

Jubilee Care Ltd

The Sandford Nursing and Residential 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?

Good 

Overall summary

This inspection took place on 10 June 2015. The Sandford Nursing Home is registered to provide accommodation for 35 older people who require personal or nursing care. There were 35 people living at the home on the day of our inspection.

A registered manager was in post in the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had attended training on safeguarding people. They had awareness about identifying abuse and how to

Summary of findings

report it. Recruitment procedures were thorough. Risk management plans were in place to support people to have as much independence as possible while keeping them safe.

Medicines were safely stored, administered and recorded in line with current guidance to ensure people received their prescribed medicines in a safe way. People had regular access to healthcare professionals. A wide choice of food and drinks was available to people that met their nutritional needs and took into account their personal preferences. People enjoyed the food and drinks provided.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet people's needs effectively. People's dignity and privacy was respected. Staff were kind and caring. Visitors were welcomed and people were supported to maintain relationships and participate in social activities and outings.

Staff were well trained and used their training effectively to support people. Staff understood and complied with the requirements of the Mental Capacity Act 2005 and the

associated Deprivation of Liberty Safeguards. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure people's safety and protect their rights.

Care plans were regularly reviewed and showed that the person, or where appropriate their relatives, had been involved. They included people's preferences and individual needs so that staff had clear information on how to give people the care that they required. People told us that they received the care they needed.

People were able to express their views and were confident that their complaints or concerns were listened to, taken seriously and acted upon.

The service was well led as people knew the manager and found them to be approachable and available in the home. People living and working in the service had opportunity to say how they felt about the home and the service it provided. Their views were listened to and actions were taken in response. The provider and registered manager had robust systems in place to check on the quality and safety of the service provided, to put action plans in place where needed, and to check that these were completed.

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?

The service was safe.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

Staff recruitment processes were robust. Risks to people's safety were identified and plans were in place to limit their impact on people.

There were enough staff to meet people's needs safely.

Medicines were safely managed.

Good



Is the service effective?

The service was effective.

Staff received regular supervision and training relevant to their roles.

People were supported appropriately in regards to their ability to make decisions.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balance diet.

People had access to healthcare professionals when they required them.

Good



Is the service caring?

The service was caring.

People were treated with kindness and respect.

People who lived at the home and their relatives were encouraged to be involved in the planning of their care.

Staff knew people well.

Good



Is the service responsive?

The service was responsive.

People's care was responsive to their individual needs.

Activities provided reflected people's hobbies and interests.

People who lived at the home and their relatives were confident to raise concerns if they arose and that they would be dealt with appropriately.

Good



Is the service well-led?

The service was well led.

People who used the service and staff found the manager approachable and available. Staff felt well supported.

Opportunities were available for people to give feedback, express their views and be listened to.

Good



Summary of findings

Systems were in place to gather information about the safety and quality of the service and to support the manager to continually improve these.

The Sandford Nursing and Residential 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.

The inspection took place on 10 June 2015, was unannounced and was completed by one 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 the information we held about the service including notifications received from the provider. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We spoke with eight people who used the service, two relatives, four members of staff and the manager.

We reviewed three people's care plans and care records. We looked at the service's staff training plan, two staff files including recruitment, induction, supervision and appraisal records. We also looked at the service's arrangements for the management of medicines, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

Is the service safe?

Our findings

People described why they felt safe at the service. One person told us this was because they found that trained staff were professional and treated them very well. Another person said, "I do feel safe here, they are the sort of staff whom you could tell if you were unhappy." A visitor told us, "(Person) is safe here, it gives us peace of mind, (person) is happy and settled."

People said they could access information on who to speak with if they felt concerned for themselves or others. Two people showed us the information sheets in their room. We saw printed information leaflets displayed in communal areas where people would see them. The staff had organised a 'lucky square' raffle which was presented in the entrance hall. This was to highlight the world elder abuse awareness day on 15 June 2015. Staff told us they received training and updates to help them identify how abuse could occur in a care home setting so as to help them safeguard people. Staff were knowledgeable on how to identify and report abuse and confirmed they would do so without hesitation. We saw clear direction displayed for staff to use if they needed to use the abuse referral system of the Local Authority. The registered manager had maintained clear records of any safeguarding matters raised in the service. These showed that the manager had worked openly with the local authority to ensure that people were safeguarded.

