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Sandhurst Residential Care Home

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?	Good
Is the service well-led?	Requires improvement

Overall summary

Sandhurst Residential Care Home provides accommodation and personal care for up to 23 older people who may be living with dementia, a mental illness or a learning disability. There were 20 people living at the home at the time of our visits.

This was an unannounced inspection carried out on 31 December 2015 and 6 January 2016. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Safety Care Act 2008 and associated regulations about how the service is run.

We last inspected Sandhurst on 18 June 2014. At that inspection we found the provider was meeting all the regulations.

On the days of our inspection, there was a homely and friendly atmosphere at Sandhurst. People were relaxed and comfortable and enjoyed living there.

Summary of findings

People felt safe and looked after. Risks to individuals were assessed and planned to restrict people as little as possible. They had choices in their everyday lives and had their care and support planned in the way they wished to receive it.

Care staff had an understanding of the Mental capacity Act (2005) and how it applied to their practice. Deprivation of Liberty Safeguards had been made for those people who required it.

People were supported by care staff who had been recruited safely. They were trained and supervised to do their jobs properly. They felt motivated and supported in their work by the registered manager.

Care staff knew people well and what was important to them. They were kind, caring and compassionate to people but had a friendly approach. Care staff respected people's privacy and dignity.

People's health needs were addressed and specialist advice sought when required. People received the medicines they were prescribed. However, when people had prescribed creams given, these were not recorded.

People were very happy with the variety and type of food they received. They received additional snacks and drinks when they wanted them.

Relatives and friends were encouraged to visit and made to feel welcome by care staff. Activities took place but these did not always meet people's individual needs, abilities and interests; particularly those people living with dementia.

People knew how to make a complaint and felt they would be listened to. There was a complaints policy and procedure in place but this did not include all the available professionals to contact should people need to.

Some areas of the home required attention to make it more comfortable for people to live in, for example the chairs in the communal areas.

People and relative's views were actively sought and acted upon through questionnaires, newsletters and coffee mornings.

There were some quality monitoring systems in place but these did not address all the areas required to review and continually improve the service.

Summary of findings

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.

People were protected from abuse from staff who understood their responsibilities and knew how to recognise any signs of abuse.

Recruitment practices helped to ensure only suitable people were employed to care for vulnerable people.

People's care and support needs were met by sufficient numbers of staff on duty.

People received their medicines safely by care staff. However, when people had topical creams applied, these were not recorded.

Is the service effective?

Good

The service was effective.

Staff were trained and supervised to carry out their work effectively.

Staff recognised changes in people's health needs and contacted professionals for specialist advice when necessary.

People were protected by care staff who were aware of their Mental Capacity Act (2005) and how it applied to their practice.

Some areas of the home were tired and in need of redecoration.

Is the service caring?

Good

The service was caring.

Care staff respected people's privacy and dignity who knew people's preferences.

People were cared for by staff who were caring, friendly and compassionate.

Relatives and friends were encouraged to visit and care staff made welcome during their visits.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans produced to guide staff how to care for people in a personalised way.

Activities took place but these were limited and did not take into account the individual abilities and interests of individual people.

People knew who to complain to and that they would be listened to.

Summary of findings

Is the service well-led?

There was one aspect of the service which was not well led.

There were some quality assurance systems in place. However, these did not identify all the areas which required monitoring and continuous improvement.

Staff felt motivated and supported to do their jobs properly.

People and staff had confidence in the registered manager and his management style.

People's views were sought on how to run the service and improvements made.

Requires improvement

Sandhurst Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over two days on 31 December 2015 and 6 January 2016. Our first visit was unannounced. The inspection team consisted of one adult social care inspector.

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

We reviewed a range of other information to identify good practice and potential areas of concern. This included previous inspection reports and other information held by the Care Quality Commission (CQC), such as statutory notifications. Providers are required to submit notifications to the CQC about events and incidents that occur including deaths, any person with a Deprivation of Liberty Safeguard (DoLS) authorisation and any safeguarding matters.

During our inspection, we met with all of the people living at Sandhurst; we spoke at length with eight of them to hear their experiences and views of the service. We also spoke with: six relatives; two friends; 11 staff members, including the registered manager, care staff, cook, housekeeper and maintenance person; and one visiting health care professional.

We observed care and support in communal areas and reviewed documentation concerned with how the service was managed. This included looking at three people's care and medicine records, three staff recruitment files, staff training records, minutes of meetings, complaints/ compliments and a range of other quality monitoring information.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Following the inspection, we sought feedback from five health and social care professionals who supported people who lived at Sandhurst. We received two responses.

