Prime Life Limited

Sandybrook

Inspection report

Sandy Lane
Lower Darwen
Blackburn
Lancashire
BB3 0PU

Tel: 01254660050
Website: www.prime-life.co.uk

Date of inspection visit:
11 April 2016
12 April 2016

Date of publication:
09 May 2016

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

Sandybrook is registered to provide personal care and accommodation for up to 25 older people. The home is located in Darwen, near Blackburn Lancashire. It is a detached building in its own grounds with car parking at the front of the building. Public transport is within easy access of the home. There were 25 people accommodated at the home on the days of this inspection.

The service were last inspected in May 2014 when the service met all the regulations we inspected.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff we spoke with were aware of how to protect vulnerable people and had safeguarding policies and procedures to guide them, including the contact details of the local authority to report to.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare.

We found the administration of medicines was safe, the system was audited to look for errors and staff had their competency checked regularly.

People who used the service said food was good. People were given a nutritious diet and had choices in the food they were offered. We saw meals were unhurried and staff interacted well with people to make it an enjoyable experience.

Some staff had been trained in the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of her responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there was a good interaction between staff and people who used the service. Family members told us staff were kind, knowledgeable and caring.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed. Plans of care contained people's personal preferences so they could be treated as individuals.

There was a record of people's end of life wishes to ensure their needs could be met at this time.

There was a record kept of any complaints (none since the last inspection) and we saw the manager took action to investigate and reach satisfactory outcomes for the concerns, incidents or accidents to reach satisfactory outcomes.

Staff, people who used the service and family members all told us managers were approachable and supportive.

Staff meetings gave staff the opportunity to be involved in the running of the home and discuss their training needs.

The manager conducted sufficient audits to ensure the quality of the service provided was maintained or improved.

The environment was maintained at a good level and homely in character. We could see that where some areas of the home needed upgrading work had commenced to improve the décor.

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. There were safeguarding policies and procedures to provide staff with sufficient information to protect people. The service also used the local authority safeguarding procedures to follow a local initiative. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and the manager audited the system and staff competence.

Staff had been recruited robustly and should be safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective. Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

People were given a nutritious diet and said the food served at the home was good.

Staff were well trained and supported to provide effective care. Induction and regular training should ensure staff could meet the needs of people who used the service.

Is the service caring?

Good

The service was caring. People who used the service told us staff were helpful and kind.

We saw visitors were welcomed into the home and people could see their visitors in private if they wished.

We observed there was a good interaction between staff and people who used the service.

Is the service responsive?

Good

The service was responsive. There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were able to join in activities suitable to their age, gender and ethnicity.

People who used the service were able to voice their opinions and tell staff what they wanted at meetings.

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff told us they felt supported and could approach managers when they wished.

Sandybrook

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 was an unannounced inspection and was conducted by one inspector on the 11 and 12 April 2016.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us.

We had received 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 any improvements they plan to make. The PIR contained a lot of useful information which helped us plan the inspection and showed the services commitment to meeting the regulations.

During the inspection we talked with several people who used the service (people at this service had dementia and some responses were limited), three visitors, three care staff members, the cook and the registered manager.

There were 25 people accommodated at the home on the day of the inspection. During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for three people who used the service and medication administration records for ten people. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

All the people we spoke with and were able to communicate said they felt safe. Family members told us, "I think she is safe here" and "We think she is safe here. Nobody bothers her."

From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. Staff we spoke with confirmed they had been trained in safeguarding procedures and were aware of their responsibility to protect people. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the Blackburn with Darwen safeguarding policies and procedures to follow a local initiative. This meant they had access to the local safeguarding team for advice and to report any incidents to. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations. Two staff members said, "I am aware of the whistle blowing policy and I would be prepared to use it. I would report any incidents to the manager but if it was her then the regional manager or the Care Quality Commission (CQC) and social services" and "I am aware of the whistle blowing policy and would use it if I needed to. I have never seen anything here to report." Any safeguarding incidents had been reported to us in a timely manner and been dealt with effectively.

