

Bupa Care Homes (ANS) Limited

# Sandhills Court Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Sandhills Court is a residential care home providing accommodation and personal care for up to 77 people, including people living with dementia. At the time of our inspection 54 people were living at the service.

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

The service was not always well-led. The provider's quality assurance systems were not effective in identifying and addressing issues.

Risks associated with people's care had not always been clearly recorded in their care plan or risk assessments with measures which were in place to reduce the risk of harm.

The principles of the Mental Capacity Act 2005 were not always followed. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

We have made a recommendation in relation to staff's knowledge about the Mental Capacity Act.

People's care plans did not always contain sufficient information to ensure staff were fully aware of their needs.

We have made a recommendation in relation to care planning.

Medicine practices were not always in line with best practice guidelines.

People were happy with the care they received, they felt safe and well looked after. Staff had been recruited safely.

The home was clean and tidy and additional cleaning ensured people were safe from the risk of infection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 2 March 2019).

### Why we inspected

The inspection was prompted in part due to concerns received about medicines and risk management associated with incidents and accidents. A decision was made for us to inspect and examine those risks.

Due to the concerns received, we undertook a focused inspection to review the key questions of 'safe'

'responsive' and 'well-led'. When we arrived, we also had concerns about areas covered by the 'effective' domain. We decided to include this 'effective' domain in our inspection. No areas of concern were identified in the other key question. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

We have found evidence that the provider needs to make improvements. We informed the provider of our most urgent concerns and they advised they would take action to mitigate these risks.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sandhills Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This included a breach of regulation 12 (safe care and treatment), regulation 11 (consent), and regulation 17 (good governance).

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

### Follow up

We have requested an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Sandhills Court Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

An onsite inspection of the service was conducted on 3 November 2021 and 8 November 2021.

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

The inspection was completed by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Sandhills Court 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 did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a provider information return prior to this inspection. 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 the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 11 people who use the service and five relatives about their experience of the care provided. We spoke with 10 members of staff including the manager, regional support manager, regional support director, senior care workers, care workers and the activity co-ordinator.

We reviewed a range of records. This included 10 peoples care records and multiple medicines records. We looked at four staff files in relation to recruitment and supervision. A variety of records in relation to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

We then spoke to the nominated individual about our findings. The nominated individual is responsible for supervising the management of the service on behalf of the provider.



# 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 this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks associated with people's care had not always been identified, mitigated, recorded and monitored effectively. People who required specialised equipment did not have effective and detailed risk assessments in place.
- Risks associated with choking had not always been identified.
- Weight records were not reviewed effectively, where weight loss had occurred. In one person's care plan, it stated they had lost 10kg in 5 months. Actions taken to support the person to prevent further weight loss were not clearly recorded. This meant there was a risk the person may not be fully supported with their nutritional needs.
- Where people had been identified as high risks of falls, there was no clear guidance in place for staff to follow on how to keep people safe and reduce the risk of reoccurrence.
- People's personalised emergency evacuation plans were not reviewed. This meant staff may not be able to support people appropriately in an emergency.

The provider had failed to appropriately assess risks to people. The provider had not taken adequate steps to assess risks or done all that is reasonably practicable to mitigate those risks. This was breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Learning lessons when things go wrong

- There was minimal evidence to support learning lessons from accidents, incidents or falls which had occurred at the service.
- The lack of oversight in relation to the monitoring and analysing of accidents, incidents or falls has resulted in people being exposed to the risk of harm.

### Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe at the service. One person said, "I do feel safe, I've always felt safe."
- The manager worked with the local safeguarding team to address concerns when they were raised.
- Staff had received training in how to keep people safe from abuse. They were clear on their responsibility to raise concerns.

### Staffing and recruitment

- The provider recruited staff safely. This included carrying out relevant checks prior to staff starting employment. This was to ensure staff were suitable to work with people using the service.
- Staff had the skills to ensure they could meet people's needs. Staff told us they had received training to support them in their role. We looked at the training matrix and saw training was either up to date or planned to take place.

#### Using medicines safely

- Prescribed thickeners used to thicken fluids for people with identified swallowing concerns were not recorded on the medication administration record (MAR) when they had been used. There was no recording system for administration of prescribed thickeners.
- Temperature recording of medication fridges was not robust. This meant we could not be assured that medicines requiring refrigeration were safe for use.
- Staff had received training to ensure they had the appropriate skills to administer medicines.
- Where people were prescribed pain relieving medicines, on an 'as required' basis, clear guidance was in place to ensure staff had information about when these medicines should be given.

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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 this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was not following the principles of the MCA. There was a lack of information in records to show mental capacity assessments and best interest meeting records had been completed.
- Assessment of people's capacity to make decisions where restrictions had been applied were not always completed. For example, lowered beds and administration of medicines. Records showed that the decision for the restrictions had not been discussed and recorded as in their best interest and as the least restrictive option for people.
- For those people who lacked capacity there were no records to show how consent had been sought for their COVID-19 testing.