Good

Is the service safe?

Our findings

People, and their relatives, said Sandhurst was a safe place to live. People's comments included: "I feel safe … if I need anything I ring my bell and they (care staff) come quickly", "Oh yes … I feel safe … nobody can get at me here" and "I do feel safe … very secure … very safe." Relatives said: "My (family member) is very safe here, that's why we picked here" and "My (family member) is safe, most definitely."

People were happy with the support they received with their medicines. Only senior care staff gave out medicines and all had received appropriate training. The service used a monitored dosage system (MDS) which was provided by a local pharmacy on a monthly cycle. When the medicines arrived at the home, the medicine administration record (MAR) showed they had been counted into stock and signed to say the right numbers had been received. The service had appropriate arrangements in place to dispose of unused medicine which were returned to the pharmacy. Medicine stock levels were maintained only at the required amount necessary for each month.

The senior care worker wore a red tabard when they gave out medicines to show they should not be disturbed during this time. Medicines were given out safely and people were assisted to take their medicines in a calm and unhurried way.

The MAR charts were completed appropriately, with the exception of those people who had been prescribed topical creams. These creams were not signed for on the MAR chart and there was no other records in place to show creams had been applied when necessary. This meant the registered manager could not be sure people had received their prescribed creams as and when they needed it. We discussed this with the registered manager and senior care worker; they said they would put a chart in place immediately for each person who required a prescribed cream. Care staff could then sign when it was given and the registered manager said they would audit these forms regularly. The MAR records contained photographs of each person. The printed MAR records showed details of the medicine supplied, the prescribed dose and the times the medicines should be given

Prescribed medicines, such as eye or nasal drops, were kept at the correct temperature as per manufacturer's guidelines and had an opening date written on them. This meant care staff could easily identify when they had reached their expiry date and needed to be disposed of.

Medicines which required stricter control were held securely and appropriately in a separate storage cupboard. The amounts of medicine held matched the amounts recorded in the medicine register. The temperature of this storage cupboard was continually monitored and recorded daily.

The service had received an audit from the dispensing pharmacy in February 2015 and any points for action identified had been resolved.

People were protected from abuse. Care staff had received training on safeguarding adults and whistleblowing and understood what abuse was. They knew how to recognise it and the correct action to take if they needed to report any concerns. One care worker said, "I would report it to a senior, even if it was my best friend. If my senior didn't do their job properly I would go higher." Another care worker said, "I would report it to the registered manager and take it further if I needed to." Up to date safeguarding and whistleblowing policies and procedures were in place. There had been one safeguarding concern raised by the local safeguarding team. This had been fully investigated and no further action taken.

Individual risks to people's health and welfare were assessed and managed. Risks were minimised so that people felt safe, but were able to have as much freedom to do as they wished as necessary. People moved around the home freely and used any mobility equipment they required to help them, for example Zimmer frames and walking sticks. Risk assessments were in place for each person within their care records. These included risk of falls, skin damage and moving people safely. Where risks had been identified, measures were put in place to reduce them where possible. For example, one person was at risk from developing pressure damage due to their reduced mobility. This resulted in them using specialised equipment including a bed mattress and a pressure relieving cushion. One person had been assessed as "can be aggressive." A plan was in place to instruct care staff how to manage this risk in an effective and safe way.

Good

Is the service safe?

Several people in the lounge area were sitting on pressure relieving cushions without a risk assessment in place. Many of the cushions were old and not providing the support which was required if people actually needed it. We discussed this with the registered manager who said the majority of people did not need this type of cushion in place and did not know why they were being used. They said they would review the pressure relieving cushions at Sandhurst, to ensure only those people who required it had one in place and would dispose of any old equipment.

People were protected by safe recruitment and selection processes. Recruitment files of recently employed care workers included application forms, proof of identity, satisfactory references and evidence of checks being carried out by the Disclosure and Barring Service (DBS). The DBS helps employers make decisions where only suitable people are employed to work with vulnerable people. The registered manager carried out all prospective staff interviews. Following this interview, prospective staff were introduced to, and spent time with, people living at Sandhurst. The registered manager then asked people's opinions. Notes of interviews were taken and a scoring system used to ensure consistency in care staff recruitment. Gaps in employment were not always discussed; the registered manager said they would ensure this happened in any future interviews.