Three relatives told us, "The home is very clean and tidy. It never smells. Her clothes are always clean and tidy. If anybody spills they change them straight away" and "The home is very clean and does not smell offensive. " There were policies and procedures for the control and prevention of infection. The training matrix showed us most staff had undertaken training in infection control topics. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice. The registered manager conducted infection control audits and checked the home was clean and tidy.

There was a laundry which was sited away from food preparation areas. There were industrial type washing machines which had the facility to sluice clothes and other equipment, for example drying machines and irons to keep clothes freshly laundered. The service mainly laundered clothes. All bed linen was contracted out to a commercial laundry but we saw plentiful supplies and how the system worked. There was a system for bringing dirty laundry in and sending clean laundry out to prevent cross contamination. There were hand washing facilities in strategic areas for staff to use in order to prevent the spread of infection. Staff had access to personal protective equipment such as gloves and aprons. We saw staff used the equipment when they needed to.

On the days of the inspection there was a deputy manager, a cook, cleaner, a senior care staff member and three care staff. The off duty showed this was normal for the service. The registered manager was off duty but came in for part of the inspection. Family members told us they thought there were enough staff. Two staff members we spoke with said, "There are enough staff here" and "I think there are enough staff to do the job. I get time to sit and have a chat with people. You have plenty of time to chat." The local authority quality monitoring team had visited and thought the home would benefit from an activities co-ordinator. On the day of the inspection we saw that people were attended to promptly and staff sitting talking to people or

helping with activities.

We looked at three staff files. We saw that there had been a robust recruitment procedure. Each file contained two written references, an application form, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

We saw that electrical and gas equipment was serviced. This included portable appliance testing, the fire system, emergency lighting, the lift, hoists and call bell system. We did have to wait for some time for the gas certification, which was held at the central office and had not been sent to the service.

There was a system for repairing or replacing any broken or defective equipment. A maintenance man worked between two homes and could respond to repair items in either home if needed.

The temperature of hot water outlets were checked to prevent scalding and adjusted when required, radiators were covered or a type that did not pose a threat of burns and windows had restricted openings to prevent accidents.

Fire drills and tests were held regularly to ensure the equipment was in good working order and staff knew the procedures. Each person had a personal emergency evacuation plan (PEEP) which showed any special needs a person may have in the event of a fire. There was a fire risk assessment and business continuity plan for unforeseen emergencies such as a power failure.

We looked at three plans of care during the inspection. We saw people had risk assessments for falls, the prevention of pressure sores, mental capacity, nutrition and moving and handling. Where a risk was idetified the relevant professional would be contacted for advice and support, for example a dietician. There was also an environmental audit to ensure all parts of the service were safe. This covered topics like tripping hazards, checking for faults and ensuring fire exits were unobstructed.

We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects on medicines administration including ordering, storage and disposal. All staff who supported people to take their medicines had been trained to do so. We looked at ten medicines records and found they had been completed accurately. There were no unexplained gaps which meant the medicines had been given at the times stated in the records.

Medicines were stored safely in a locked room. There was safe storage for controlled drugs. There was a separate controlled drugs register if required. We checked the medicines stored and controlled drug book and saw the records were accurate.

Food supplements and dressings were stored safely but separately from medicines in a separate room.

We saw that there was a record of the temperatures where medicines were stored, including the fridge to ensure medicines were stored to manufacturers guidelines. There was a safe system for the disposal of unused medicines and sharp objects, for example, hypodermic needles.

Staff had access to the British National Formulary to reference for possible side effects or contra-indications. Staff who administered medicines had their competency checked to ensure they followed safe practice. The

pharmacist who supplied the home also audited the system, gave recommendations and was available for staff to contact for advice.

The documentation for medicines to be given when required clearly told staff when the medicine should be given, the amount, what the medicine could be given for and how often it could be given. This followed safe practice guidelines.

