

HC-One Limited

Sandon House

Inspection report

Market Street
Mossley
Ashton-under-lyne
OL5 0JG

Tel: 01457834747
Website: www.hc-one.co.uk

Date of inspection visit:
31 October 2022
02 November 2022

Date of publication:
14 December 2022

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

About the service

Sandon House is a residential care home providing accommodation and personal care to up to 42 people. At the time of our inspection there were 42 people using the service.

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

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.

Staff were aware of their responsibilities regarding safeguarding. Risks to people, staff and within the home were well managed. There were detailed person-centred risk assessments and care plans in place. Accidents and incidents were well managed. There were detailed records of events, analysis and lessons learned. There were safe systems of recruitment in place and sufficient staff deployed to meet people's needs. Medicines were managed and administered safely. The risks associated with COVID-19 and other infectious diseases were managed well.

Staff received the induction, training and support they needed to carry out their roles effectively. People were supported to access a range of health care professionals. Good relationships were maintained between managers, staff and visiting health and social care professionals. People's nutritional needs were met and people told us they liked the food.

People were well treated. They told us staff and managers had a caring and kind approach. A relative said, "The staff are all brilliant, they can't do enough for [family member]." People and staffs' individuality was respected and celebrated. Staff, the registered manager and area director knew people really well. They spoke with compassion and fondness about people. Our observations were of natural, relaxed relationships between staff and people who lived at the home.

There was a strong sense of community from all staff; both as a community within the home, and also about being part of the wider local community. People's likes, dislikes, hobbies and interests were actively identified. There was a range of activities within the home and in the wider community that had been developed based on these. The provider was following the Accessible Information Standard.

The home was very well run and managed. The registered manager had a good understanding of what was needed to provide quality care. There was a range of very detailed oversight, quality monitoring and auditing. The registered manager placed great importance on continuous improvement. We saw a consistent culture of learning from incidents and a positive approach to embedding any learning. Opportunities had been created for people who live at the home to be part of checks and audits of standards and quality for dining and infection prevention. These had been embedded in the overall quality monitoring of the service. The registered manager and area director demonstrated a strong belief and

commitment to high quality, responsive, person centred care and support. Staff shared this commitment. Everyone was positive about the registered manager and the way they managed the home. One person said, "She's very good, if you ever have any problems you go to her and she sorts things out straight away."

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

Rating at the last inspection

This service was registered with us on 27 August 2021 and this is the first inspection. The last rating for the service under the previous provider was good, published on 29 March 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service and the length of time since registration.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sandon House

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

Two inspectors and an Expert by Experience undertook the inspection on day 1. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors undertook the inspection on day 2.

Service and service type

Sandon House 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. Sandon House is a care home without 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 on day 1.

What we did before the inspection

We reviewed information we had received about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed how staff provided support for people, to help us better understand their experiences of the care they received. We spoke with 12 people living in the home and 4 relatives. We spoke with 8 staff including; the registered manager, area director, wellbeing coordinator, kitchen and care staff. We also spoke with a visiting healthcare professional and training provider.

We had a tour of the building with the registered manager. We reviewed a range of records, including 6 people's care records, 3 staff recruitment files, records relating to medicines, training and supervision, building maintenance, cleaning and equipment checks, accident and incidents and safeguarding logs and policies and procedures for infection control. Also, a variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff were aware of their responsibilities regarding safeguarding and were confident any concerns would be dealt with properly.
- People told us they felt safe. They said, "I do feel safe here" and "I feel absolutely safe. The girls [staff] are lovely; superb, every one of them."

Assessing risk, safety monitoring and management

- Risks to people, staff and within the home were well managed. There were detailed person-centred risk assessments and care plans in place. There was a positive approach to risk management. Person centred solutions to identified risks for people were in place.
- The registered manager told us they had a new system for the management and reduction of falls. This included increasing the frequency of regular planned meetings to monthly. Among the initiatives introduced was measuring people's feet to ensure they were wearing the correct size footwear. Specialist equipment had been purchased; including movement sensitive bedroom lights. Work had also been carried out focussing on people who were at risk of urinary tract infections and those at risk of pressure sores. A staff member told us, "We have a falls meetings, we'll have someone from every area of the home, each department and they'll come in and we discuss falls, infections, hospital admissions and see if there's something that we can do." The work had resulted in a reduction in falls of 50% over the last 12 months.
- All required health and safety checks and certificates were in place and up to date.