Skilled and competent care staff were employed in sufficient numbers to ensure care and support was given to people when they needed it. Care staff were supported in ancillary work by a cook, housekeeper, laundry person and maintenance person. People and relatives said there were always enough care staff on duty to meet people's needs. One relative commented they had chosen Sandhurst specifically as there were two waking night staff on duty. They felt their family member needed this.

Staff used personal protection equipment (PPE) supplied which was readily available. Anti-bacterial hand gel was also supplied. People confirmed staff used plastic aprons and gloves when they gave care of support in their homes.

Good

Is the service effective?

Our findings

A number of people, relatives, healthcare professionals and staff commented that some areas of the home needed redecoration or refurbishment. We saw one particular area which required attention. This was the lounge chairs in the communal areas. Some of these did not have the right size seat cushion pads in place, some had seat cushions which provided no comfort as the sponge had collapsed, one had no cushion at all and others required cleaning. We discussed this with the manager and showed them the cushions. They said they would speak with the provider to get replacement cushions, ensure the right cushions fitted with the right chair and plan a deep clean.

People were supported by staff who had the training and knowledge to do their jobs properly. New staff received induction training when they began work at Sandhurst. New care workers then 'shadowed' a senior, experienced member of staff for six weeks to ensure they had the knowledge and confidence to work on their own. The registered manager planned to introduce the Care Certificate (a nationally recognised took in health and social care training) to support new staff in their induction period. Two care staff said the shadowing period was very useful and helped them to get to know people as individuals before giving them care or support unsupervised. One commented, "While I shadowed, I was not allowed to use any equipment … I did it (shadowing) for ages."

Care staff received ongoing training to keep their skills and experience up to date. This included: health and safety, medicines, safe moving and handling and protection of vulnerable adults. They also undertook training in specialised areas such as diabetes, dementia and prevention of skin damage. Care staff training was up to date and updates were planned to start in April 2016 where needed.

Care staff received regular supervision and appraisals from either the registered manager or senior care staff to discuss any concerns they might have. The periods of supervision were flexible dependent upon the individual care worker's needs. For example, increased supervision was given to newer inexperienced staff or to those with performance issues. Care staff felt supervision was very useful to them for their everyday work and comments included: "Supervision is really useful" and "It (supervision) is really useful … we can discuss anything with (the registered manager)."

Care staff knew which people lacked capacity and how they could be supported to make decisions for themselves. They were aware of the Mental Capacity Act (2005) and how it applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Not all care staff had undertaken specific training on the MCA but the registered manager had planned for this to take place in the very near future.

People, where appropriate, had been assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the MCA. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager had a good knowledge of their responsibilities under the legislation. Care records showed people's capacity had been assessed where necessary and DoLS applications had been made to the local authority for those people who required it.

People were very complimentary about the choice and type of food. Comments included: "It's very nice food …", "Lovely food … nice tasty meals" and "They always give me plenty (food) … I prefer the desserts so I get extra … the sponge is lovely." Another person gave lots of examples of the meals they had particularly enjoyed recently which included roasts, stews and 'bubble and squeak'. People said they enjoyed having a fish and chip supper every Saturday, which was bought in from the local takeaway. One person said, "It's lovely … a nice piece of fish." Relatives praised the high quality of food served and comments included; "The food is fantastic" and "The food is lovely."

The cook served as much homemade food as possible both for main meals and for snacks. This included daily homemade cakes and pastries. The cook had worked at the service for many years and worked five days a week. They served breakfast, lunch and prepared the evening meal for care staff to serve. The cook knew people's individual likes and dislikes very well; these were recorded in a book in the kitchen. On the cook's days off, the

Good

Is the service effective?

registered manager or another care worker cooked and served the food. However, the registered manager was in the process of recruiting a second cook to ensure the kitchen was covered seven days a week.

People had their main meal at lunchtime and a lighter meal served at teatime. People did not require any specialised diets, such as pureed or diabetic food. People ate their meals where they chose. This included the dining room, lounge or their bedrooms. Care staff assisted people where necessary and people ate in an unhurried manner.

Juice was available for people to help themselves to in the communal areas and in their bedrooms. Regular hot drinks were offered throughout the day. One person said they enjoyed having three jugs of cranberry juice every day as "it's good for me." Fresh fruit was freely available in bowls on the dining tables for people to help themselves to. One person said, "If I get peckish I can get food when I need it at any time … they will make me a snack or sandwich even in the middle of the night."

Food was stored appropriately and in accordance with the relevant legislation.