Good

Is the service effective?

Our findings

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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. The application procedures for this in care homes and hospitals are 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 were being met. Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005).

This is a home for people with dementia and we saw from the records that 19 people had a DoLS application and deemed for it to be in their best interest to stay at the home and be supported by staff. A further six applications were under consideration with the local authority team responsible for assessing the applications. We saw that some people had access to an advocate. An advocate is an independent person who will act or speak on behalf of someone who lacks mental capacity to help ensure any decisions are the least restrictive and as suitable as possible to the person's needs. The service sent us notifications when a person was granted a DoLS as required under our legislation.

A relative told us, "They let us know if anything is wrong. They told us lately they had sent for the doctor because [our relative] had not been eating." We saw from looking at the plans of care that people had access to specialists, for example, consultants in dementia care and also for routine appointments with professionals such as opticians, chiropodists and dentists. Each person had their own GP. The service recorded any visits and updated the plans of care when required.

During lunch time on the second day of the inspection we sat with 21 people who used the service and talked to as many people as we could. All the people who were able (seven) said the food was good. One person said it was "Smashing. It's always good" and another person told us food was "Excellent." A relative said, "We come at lunch time and the food looks good and nutritious." We saw that the meal was served promptly and people had a choice of meal. We saw one person was assisted to eat in an individual way with the staff member talking to the person. Another person who could take her own food was encouraged when she stopped eating. The meal was turned into a social occasion by staff interacting with the people taking their lunch.

Up to four people sat around tables in the one dining room. Four people took their meals in their rooms. Staff were heard to ask people if they would like their food flavoured to their tastes and if they liked what they were eating. When we spoke to the cook he told us he asked people the day before what they wanted

but again during the morning because "People may forget or change their mind." People were offered a choice of drink with or after their meal depending upon their preference.

People were able to have their choice of hot or cold breakfast options and there was also a choice at tea time. Snacks and drinks were served during the day including supper.

We looked at the supply of food and found there was a good supply of fresh, frozen, canned and dried foods. This included fresh fruit which was offered during the day. The environmental health department had recently inspected the home and awarded the service a five star very good rating. This meant the preparation, storage, cooking and service of food was safe. We saw staff wearing the correct aprons if they needed to enter the kitchen to prevent any cross contamination of bacteria. The cook recorded the meals served to provide an audit trail should it be required and also to note people's preferences.

There was a record of any special needs people may have such as diabetes or if they required food blending. The cook was also aware of the allergens food may have in line with current guidance and asked all food suppliers to provide the details of what was in the food. This helped to protect the health and welfare of people who may have allergies.

People's weight was regularly checked to ensure they were not gaining or losing too much weight. We saw from plans of care and when talking to the deputy manager that a speech and language therapist or dietician was called in for advice and support. Food supplements had been prescribed for some people and one person who was not expected to had gained weight by staff finding out what the person liked. This person regularly ate the same food which was their choice.

We toured the building during the inspection. We saw that some areas of the home were being prepared to be decorated (part completed) and several bedrooms had recently been decorated. The home was warm, clean and tidy.

Bedrooms we visited had been personalised to people's tastes. Outside each bedroom there was a photograph and some brief details of what each person liked to help people find their rooms and signage was clear for other rooms such as bathrooms.

The communal areas were homely and furnished with a variety of seating for people to sit in comfort. There were baths and a shower people could choose to use and mechanical aids to assist people who had mobility problems. The deputy manager told us a shower was to be converted into a wet room.

There was a lift to access both floors. There was an enclosed garden with seating for people to use in good weather and there were plans for staff and people who used the service to plant hanging baskets and tubs with flowers and herbs that were safe to touch or eat.

We saw from the training matrix and talking to staff that new staff completed an induction. Part of the induction was to familiarise staff to the building and key policies and procedures. Staff would then be enrolled on the care certificate which is considered to be best practice for people new to the care industry. However, we were told no new staff had as yet been employed at the service since Prime Life Ltd had decided to embrace this training.

