with healthcare professionals, to ensure people were supported to have a pain free and comfortable end of life experience surrounded by the people they wished to be by their side.
- Staff had completed end of life training and there was an end of life policy to ensure staff could support people with their end of life care wishes and needs.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant there were significant shortfalls in service leadership. The provider did not assure the delivery of high-quality care.

At the last inspection, the provider was found to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the governance arrangements in place were not robust, management oversight of the service was poor, and records were poorly maintained.

At this inspection, although improvements had been made to the concerns found at the previous inspection, we found that due to the concerns highlighted in this report, the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider demonstrated a lack of understanding about their roles and responsibilities for ensuring the delivery of high-quality care. They showed a lack of understanding in relation to the management of risk and regulatory requirements.
- The provider lacked robust oversight of the service and only made improvements when external experts, like the Merseyside Fire Service or the CQC, identified concerns during inspections. The provider was not proactive in making positive changes. They failed to take responsibility for assessing, monitoring and improving the quality of the service and for mitigating risk.
- Although the provider had a range of new audits, they did not identify the issues highlighted during the inspection and in particular, the condition of exterior and interior of the premises.
- We shared these concerns with the provider but, were not assured the provider would improve the condition of the bedrooms or parts of the exterior of the building. The provider shared an improvement plan, but these improvements would only be made following the outcome of this report.

The provider failed to operate effective systems to assess, monitor and improve the quality and safety of the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager and deputy had made improvements in the areas identified since the last inspection.
- Audits identified areas of improvement and resulted in changes being made that helped ensure the service was starting to deliver a better quality of service and met people's needs. Examples included, care planning, risk assessment, medication competency audits and consent. These were all recently implemented and showed that some improvements had been made since the last inspection, although

further improvements were still required.

- People and relatives we spoke with provided positive feedback about the leadership in the home. One relative told us, "I speak to [Manager's? Name] and [Name] if I have any concerns and they keep me up updated as soon as we walk in the door or they call me at home to tell me everything. They are a good team and everyone seems on the same page."

Continuous learning and improving care

- There had been learning and improvement from the previous inspection, however the provider remained in breach in 2 key areas.
- The provider failed to monitor the quality and safety of the service. This increased the potential risk to people because quality concerns had not been identified.
- We saw that the registered manager and the management team were keen to continually learn to improve people's experience of care .

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was working to ensure they promoted a positive culture and staff demonstrated a passion to provide improved care to people.
- People were given opportunities to express their views in group settings and individually, the registered manager held regular meetings for people. Meetings gave people the chance to give their views on the food and activities.
- Staff told us they felt well supported by the registered manager, they were able to make suggestions and were listened to. Staff told us, "[Manager's Name] is supportive and if you have problems you can go to [Name] anytime you want. I have asked for some things to change and feel like I can" and another said, "Yes they [manager] are supportive, and they listen to you and any suggestion they take note."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open in the event of anything going wrong. Records showed that all safeguarding concerns had been reported to the local authority and CQC in line with guidance. We were assured that events and incidents had been appropriately reported and managed.
- Records showed that people's family members were informed if any incidents occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their relatives and staff were involved in the running of the service.
- The registered manager held regular resident meetings where people had the opportunity to provide feedback on their care or make suggestions for improvements.
- The registered manager and management team worked well with other agencies to help achieve good outcomes for people.
- Staff made referrals to health and social care professionals as and when required to meet people's needs. People's records showed advice and guidance was documented, and staff followed the information provided.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider failed to operate effective systems to assess, monitor and improve the quality and safety of the service.
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Diagnostic and screening procedures	The provider had failed to appropriately assess, monitor and manage risks to people's health and safety by neglecting the environment placing people at risk of harm.
Treatment of disease, disorder or injury	

The enforcement action we took:

The provider had failed to appropriately assess, monitor and manage risks to people's health and safety by neglecting the environment placing people at risk of harm.