People lived in a safe environment. Risks were identified and individual written plans were in place to guide staff to help keep people safe while maintaining their independence. We saw one care record where a person at risk of falls had lacked capacity to have insight into the issue and the potential for serious injury to themselves. Records showed that staff had assessed the situation, considered options of special equipment and referred to professionals for their advice. This reduced the risk of further falls. Equipment used by people, such as hoists, was

tested regularly to make sure it was working properly. The home had clear emergency procedures in place in the event of a fire or for if the home had to be evacuated for any other reason. Fire alarms and call bells were also tested routinely to make sure they were in good working order to keep people safe.

Safe recruitment and selection processes were in place to ensure that staff were suitable to work with people living in the service. We looked at the files of recently employed staff. Appropriate checks had been undertaken before they had started working there. These included satisfactory Disclosure and Barring Service checks, evidence of identity and written references.

One person told us that there were never occasions when the home was not staffed well. People told us that staff responded promptly when they rang for assistance. One person said, "Staff are there when they are wanted." Another person told us, "They always come when I ring, it makes me feel so reassured and safe." There were enough staff available to meet people's needs. We saw that the number of staff on duty was in line with the number the registered manager told us was needed to meet people's needs. The registered manager told us they regularly reviewed staffing levels according to people's needs. Staff told us that staffing levels were good and allowed them to give people a safe level of care.

People were satisfied with the way the service managed their medicines. People were protected by safe systems for the storage, administration and recording of medicines. Medicines were securely kept and at the right temperatures so that they did not spoil. We saw that staff checked each person's medicines with their individual records before administering them so as to make sure people got the right medicines. Where medicines were prescribed on an "as required" basis, clear written instructions were in place for staff to follow. This meant that staff knew when these medicines should be given and when they should not.

Is the service effective?

Our findings

One person told us, "(Staff member) is a wonderful nurse. Staff do seem to know what they are doing here and help us improve our lives. They give me the care that I need." People were supported by staff who had received training and supervision for their role. Staff told us that they received the training and support they needed to do their job well. We saw that new staff members were required to complete an induction programme and were not permitted to work alone until they had completed basic training. Staff said they were supported by regular supervision meetings with senior staff during which their performance was reviewed and discussed. We saw from training records that staff had received training in all areas which were important in their role. This meant that people received their care from a staff team who had the necessary skills and competencies to meet their needs.

People were asked for their consent before care and support were given. We observed staff asking people throughout the day before assisting them with tasks such as where they would like to sit or eat and when supporting people to transfer. We saw that where they were able, people had signed their agreement to their care plan.

People were supported to make decisions. These decisions included Do Not Attempt Resuscitation (DNAR) and records showed that relevant people, such as relatives and other professionals, had been involved. The registered manager and staff had attended training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and had a good understanding of the Act. Mental capacity assessments had been completed where considered as

required. There were two DoLS authorisations in place. The registered manager had assessed a further five people and made applications to the local authority in relation to DoLS to ensure people's human rights were protected.

People told us they enjoyed the food and were given a good choice of meals and drinks. One person said, "The food is so good, there is plenty of it and we are always offered a choice. There are plenty of drinks available." Another person said, "There is wonderful food here, it is perfectly well cooked." We saw people were supported to have sufficient to eat and drink. Staff explained to people about the food that was available, encouraged them to try the dishes and reassured them that, should they not like it, they could always have something else. People's health or lifestyle dietary requirements were known to staff so that people received the food they needed and preferred. People's weight and nutritional intake was monitored in line with their assessed level of risk and referral made to the GP and dietician as needed.

People told us their health care needs were well supported. One person said, "They do take note when you're not well and listen to you and they get the doctor for you. I have the chiropodist who comes regularly." Another person told us, "Staff give me the help I need and get the GP if I need them." This meant that people had their health care needs met in a timely fashion. People's care records demonstrated that staff sought advice and support for people from relevant professionals. Outcomes of visits were recorded and reflected within the plan of care so that all staff had clear information on how to meet people's health care needs.

Is the service caring?

Our findings

People told us that they received a caring and helpful service. One person said, "You could not ask for better care, the staff are so nice and so caring." A visitor said, "We cannot fault the care and I'm going to fill in the on line feedback to say so." People also told us that staff were "Warm hearted" and "Delightful people".

People were cared for by staff they were familiar with and had opportunity to build relationships with. A visitor said, "The staff are very caring. We know staff by name, they are like family to us." Care and nursing staff were aware of people's needs, abilities and preferences and how these were to be met for each individual. Catering and housekeeping staff also knew the people living in the home and treated them with kindness and respect.

