

Prasur Investments Limited

Sandrock Nursing Home

Inspection report

1-3 Sandrock Road
Wallasey
Birkenhead
Merseyside
CH45 5EG

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Sandrock Nursing Home is a care home providing nursing and residential care to up to 28 people. At the time of the inspection there were 23 older people living at the service some of whom were living with dementia.

People's experience of using this service:

The registered manager was working to an action plan to make sure people's risk assessments and care plans were person centred and accurately reflected people's needs.

People told us staff were kind and respectful and we saw caring relationships had been developed between people and staff.

The dining experience had improved. people received the support they needed to eat and drink and were given choice of where and what to eat.

People had choice and control over how they spent their time. People were supported to pursue their interests such as listening to their favourite radio station or visit the local pub.

People received their medicines when they needed them and were supported to receive support from healthcare professionals.

People felt safe in the service and with the staff that supported them. There were enough safely recruited staff on duty and staff responded to people's request for assistance.

The service was clean and fully accessible and bathrooms had been adapted. People had been able to personalise their rooms with their own furniture and personal affects.

People's capacity to make decisions was assessed and people were supported with decision making.

Staff were knowledgeable about safeguarding procedures and how to raise any concerns they had. Referrals to the local authority safeguarding team had been made appropriately. Staff received regular training to ensure they had the skills to meet people's needs.

Staff felt well supported by the registered manager and told us they could raise any concerns with them.

There were systems in place to assess and monitor the quality of the service.

Rating at last inspection: Requires Improvement (report published 8 September 2018)

Why we inspected: This was a planned inspection based on our inspection schedule for new services.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

This inspection was completed by an inspector and an inspection manager.

Service and service type:

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and the quality and safety for how the care is provided.

Notice of inspection:

This inspection was unannounced.

Before the inspection we contacted the local authority quality monitoring team and safeguarding teams to gain their views of the service. We also reviewed the information we held about the service including statutory notifications that the provider had sent to us. Statutory notifications are events that have happened at the service which have affected a person or people who live there. Due to technical problems the provider was not able to complete a Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report.

During the inspection we spoke with seven people who lived at the service, two relatives, and three visiting health and social care professionals to gain their feedback. We spoke with the registered manager, the maintenance person and three care staff. We also spent time observing the administration of medicines and the lunch time experience and completed a Short Observation For Inspection (SOFI) observation. SOFI is a way of us observing interactions with people living with dementia to give us a better understanding of their views and experience of the service. We reviewed medication administration records, staff handover records, three people's care plans, risk assessments and daily records, two people's wound assessments and associated care records, two staff recruitment and personnel files, the complaints log, accident and incident records, minutes of two meetings between the provider and registered manager, records of health and safety checks and records relating to the auditing and assessing of the quality of the service.

After the inspection we contacted the Local authority quality monitoring team for an update, the local End of Life Care Team and the district nursing team to ask them for feedback. We also asked the registered manager to send us a copy of the local authority quality improvement action plan they were working to and the dates of staff training, supervision and appraisals.

Is the service safe?

Our findings

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

At the last inspection 26 July 2018 we recommended the provider made improvements to the protocols for administering as required medication. This has been completed.

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People felt they received safe care. One person commented "My family visit here regularly and they feel happy as they know I am safe. I really like it here and I wouldn't want to be anywhere else." A relative told us "I know my loved one is safe here so I rest at night."
- Since the last inspection individual risk assessments had been introduced. Risks to people had been assessed and care records provided information about how staff should support people to help ensure they remained safe from avoidable harm.
- Risks were managed in a way that respected people's freedom. A relative commented "The staff treat my relative with dignity and respect whilst making sure they are still independent and feel safe".
- The building, equipment and utilities were checked regularly to ensure they remained safe.
- Procedures were in place to keep people safe in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding procedures and how to raise any concerns they had. Referrals to the local authority safeguarding team had been made appropriately.
- Staff had completed training in relation to safeguarding and a policy was in place to guide them in their practice.

Staffing and recruitment

- Safe staff recruitment procedures were evidenced within personnel files and checks had been made to ensure staff were suitable to work with vulnerable people.
- There were enough staff on duty to meet people's needs.
- People told us their needs were met in a timely way.