Referrals were made to health and social care professionals where necessary. A senior care worker gave examples of how they were monitoring the health needs of individual people and keeping the relevant professionals informed and updated. People were supported to attend community health services, such as hearing and eyesight tests. People had chiropody treatment when needed. One health care professional said appropriate referrals were made and that "Staff always acted on telephone advice … staff do not contact for silly things."

The service employed a maintenance person who worked three days a week. They ensured all repairs and general decorating was undertaken. Any specialised maintenance, such as plumbing or major repairs, were carried out by outside professionals. The service had suffered a large leak on the first floor which had brought the ceiling down in the dining room. A professional plumber had been contracted to replace the toilet which had caused the damage. Care staff ensured this caused minimal disruption to people living in the home.

Good

Is the service caring?

Our findings

Without exception, people, relatives and health care professionals spoke highly of the quality of care and support given by care staff.

People felt well cared for and enjoyed living at Sandhurst. Their comments included, "It's perfect here … the staff look after me", "I couldn't have better care … I couldn't be in a better place … the girls here are absolutely excellent I can't praise them enough" and "They (care staff) don't do it (their work) to impress people, they do it because they care." Relatives commented: "It's absolutely brilliant here … everyone seems happy and content … people couldn't be looked after better", "They all get looked after well … staff are kind and gentle and speak nicely to people" and "Staff here are very caring … all the staff are kind and people are spoken to appropriately." Two health care professionals commented, "They (care staff) really care about people" and "The carers are friendly and appear to be giving the best care they can." Two visitors said, "They (people) are looked after very well … they all look happy."

It was clear from the conversations, laughter and banter heard, people felt comfortable, at ease and enjoyed living at Sandhurst. People spent their days doing as they wished and moved from one area of the home to another. Comments included, "This is my home … I know it's not but it feels like it", "I love living here … the girls are beautiful" and "You can tell how happy I am here … I'm delighted."

Staff recognised the importance of maintaining people's relationships with family and friends who mattered to them. Care staff always involved families and friends as much as possible. They were made to feel welcome at any time. People enjoyed taking part in meals, refreshments and snacks with their relatives. One relative commented, "I visit regularly … and I am so happy with the way they (family member) are looked after."

Care staff were knowledgeable about the care and support people required and what was important to them individually. They had formed caring and positive relationships with people they looked after. For example, care staff knew how people liked their personal care given, who liked to stay in their rooms and which television programmes people were interested in.

People were treated with respect by care staff. Comments included, "They (care staff) always knock on my door before they come in" and "They always knock … don't walk in … they treat me with respect." Care staff ensured people's dignity was maintained. People gave examples of how care staff managed this, for example when giving personal care. One person commented, "They (care staff) speak to me properly and treat me with dignity."

Care staff supported people in a respectful and compassionate way. For example, care staff asked people quietly if they were comfortable, warm enough or needed any help. When people needed the bathroom, care staff helped them in a discreet and sensitive way. One person was taken ill during our visit; care staff supported the person appropriately until professional help arrived.

People told us they had choice in their everyday lives, for example the times they got up and went to bed. Although people had some routines, such as the day they had a bath, they said this was because they liked to know which day it was but they could change it if they wished.

People were supported and encouraged to keep their independence. Care staff encouraged people to do as much for themselves as possible in a gentle and unhurried way. For example, using their mobility aids properly and supporting people to walk at their own pace. One person liked to sit in their wheelchair all the time, so they were able to move around the communal lounge independently. Care staff respected their wishes.

Although no-one was receiving end of life care during our visits, one health care professional spoke positively of the way care staff had managed this type of care recently. They said care staff had "… managed end of life beautifully … the people were loved and well cared for … their needs were respected."

Good

Is the service responsive?

Our findings

People were involved in making choices in their lives. For example, one person had requested a larger room for their well-being, but one had not been available until recently. They had been given the choice of the larger room when it became vacant. They were very happy to be shortly moving into it. They said it would make such a difference to their life and give them the space they wanted. They commented, "I can't wait." Another person said they too had been able to change rooms to better suit their needs more. They commented, "I love my room …when I came to look round, I wanted this room but it was not available until now … it is my dream come true … it has made my year."

Assessments were carried out before people moved into the home and any potential risks identified. Each person had a personalised care plan in place which was accurate and had been reviewed. Care plans are a tool used to inform and direct staff about people's health and social care needs. Care plans were held securely in each person's bedroom where care staff could easily access them. Care plans detailed people's likes and dislikes, their preferences and their choices, such as how they liked their personal care given.