Learning lessons when things go wrong

- Accidents and incidents were well managed. This included very detailed records of events, analysis and lessons learned.
- There was a positive approach to reflective practise for lessons learned. We saw this analysis identified if there were any themes or patterns. If this identified action that could reduce future potential risk to people, immediate action was taken.
- The registered manager had created a lessons learned file. This was shared with all staff and also shown to all new starters. This ensured any good practise lessons were embedded throughout the staff team. The registered manager said, "I will share them during flash [handover] meetings, where I can give background, what we found and what we'll do about it. There's no pointing fingers or blame."

Staffing and recruitment

- There were sufficient staff deployed to meet people's needs. The provider had a dependency tool to help

identify staffing need. We saw the numbers of staff deployed at Sandon House was higher than the levels identified. Work had also been undertaken to help retain staff. Staff said, "It's different day to day. Sometimes you get to sit and have a brew and chat but other days you don't get to chat to them as much as you'd like to" and "We try to have eyes and ears everywhere so we know what's going on. We have a staff member in the lounge at all times."

- People told us they usually received support in a timely manner. One person said, "The girls are rushed off their feet sometimes; but they are very good."
- There were safe systems of recruitment in place. All required employment checks had been undertaken prior to staff commencing employment.

Using medicines safely

- Medicines were managed and administered safely.
- A new electronic administration and monitoring system had been successfully introduced.
- Where people wanted to administer their own medicines, and were able to, we saw a detailed process and records were in place to safely support this.

Preventing and controlling infection

- The risks associated with COVID-19 and other infectious diseases were managed well. Some people who lived at the home were infection prevention champions. They had received training and undertook checks of cleanliness. One person us, "It's always very clean and the cleaners do work very hard, well, they all do."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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

- People were supported to have visitors in line with current government guidance. Relatives told us they were made to feel welcome. During our inspection we saw lots of visitors coming and going.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed prior to them moving into the home and reassessed once they had settled in.
- Importance was placed on ensuring people's health needs were identified and met. People were supported to access a range of health care professionals. Good relationships were maintained between managers, staff and visiting health and social care professionals.
- There were weekly virtual ward rounds with senior care staff, the G.P. and practice nurse. The practice nurse also visited the home each week. This enabled very prompt checks and treatment for people who lived at the home.
- People's care records included detailed information about their health conditions and how these might impact on the person. They also detailed signs and symptoms staff should look out for. There were detailed care records relating to oral care and hygiene.
- We received very positive feedback about the service from a visiting health care professional, external trainer and the local authority. A health care professional said, "They [staff] are very organised, receptive and have good ways of communicating. They email us with anything they need, I can only say it works well."
- A relative said, "The staff seem very sharp at noticing things and are very responsive."

Staff support: induction, training, skills and experience

- Staff received the induction, training and support they needed to carry out their roles effectively.
- There was a range of mandatory training the provider had identified. Staff were also offered training that was very specific to the needs or medical conditions of people living at the home or for topics the individual staff were interested in learning about. Staff were positive about the training they received and how it helped them do their job. They said, "We are constantly doing training with [provider training system] " and "We always do the training, it's renewed every time. Somebody came and delivered dementia training and discussed it with us."
- Staff told us they felt very supported. One said, "I don't think [registered manager] could do anymore for us if I'm honest. She's very good with us and our rotas, she will accommodate us. She does a lot for everyone. She's really understanding."

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

- People's nutritional needs were met. We observed a mealtime and saw staff supported people well and gently encouraged people who were not eating. People were offered choices and staff changed meals where

people said they didn't like what was on the menu or what they had chosen.