Using medicines safely

- Medicines were administered by nurses whose competencies to administer medicines had been assessed.
- Medicines were stored securely and in line with legal requirements.
- Records of administration were maintained and completed accurately.
- We saw people received their medicines when they needed them. One person told us "Staff remind me of certain things such as taking my tablets."
- The administration of medicines was centred around people's needs and preferences. We heard a nurse describe to a person what each tablet was for and saw they administered the tablets on a spoon which was the way the person liked to receive them.

Preventing and controlling infection

- The home looked clean and was odour free.
- Staff had access to personal protective equipment such as gloves and aprons to help prevent the spread of infection and we saw this was used appropriately.
- Staff had completed infection control training and a policy in place to support them in their role.
- The provider was working through an action plan to rectify shortfalls identified at a recent infection control audit of the premises.

Learning lessons when things go wrong

- Accidents and incidents were recorded appropriately. They were reviewed by the registered manager to look for any trends or themes.
- The registered manager took appropriate action following incidents to ensure lessons were learnt and to help prevent recurrence.

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 the last inspection 26 July 2018 we recommended the provider made improvements to the dining experience. This has been completed.

People's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough with choice in a balanced diet

- The meal time experience had improved since the last inspection.
- People could choose to eat in their rooms, at a dining table or from a portable table in the lounge.
- People that needed help to eat and drink were supported appropriately by staff.
- People's nutritional needs were known and met by staff.
- When people had difficulties eating, drinking or swallowing referrals had been made to the dietician or speech and language therapist as required.
- People's specific dietary needs and preferences were catered for and a choice of meals were available.

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

- Since the last inspection improvements had been made to the environment. Three new bedrooms had been provided in an extension and the number of shared rooms had decreased. There was less clutter in the corridors and each room was to be redecorated when they became empty.
- A lift was available to assist people to upper floors and hand rails were available throughout the building.
- People were encouraged to personalise their rooms and we saw that rooms contained people's own furniture, pictures and other belongings.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Referrals to other health and social care professionals were made when needed.
- The service worked with other health and social care professionals to help ensure people's healthcare needs were met. One person told us when they had a sore mouth staff had made an appointment for them to see the dentist. Another person told us "The staff know the signs of when I become unwell and they will make sure the GP is called straight away".
- A visiting health care professional and two visiting social care professionals told us staff communicated with them well, knew people's needs and helped to provide care that was joined up and person centred.

Supporting people to live healthier lives, access healthcare services and support

- People told us staff supported them with their health needs and arranged for the doctor to visit if they were unwell.
- Referrals to other health and social care professionals were made in a timely way.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to support commencing to ensure staff could effectively meet their needs.
- Plans of care were developed based on initial assessments, as well as assessments provided by other health and social care professionals.

Staff skills, knowledge and experience

- Staff felt supported by the registered manager and the cycle of supervision and annual appraisal of their performance.
- Staff completed regular training to ensure they had the knowledge and skills to support people. Records showed most staff had completed training updates within the providers own timescales.

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 Act 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Applications had been made appropriately to deprive people of their liberty.
- We heard staff asking people for their consent for example asking if they would like their medicines.
- People's capacity had been assessed when required such as to consent to the use of bed rails.

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

Since the last inspection 26 July 2018 improvements had been made to the storage of people's records.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Since the last inspection people were more involved in making decisions about their care.
- We heard staff providing explanations to people, giving them choices and checking with people they were happy before supporting them.
- Information about advocacy services was available to people if they had nobody to support them to make decisions.

Ensuring people are well treated and supported; equality and diversity

- People told us they were treated with kindness and compassion by staff and their family members agreed. Their comments included, "The staff are genuine." "The staff are lovely, and they are kind.", "The staff like a bit of banter and a joke which is very important to me and one of the reasons I want to stay here.", "My room is my own and I can do what I want, and the staff are really respectful of this. I love my door open at night and my side light on, so I don't get anxious."
- Staff knew the people they were supporting well, including their needs and preferences. Staff spoke warmly of the people they supported, and we observed positive, familiar interactions between staff and people.
- We saw one staff member was greeted with open arms by one person who told the staff member they had missed them while they'd been on holiday.
- We saw staff understood the importance of cats to one person and stopped each time they went by to reassure them the cat at the service was safe, well-fed and warm.
- The service received compliments and thank you cards from relatives, thanking them for their care and compassion.