One person said, "They help me when I need it. I go to bed when I choose, I do go down to lunch and sometimes join in with the activities but my choice is respected." Another person said, "They know my routine now." A visitor said, "The activities are good and stimulating for people." People were offered choice in all aspects of their daily life. This included where and how they spent their time, where they ate their meals and what time they went to bed and got up. People were able to choose from a range of activities. Each person had a timetable in their room and showed it to us when we were talking.

People's privacy was respected. We saw that staff knocked on people's bedroom doors, and waited for a response, prior to entering so respecting people's personal space. People confirmed that staff always treated them with respect and that staff protected their dignity, such as when providing support with personal care.

Visitors told us there were no visiting restrictions in place. One relative told us they were always welcomed into the home at any time and were offered drinks and lunch. We saw care and ancillary staff greet people in a way that showed they knew them well and had developed positive relationships. There were different communal areas within the home where people could entertain visitors privately as well as in their own bedrooms.

The provider sent out surveys to families of people who had received end of life care at the home. Comments received included, '(person) was cared for with utmost respect and complete dignity', and 'Your attention to (person's) interests and emotional well-being was admirable. You allowed (person) comfort, peace and contentment.....was listened to, appreciated and cared for.' Other comments talked about staff compassion and empathy and that their loved one was made to feel special and loved.

The staff had put up a 'memorial tree' plaque which was on the wall in the entrance hall. Names of people who had passed away were added to this tree. This showed that staff cared for individuals and remembered them.

Is the service responsive?

Our findings

People found that staff and the care they provided at the service were responsive to their needs and wishes. People and their visiting relatives told us they received good care and support. People told us staff involved them with developing their care plans. One person said, "They went through a list of questions with me and about preferences and filled in a lot of paperwork. One person described how they had been asked their view on the admission process. We saw that the outcome of these surveys were on the notice board in the entrance hall for people to view.

People's care was planned in a way that reflected their individual specific needs and preferences. Care plans included important areas of care such as personal care, mobility, skin care, emotional well-being and social activities. Staff were able to support people in line with the information contained within care plans. This was provided at a handover we attended so staff knew the care to provide to people on that shift.

People told us that the service was flexible in meeting their needs. One person told us that their request for personal care to be provided by staff of the same gender was respected. Another person told us that staff did not come into to their room too early in the morning as they knew the person liked to have that time quietly to themselves.

People told us that a range of activities and social events were available to them to meet their needs and preferences. One person said, "You can do as you please with your day. We do have suitable activities and I really like the hand massage and nail care I get. It's personal and very relaxing." Another person said, "I was taken to visit a school to listen to their musical one afternoon. We had tea and cake and I thoroughly enjoyed it." Another person said, "I like to sit in the lounge and watch TV. We go out and I also enjoy sitting in the garden when the weather is nice." The provider was a member of the national association for providers of activities for older people.

People who used the service told us they had no complaints but would be able to say if they did and were confident their comments would be listened to. A visitor said, "We would feel able to complain. They do listen." Another person told us "If you do have questions, things don't go unanswered. You can speak up, the manager is very willing to talk with you." We looked at the provider's record of complaints received. We saw that these were clearly logged and were responded to in a timely way. A number of written compliments about the service, the staff and the care provided had also been received.

Is the service well-led?

Our findings

People told us that they felt the service was well led and managed. One person said, "We hold this home in high regard, we have got to know the manager and are very pleased with the service." Another person said, "They have done a good job here, I feel the service has a good reputation."

There was a registered manager in post who knew the service and the staff well. The registered manager was supported by a general manager and senior members of staff. It was clear from our discussions with the registered manager and general manager and from our observations that all staff were clear about their roles and responsibilities. The registered manager had kept their knowledge up to date, for example they were aware of changes to current guidance such as in relation to protecting people's rights.

There was an open and supportive culture in the service. Staff told us that the management team were

approachable and supportive. Staff were provided with opportunities to express their views on the service through staff meetings and supervision meetings. An action plan was available in response to feedback from staff.

People had the opportunity to be involved in the way the service was run. People and their visitors told us that they had opportunity to take part in meetings, express their views and be listened to.

Clear and effective quality assurance systems were in place. We looked at records relating to the systems and found that a range of checks and audits took place within the service. A range of information was reported to the general manager, who visited weekly, in relation to falls, accidents, weight loss or pressure ulcers. These were then analysed to identify any patterns so that action could be taken for improvement. The general manager visited the home each month to check on the safety and quality of the service and to review any actions from previous visits. Required actions were routinely completed to ensure continual improvements to the service for people.