The Mental Capacity Act (2005) had not been followed to ensure that people could make decisions about their care. This was a breach of regulation 11 (consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- Systems were not always in place to ensure people's assessed needs were care planned. This meant people were at risk of receiving inappropriate care and support.
- People were provided with a varied, nutritious and balanced diet based on their preferences.

- People praised the quality of the meals and food provided. One person said, "The food is very good, there is always a good choice".

Staff support: induction, training, skills and experience

- Staff had poor knowledge of The Mental Capacity Act and the Deprivation of Liberty Safeguards and how this would inform their practice.

We recommend the provider develops systems to assure themselves staff have the right competence, knowledge and skills to carry out their role in accordance with The Mental Capacity Act.

- Staff had received appropriate training to ensure they were suitably skilled in their role. They completed mandatory training courses, including first aid and safeguarding.
- Staff received regular supervisions.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- The service was adapted to meet people's needs. It provided a homely environment for people to relax and spend time with each other. People's rooms were individually furnished and provided space for personal possessions.
- Staff sought support from health care services were needed in line with people's care needs.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- Systems did not ensure that care plans clearly identified all the needs people had and did not outline actions staff needed to take to meet them.
- Staff were not always clear about people's needs related to their physical and mental health conditions.
- People were not always involved in decisions about their care, treatment and support.
- Care reviews for people were irregular.

We recommend the provider follows best practice guidance in relation to reviewing and updating care plans in a timely manner.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered as part of their care plans.
- Most written information was available in different formats, such as easy read and pictorial versions, to make it easier for people to understand. For example, the complaints policy and procedure were available in a standard version and an easy read format.

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

- People were offered opportunities to engage in social activities. A list of upcoming events was posted in the communal areas each week.
- People were encouraged to develop activities that interested them. For example, one person said they wanted to build up their fitness, so weekly Zumba classes were introduced.
- Staff supported people to maintain relationships with family and friends.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and maintained an overview of complaints. 34 complaints were received over the last year.
- Complaints were investigated and outcomes shared with relevant parties.
- Relatives knew how to make a complaint and told us the provider was approachable.

#### End of life care and support

- People were not always offered the opportunity to express their future wishes in end of life care plans.
- The service was not supporting anyone with end of life care at the time of the inspection.
- The manager said they would liaise with healthcare professionals including the palliative care team if a person was identified as having a life limiting illness or were reaching the end of their life.

# 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 this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- An effective system was not operated to monitor the quality and safety of the service. Robust governance systems were not consistently used to identify shortfalls and address concerns in a timely manner.
- Where improvements to the service had been identified through quality auditing, action was not always taken in a timely way to resolve this. For example, actions noted on an internal audit in September 2021 identified people's clinical overviews had not been completed since June 2021. This action had not been addressed at the time of inspection.
- The provider failed to provide effective direction and support to the staff team. Communication about people's needs and risks and how to manage these was inconsistent.
- Audits and monitoring arrangements were in place for a range of area's including, care plans, medicines and infection control. However, we found monitoring documentation had not been completed in line with the providers procedures.
- The provider did not have a system in place to support the staff to analyse risk information in relation to people's care. This was particularly in relation to people changing needs. The provider did not have a clear overview of risks. This meant opportunities to improve the quality of care for people were missed.
- Themes and trends were not identified through systems currently in place. For example, since April 2021 there have been 395 accidents, incidents or falls recorded. During the same period of time, there have been five lessons learnt identified. This demonstrated a lack of effective monitoring systems.

Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a clear lack of effective oversight from the provider which impacted on the outcomes for people. Thorough checks on individuals' care were not being completed, to satisfy themselves if the service was good.
- Some staff told us morale was low and the service would benefit from some stability. One staff member told us, "I think at the moment, we need some stability with consistent oversight".
- Relatives we spoke with felt able to raise issues.

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

- Where incidents occurred, staff had contacted relevant family, stakeholders and professionals as needed.
- People told us if they needed to make a complaint, they felt confident that any concerns would be listened to.
- The provider is legally required to notify the Care Quality Commission about events that occur at a service. These notifications had been sent as required.
- There was an effective complaints process, where complaints were recorded and actioned in line with the providers policy.
- This provider is legally required to have a registered manager in position. There was no registered manager, however there was a covering manager in place and a newly appointed manager starting after our inspection.

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

- Staff had team meetings and one to one supervision.
- Systems were in place to capture people's views and feedback.
- People were able to attend residents' meetings where they discussed changes within the home, activities, as well as the menu.

Working in partnership with others

- Professional visit records evidenced staff worked collaboratively with other agencies, for example, social workers, local authorities and district nurses. One professional told us, "I get regular updates and I am kept well informed by the staff."

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to ensure capacity assessments and best interest decisions had been carried out in line with the Mental Capacity Act 2005 and associated code of practice.</p> <p>11 (1) (3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The providers had failed to do all that is reasonably practicable to mitigate risks to people.</p> <p>12(2) (a)(b)(g)</p>

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was ineffective leadership at the service. Processes and effective systems were not operated to test the quality of the service and respond to failures and concerns. There was a lack of insight about the standard of care provided.</p>

**The enforcement action we took:**

Warning notice issued to registered provider.