Respecting and promoting people's privacy, dignity and independence

- We saw that staff knocked on people's bedroom doors before entering and that personal care was provided in private. Staff told us they always covered people and ensured doors were closed when providing personal care.
- Staff encouraged people to do as much for themselves as they could and were on hand to help if needed.
- We observed staff promoting people's independence encouraging them to move and sit at the dining table to eat and encouraging people to eat. One person was provided with a spoon, so they could stir their own sweetener in their hot drink. Another person commented "The staff have been very kind to me and they are careful not to tread on my toes as I like to be independent as much as possible".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

At the last inspection 26 July 2018 we made a recommendation that staff completed end of life training and this had been provided.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's individual needs had been assessed and care plans developed to meet those needs. Care plans provided information regarding the support people required and their preferences in relation to care.
- Staff knew the people they supported well and how they liked to be supported.
- People who had been assessed as able to use them had access to call bells so they could alert staff should they need assistance.
- Sensor mats were used to alert staff when people who could not use call bells had got out of bed.
- We observed people were free to spend their time as they chose such as reading, watching television or listening to the radio. One person told us "I go and visit the local shops and get a few bits for myself."
- A relative told us staff made sure their loved one was not left for long periods on their own whilst also being mindful not to 'fuss too much' because their loved one didn't like that. They also told us staff made sure their loved one's radio was tuned to their favourite channel.
- An activities person organised group and one to one activities in line with people's preferences. Some people went out with the activities person to the pub and some people enjoyed the visiting entertainers.
- People's communication needs had been assessed, recorded and where needed shared to meet the Accessible Information Standard. One person described how staff had made sure their communication needs had been met during a hospital appointment by arranging for an interpreter for them.
- We saw staff showed patience and understanding when communicating with people living with dementia giving them time to express themselves.

Improving care quality in response to complaints or concerns

- There was a complaints policy available and this was displayed in the foyer of the home.
- People and their relatives told us they would have no hesitation raising any concerns with the registered manager.
- No complaints had been received since the last inspection. There was a log of previous complaints which had been investigated and responded to appropriately.

End of life care and support

- Since the last inspection staff had completed on line training in end of life care and the registered manager had attended an end of life training course provided by the local Clinical Commissioning Group (CCG) End of Life Care team.
- We saw letters thanking staff for the care they had provided to people at the end of their life.
- Where people had expressed a preference, their wishes on whether they wanted to be resuscitated was

recorded.

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 the last inspection 26 July 2018 the registered manager had introduced new quality assurance systems which needed streamlining. This had been completed.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

- The registered manager was working to an action plan provided by the local authority quality improvement team to ensure risk assessments and care plans were up to date, accurate, person centred and sufficiently detailed.
- The registered provider had systems in place to assess and monitor the quality and safety of the service. These checks covered a variety of areas but could be further improved to make sure any actions needed were sufficiently detailed and signed and dated when completed.
- The registered manager told us a member of staff had been identified to take the lead on end of life care and make improvements to end of life care planning.
- Most actions identified through the providers audit system had been addressed to improve the service and reduce the likelihood of the same issue.
- Visiting health and social care professionals felt care was well managed, that staff communicated well and that they had no concerns regarding the service.
- The provider visited regularly for governance meetings with the registered manager to discuss all aspects of the service. This helped to ensure the provider maintained oversight of the service.

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

- CQC had been notified of most incidents that had occurred as required. However, we had not always been notified of safeguarding concerns or the authorisation of a DoLS. The registered manager gave assurances these would be submitted appropriately in future.
- The registered manager was aware of their responsibilities and people told us they were approachable. One person told us they thought the registered manager was "A lovely person".
- Personnel files contained job descriptions and staff were aware of their roles and responsibilities. The provider had a range of policies and procedures in place and this helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- The service was run by a registered manager and provider. The registered manager was supported by regular visits from the provider.
- Staff told us they were well supported and worked well together as a team.
- Information related to people who used the service was stored securely and treated in line with data

protection laws.

Working in partnership with others

- Most of the time referrals to other services had been made without delay.
- Advice received from professionals was recorded within daily handover notes and within peoples care records.
- The registered manager and staff maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to gather feedback from people.
- The registered manager was visible within the service and we observed them engaging with people, their family members and staff. The registered manager told us they also had plans to set up meetings for residents and their relatives.
- Staff had the opportunity to give their views and make suggestions during supervision and team meetings.