A relative told us, "The staff know what they are doing. I have every confidence in the staff." We saw from looking at the matrix, staff files and by talking to staff that training was regularly updated. Training included MCA, DoLS, first aid, food safety, medicines administration, moving and handling, infection control, health

and safety, safeguarding, medicines administration and fire awareness. We saw that where staff needed a refresher course this had been arranged. Two staff members told us, "We get enough training to do the job. I told the manager I needed to complete first aid training again and dementia care. She is arranging it for me" and "I think we get enough training to do the job but you can ask for any training or go to the manager if you want." Some staff had also completed training for handling behaviours that challenge, dementia care, end of life care, equality and diversity and the safe handling of chemicals (COSSH).

We saw from the staff files that staff received supervision regularly. Two staff members we spoke with told us, "During supervision you can bring up any training or other issues you want to. I feel well supported to do my job" and "There is a lot of support here if you want it." Staff were formally supervised but felt they could go to managers at any time for advice and support.

The plans of care we looked at showed people who used the service or a family member had signed their agreement to care and treatment and to be photographed. We also observed staff asking people for their consent before undertaking any tasks. This gave people choice and ensured they got the support they wanted.

Good

Is the service caring?

Our findings

Three people who used the service said, "Staff are wonderful", "Staff are smashing" and "Staff look after us." Two relatives said, "They look after [my relative] very well. They look after [my relative] as well as they can do. The staff are all great, very kind and caring. They are welcoming and always offer us offer a brew and a biscuit" and "I am very happy with the care that [my relative] gets. No restriction to visiting, the staff are very welcoming, you can have a laugh with the staff. The staff they are very caring."

One relative told us, "I have never seen any care given that was not given in private." We observed staff during the day. We did not see any breaches of a person's privacy and that staff delivered care in a professional polite manner. There was also some appropriate light hearted banter amongst staff and people who used the service. We observed staff were able to sit and talk with people who used the service.

Visiting was unrestricted and some relatives we talked to visited the home every day. This enabled people to keep in contact with their family and friends.

We saw from the plans of care that people had an end of life plan so their wishes were known at this difficult time. Some staff undertook end of life training which would help them provide sensitive care and offer support to bereaving families.

We saw that care records were stored safely and only available to staff who needed to access them. This ensured that people's personal information was stored confidentially.

Plans of care were personalised to each person and recorded their likes and dislikes, choices, preferred routines, activities and hobbies. This helped staff get to know people better.

We noted there were many cards around the care staff had given. Comments included, "A big thank you to all the staff. You do a great job", "I never worried when I was leaving [my relative] in your care because I knew I could trust you all", "We very much appreciated the care you gave to [our relative]. You helped tremendously in such a difficult time" and "Thank you for looking after [our relative] so well for us on the first visit." Relatives were satisfied staff were caring and met their family members needs.

Good

Is the service responsive?

Our findings

During the inspection we saw staff engaging in simple activities people appeared to enjoy. This included arts and crafts and reading magazines. Staff were also able to sit and chat with people if they did not engage in the activities. A relative told us, "We come to the parties and they are good. We like to get involved when we can."

Activities included a pamper session. A staff member had used the internet to research a face mask that was safe for people who may not understand a chemical based product. The staff member mixed avocado, honey and oats which could be applied as a face mask and also was non-toxic and could be safely ingested. Other activities included a hairdressing day where people who used the service were supported to 'do' each other's hair, arts and crafts, games, a Saturday disco, gardening, singalong sessions, foot soak, leg massage and a monthly entertainer. The service also arranged activities around special events such as Easter, Christmas, Halloween and Birthdays. A regular hairdresser also visited the home regularly.

Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. This process helped to ensure that people's individual needs could be met at the home.

Two relatives told us, "We look at the care plans. They are accurate and what she wants. They keep us up to date with any care or changes to her condition" and "I have seen the care plan and I had some input to begin with. It was correct."