- People told us they liked the food and especially the celebration meals and buffets that were prepared. They said, "The food is no problem, we are well looked after here" and "The food is pretty good, I've no complaints." Relatives told us staff supported people with their nutrition well. One said, "[Family member] seems to enjoy the food and they make sure [person] eats, which puts my mind at rest."
- Some people who lived in the home were 'Dining experience' champions. They undertook weekly audits of the dining experience and offered positive feedback on what they found, what people told them or areas for improvement for managers of the home to consider.

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

- The home was clean, well decorated and furnished.
- A programme of updating and improvements was on going.
- People's bedrooms were spacious and were personalised with their own possessions. People said, "My room is very comfortable" and "I am very comfortable, and I love my room."

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.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People's capacity to make decisions about different aspects of their care and support was identified and well documented.
- Records indicated that people's consent to care and support was sought. Where appropriate those with legal authority were involved in decisions.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were well treated. People and staffs' individuality was respected and celebrated. People's religious and cultural needs were identified and promoted.
- Staff, the registered manager and area director knew people really well. They spoke with compassion and fondness about people. Our observations were of natural, relaxed relationships between staff and people who lived at the home.
- A number of staff and people who lived at the home came from the local area. It was clear some had known each other for some time before living at the home. There was a nice atmosphere, lots of laughter and shared jokes.
- Everyone was positive about living at the home. They told us staff and managers had a caring and kind approach. People said, "It's very nice, they look after me", "The staff are all very helpful" and "They are very good at making sure I have enough drinks, I don't want for anything. I don't feel lonely or isolated." Relatives said, "The staff are all brilliant, they can't do enough for [family member]" and "The staff here are generally very helpful and they have been very good with [family member]."
- The provider and registered manager placed great importance on ensuring people and their families, where appropriate, were involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- There was a commitment from all staff to providing dignified and respectful care and ensuring people's independence was supported and promoted.
- One staff member said that good person-centred care to them was; "Making sure that that person can live the best life, as independently as possible."
- People's right to confidentiality was respected. Policies and procedures showed the service placed importance on protecting people's confidential information.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; 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

- There was a strong focus on person centred care. Care records detailed what was important to and for the person.
- People's likes, dislikes, hobbies and interests were actively identified. There was a range of activities within the home and in the wider community that had been developed based on these.
- There was a strong sense of community from all staff; both as a community within the home, and also about being part of the wider local community.
- The registered manager and activity coordinator were very committed to people remaining active and both had a strong belief and understanding of the importance of people not being socially isolated.
- Some people spoke of the impact the COVID-19 pandemic had had on activities. One person said, "Before COVID, there was entertainment every day, but the virus caused a lot of it to stop." We saw community activities had been reduced due to the pandemic, but the registered manager, well-being coordinator and staff had found innovative ways of continuing some activities and were committed to continuing the development of more community presence. During the pandemic lock downs entertainers including a brass band had performed in the garden. Community activities were being reintroduced.
- Recently a local school had made and delivered afternoon tea for people who lived at the home. Photographs showed people had really enjoyed it. One person had been supported by the well-being coordinator to start to attend the local club football matches, the person had regularly attended before they started to live in the home. The person said they felt like a VIP. They also reconnected with some of their friends they had prior to living in the home.
- People were very positive about the activities on offer and being with other people. They said, "Everybody mixes, it's good when you can all mix" and "We went to Blackpool the other week which was a nice change. Saw the lights and had fish and chips." A relative said, "[Family member] has liked the singers they've had on and sometimes they've had impromptu singalongs in the afternoon when I've been here."
- Staff were very positive about the activities offered. One said, "Yeah, they all love their bingo. Luncheon club over at the church is great, they take it in turns they love that. They went to Blackpool last week and Portland Basin museum" and "Luncheon club is at [community centre], its every Tuesday, they get a hot meal, a pudding and a hot drink. We've been going there for about 5 years now. They have invited us to a show called Oliver (a pantomime) in December. They know people there and they get chatting. They are making links there. All their friends are there. It's all very local."

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.

- The provider was following the Accessible Information Standard.
- Information was available in a variety of formats including easy read, pictorial and languages other than English. People's individual communication needs and styles were responded to and respected.
- One person did not use words to communicate, but responded to music, singing, clapping and whistling. The person's care plan documented how staff could use this to encourage communication and what the person's facial expression, gestures and noises might mean.