Care plans contained useful and relevant information about the person's former life. Each care plan had a "Life story book" which related to their childhood, adulthood, middle age and later years. The book gave details of a person's history, family, occupation, interests, hobbies and things that mattered to them. This helped care staff get to know people as individuals when they came to live at Sandhurst. One person's life story showed how important a pet dog was to their wellbeing. Care staff had taken the time to get to know people well and knew them as individual people.

Activities, hobbies and interests were organised by care staff each morning and afternoon. These included activities such as armchair exercises, bingo, games, nails and cards. A church service and visiting musician visited regularly. However, people and relatives said they would like more to do during the day.

Two people said, "There is not much to do here" and "We watch television but not everyone likes the same programmes." Relative comments included, "There's not much for them to do … the television is always on full blast" and "They need more activities and things to stimulate minds … I've not seen bingo in weeks". One person said the television channels in the communal lounge were limited and they did not always like them, for example professional darts. They would like to see more drama and films. The registered manager spoke with them and agreed to purchase a system which would give them a bigger variety of programmes to choose and watch. Three care workers said, "People need more to do … they never go out … we don't have any trips", "We need more to do with dementia with more activities and stimulation such as painting" and "We need more for people with dementia." We discussed the activities programme with the registered manager who agreed activities in the home needed to be improved to suit individual people's needs and abilities. They had already researched activities specific to dementia and planned to introduce them shortly.

People knew who to contact if they wanted to raise a concern or make a complaint. They had confidence in the registered manager and said they would be listened to. When complaints were made they were fully investigated. There was a policy and procedure in place for dealing with concerns and complaints. This was available to people, family, friends and other agencies. It was displayed in the communal area. However, this did not contain all the information required such as the other agencies people could contact if they needed to. The registered manager said they would update this immediately.

Requires improvement

Is the service well-led?

Our findings

There were some governance and quality assurance systems in place to monitor and improve the service. This included care plans, risk assessments, health and safety, falls and medicines. However, the registered manager acknowledged more systems and processes needed to be in place to review and continually improve the service. For example to monitor the cleanliness of the home, the environment, the kitchen, activities and the daily care records completed by care staff.

People's views and suggestions were taken into account to improve the service. For example, a questionnaire had been sent out to people and their relatives in July 2015 and their comments looked at. People had responded positively to these and were complimentary of the service. Comments included: "We found the home perfect for (family member)"; "All the staff are very caring"; "I am very happy", and "Staff are understanding." No questionnaires to health care professionals or staff were regularly sent out. The registered manager, however, was in the process of organising this to gain further feedback on how to move the service forward.

A monthly coffee morning took place to which relatives and friends were invited. A service newsletter was also produced twice a year and available for anyone who wanted a copy. Both the coffee mornings and the newsletter asked for feedback on how the service was run and what management could improve upon.

People who used and visited the service said there was a positive atmosphere at the home. A visiting health care professional said, "It has a nice atmosphere here … staff are very protective of people." A relative said, "My (family member) is very safe and happy here … It's the way they (people) are looked after … people are happy and content and cared for very well … so much better than the last place my (family member) was at." Another relative said, "It's homely … not posh … people are happy and safe."

It was clear from the interactions, people knew the registered manager well and felt relaxed in their company. People's comments included, "Well, (registered manager) is my third son", " ... the (registered manager) will sort anything out for me" and "I see him all the time … he's a good cook as well." Relatives and health care professionals spoke positively about the management style of the registered manager and had confidence in their leadership skills. One relative said, "It's very friendly here … my (family member) loves it here … if I have any problems I go to (registered manager)." A healthcare professional commented, "The registered manager is always open to suggestions, advice and welcoming of new updates in relation to patient care."

All care staff spoken with understood their roles, what was expected of them and were happy in their work. They felt part of a team and were motivated and supported in their work. Their comments included, "I love it here … that's why I have worked here so long … we work as a team and are very supported", "We look after people here … it's part of a big family …if I have any problems I go to (registered manager)" and "It's very hectic but people are looked after … we have a good staff team … the registered manager is around to sort things out." The registered manager had an open approach to the management of the service; they ensured they were easily accessible for people, relatives and care staff during their working day.

Care workers took part in staff team meetings with the last one having taken place in September 2015. These gave them the opportunity to discuss important issues about their working practice. However, the majority of care staff felt they would benefit from having these meetings more frequently. This was discussed with the registered manager who said they had planned for this to happen in the future.