We looked at three plans of care during the inspection. The plans of care showed what level of support people needed and how staff should support them. Each heading, for example personal care, diet and nutrition, mobility or sleep, showed what need a person had and how staff needed to support them to reach the desired outcome. The plans were reviewed regularly to keep staff up to date with people's needs. The registered manager had a matrix for when care plans should be reviewed and when an audit was due to be conducted. The quality of care plans was also audited by a regional manager.

There was little staff turnover and most staff had worked at the service for some time. This meant they knew people well which helped them meet people's needs.

A relative told us, "I would definitely feel I could talk to someone if I had any concerns." There was a suitable complaints procedure located in the entrance hallway for people to raise any concerns. Each person also had a copy in the documentation provided on admission. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. We had not received any concerns

since the last inspection or any from the local authority and Healthwatch. People did not have any concerns or complaints on the day of the inspection.

There were regular meetings between management and people who used the service although due to people's varying degrees of dementia they were not always productive. However the meetings did give the chance for people to have their say and was also used to provide group activities. During one meeting staff and people went into the garden to pick up leaves and litter.

Good

Is the service well-led?

Our findings

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Two relatives told us, "You can always talk to the manager. We are very happy with the care" and "The manager is approachable, I think she leads the team well. Overall I am happy with everything and the care is very good." Staff said, "You can talk to the managers at any time. We are a proper team. I would be happy for a member of my family to live here" and "There is a lot of support here. The managers are approachable." Family members and staff thought management was approachable. We conducted the inspection mainly with the deputy manager who we observed interacting well with people who used the service, family members and staff.

There was a recognised management system so that staff and people who used the service were aware of who was in charge and who they could go to if needed.

There were regular recorded meetings with staff. At the last meeting topics included learning and development, safeguarding, policies and procedures, complaints comments and compliments, MCA/DoLS, any lessons learned, the risk matrix, uniform and dress code. Staff were able to bring up topics and have their say in how the home was run.

The area manager undertook audits to check the quality of service provision. The registered manager also conducted audits around any complaints, infection prevention and control, care plans, health and safety, risk assessments for health and safety, induction training, evacuation procedures, location of firefighting equipment, fire drills, first aid boxes, PPE, medication, kitchen safety, pressure sores (0), weights and nutrition, safeguarding and any incidents or accidents. We saw the registered manager looked at all aspects of the service and used the information to improve the service or spot trends for accidents/incidents to make the home safer.

We looked at policies and procedures which were updated centrally regularly. The policies we looked at included managing behaviours that challenge, manual handling, moving and handling, safeguarding, whistle blowing, recruitment, infection control, missing persons, mental capacity, complaints policy and medicines administration. The policies we viewed gave staff sufficient advice to follow good practice.

There was evidence in the plans of care that the registered manager and care staff liaised with other professionals who visited the home to help ensure people received the care they needed.

The registered manager had sent out survey forms for 2016 and we saw seven had been returned. The results would be collated by central office and a summary produced with any action needed when sufficient forms had been returned. People/family members were asked questions around do we provide a homely

and welcoming atmosphere which is comfortable, safe and clean. All seven said outstanding. On nutritionally balanced meals six said outstanding and one said good. Activities provided five said outstanding and two good. Are staff caring and respectful? All seven said outstanding. Do we deliver care in a dignified manner and respect individuality, choice and preference? All seven said outstanding. Are you able to talk with the manager or senior member of staff and all said yes. Do you feel safe and confident in the service? All seven said they would recommend the service to others.

Some of the comments included, "The food always looks plentiful and well presented", "Staff are caring and respectful", "I have no concerns about the care given, we are very pleased with the care [our relative) receives. Everyone is helpful and kind", The staff are amazing. We are so lucky to have found Sandybrook" and "The staff are wonderful with us. They keep us informed of what is going on. I am very happy with how [my relative] is, settled and well cared for." The results of the survey showed people and family members were satisfied with the service they received.