Improving care quality in response to complaints or concerns

- There was a system for managing and responding to complaints.
- People told us they did not have any complaints but knew how to raise any concerns. They said, "I have no complaints", "The staff are lovely, nobody here could say they have any complaints" and "To be honest, I've never had any problem here."

End of life care and support

- People had the opportunity to identify their end of life wishes in detail. Records were very person centred; they included who and what was most important for the person. They also identified any religious or cultural wishes the person had.
- Advanced decisions about resuscitation were documented.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and area director demonstrated a strong belief and commitment to high quality, responsive, person centred care and support. Staff shared this commitment.
- Everyone was positive about the registered manager and the way they managed the home. People said, "The manager is approachable and very easy to talk to" and "She's very good, if you ever have any problems you go to her and she sorts things out straight away."
- Staff told us, "[Registered manager] is amazing. She knows the home inside out and upside down as well as the residents. She is professional all the time, but approachable. She is brilliant. We have [2 Area directors]. They're brilliant. If you've got an issue, even at home, you could ring them and they would listen" and "I like the management. I'm really glad I work here."

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

- The home was very well run and managed. The registered manager had a good understanding of what was needed to provide quality care. There was a range of very detailed oversight, quality monitoring and auditing. The registered manager and area director had very good knowledge and oversight of the service. Systems included oversight by senior managers and the providers leadership team. Audits and spot checks were thorough, and records demonstrated any issues identified were addressed.
- Senior staff and the registered manager had created a series of 'How to' guides. These guided senior staff on tasks that needed to be completed. They gave step by step instructions and helped ensure consistent responses.
- People thought the home was well run. They said, "It's a nice set up really" and "I would say it's a nice place to live." A relative said, "They really look after [family member]. It's a great place to be honest."
- A health care professional said, "I think [Registered manager] is very on the ball, she always raises concerns with us. I wouldn't have any concerns about anyone. When I'm here, you do get an idea of the interaction of the carers. They all have very good relationships and you can see and feel that the staff know the residents. Even the kitchen staff, it feels very much as you would like your elderly relative to be looked after."

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

- People's views about the service were regularly sought, people's opinions and ideas were valued.

Satisfaction surveys had been completed recently; the results were being reviewed by the provider. We saw that responses were very positive.

- Opportunities had been created for people who live at the home to be part of checks and audits of standards and quality for dining and infection prevention. These had been embedded in the overall quality monitoring of the service.
- A relative told us communication was good. The registered manager told us they had focussed on improving this. A relative said, "[Family member] has had a couple of unobserved falls and they phoned me straight away and contacted the GP. Communication is really good; I've been very impressed. They are quick and observant of [person's] needs."
- Staff told us they enjoyed working at the home and that morale was good. There were regular supervisions and annual appraisals. There was a range of meetings for information sharing with staff or for staff to discuss any concerns or service developments. This included information sharing handover meetings. A staff member said, "Handovers are brilliant. They are very important; it needs to be done. We do 1 every morning, 1 at 14:00 and 1 at night. We go through every single resident, if there's been anything major or a new resident or something like that, we always do that at the end so everyone remembers."

Continuous learning and improving care

- The registered manager placed great importance on continuous improvement. We saw a consistent culture of learning from incidents and a positive approach to embedding any learning.
- The registered manager was also involved in supporting improvements and developments throughout the provider's services. They were involved in inducting new managers. The registered manager described the staff culture of the home as wanting to 'learn and improve'.
- The provider had a home development/improvement plan outlining future actions to improve the quality of the home and the care and support that is being delivered. The home had recently won an award for 'remarkable quality' at the local authority care awards.

Working in partnership with others; 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

- Managers and staff at the home worked well with other organisations and actively sought support where it was needed. The registered manager was proactive in seeking guidance and support from outside agencies.
- Policies and procedures were available to guide staff on what was expected of them in their roles.
- There was a service user guide and statement of purpose to inform people what they could expect from staff and living at the home.
- Records confirmed managers of the service and the provider understood and acted on the duty of candour.
- Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people who use it. The provider had notified CQC as required.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.