

Sandtoft Care Home Ltd

# Sandtoft Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We carried out an unannounced comprehensive inspection of Sandtoft Care Home on 07 and 09 September 2015.

Sandtoft Care Home provides accommodation and personal care for up to twenty two people. At the time of our visit 20 people were living at the home. The home is a three storey building in Hoylake offering single accommodation of a good standard. Each floor has a communal bathroom one of which is currently being converted into a new wetroom. On the ground floor there is a communal lounge, dining area and conservatory.

Sandtoft Care Home is close to the promenade, within walking distance of the local shops and has good transport links.

The home required 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a registered manager in post from July 2014, registration date with Care Quality Commission May 2015.

# Summary of findings

People who lived at the home were happy there and held the staff in high regard. They said they were well looked after. People told us they felt safe at the home and had no worries or concerns. From our observations it was clear that staff cared for the people they looked after and knew them well.

People had access to sufficient quantities of nutritious food and drink throughout the day and were given suitable menu choices at each mealtime. All medication records were completely legibly

and properly signed for. All staff giving out medication had been medication trained.

We reviewed five care plans, these provided sufficient information on people's needs and

risks and guidance to staff on how to meet them. Regular reviews of care plans took place to monitor any changes to the support people required

We saw that the home had ensured people's mental health needs were assessed and had employed elements of good practice in accordance with the Mental Capacity Act 2005 (MCA). We also saw that that 10 staff out of 20

had attended Mental Capacity training, this included ancillary staff. We saw that some of the communal areas in the home looked tired and shabby and would benefit from redecoration and we noted some uneven surfaces which would prove difficult for people who had mobility problems when accessing the external grounds. We also identified the kitchen flooring to be worn, this meant that the moving of equipment for cleaning was hazardous to staff.

People and relatives we spoke with said they would know how to make a complaint. No-one we spoke with had any complaints.

We saw that the manager was using a dignity audit tool to monitor and improve the care practices in the home. People and staff told us that the home was well led and the staff told us that they felt well supported in their roles.

We saw that the manager was a visible presence in and about the home and it was obvious that they knew the people who lived in the home extremely well and that the staff were well supported to carry out their responsibilities

# 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 been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place.

Medication storage and administration was correctly carried out.

We saw that people's individual risks were identified and appropriate care plans were in place.

There was adequate staff on duty for the needs of people who lived at the home.

The home was clean and had infection control procedures in place and standards were audited regularly

Good



### Is the service effective?

#### The service was not always effective.

Some of the communal areas in the home looked tired and shabby and would benefit from redecoration.

Some access to external area's were potentially problematic for people with mobility problems.

Staff were appropriately inducted and received ongoing training. Staff were regularly supervised and appraised in their job role.

Staff understood and applied the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. The manager had made the appropriate referrals to the Local Authority.

Requires improvement



### Is the service caring?

#### The service was caring.

People we spoke with held staff in high regard.

We observed staff to be caring, respectful and approachable. People were able to laugh and joke with staff and they appeared at ease.

Staff made every effort to ensure people's privacy and dignity were respected when care was delivered.

People were given appropriate information about the home.

Good



### Is the service responsive?

We looked at five careplans and each person had a care plan that meet their individual needs and risks. There was a range of activities available that were logged for each individual on a daily basis

Good



# Summary of findings

The complaints procedure was openly displayed and records showed that complaints were dealt with appropriately and promptly.

We saw people had prompt access to other healthcare professionals when required.

## Is the service well-led?

### The service was well-led.

There was a manager who had an active role at the home in respect of people's care and the support of staff.

The manager was clearly visible and staff said communication was open and encouraged.

Quality assurance systems were in place to ensure the service provided safe and good care.

Documentation was good, readable and current.

Good



# Sandtoft 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 on 7 and 9 September 2015 and was unannounced. The inspection was carried out by two 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.

Prior to the inspection we asked for information from the local authority quality assurance team and we checked the

website of Healthwatch Wirral for any additional information about the homes. We reviewed the information we already held about the service and any feedback we had received.

During the inspection we spoke to people living at Sandtoft Care Home. We talked with five staff on duty over the two days including activities co-ordinator, care staff and cooks. We also talked with the registered manager and the provider.

We observed care and support for the majority of people who lived at the home. We reviewed a range of documentation including five care plans, medication records, records for four staff members, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the home is managed.

# Is the service safe?

## Our findings

We spoke with one person who said “I feel safe here. It’s nice to have company.” We asked another person if she felt safe and she told us that she was perfectly happy. We spoke to a group of three relatives who were very complimentary about the cleanliness of the home, one person said “rooms are kept very well and clean.

We looked at the records relating to any safeguarding incidents and we saw that the manager maintained a clear audit trail of any safeguarding incidents, what action had been taken to support the person and the notifications made to CQC.

We asked a staff member what they would do if they witnessed something they thought was abusive, they stated that they “would inform the senior or the manager straight away”, and they knew that they had a duty to report the incident to the local authority safeguarding team too.

Records showed that all staff including ancillary staff had received safeguarding training. On discussion with the manager, training regarding challenging behaviour is incorporated into safeguarding and dementia training. This means that if the people who live in the home develop challenging behaviour then they can be appropriately supported.

We looked at the accident records and saw that action had been taken in response to accidents to reduce the risk and minimise reoccurrence. An example of this was a person who had fallen. We saw that their care had been reassessed and changes made to support them. We looked at a variety of risk assessments and saw that risks were clearly identified and monitored closely. For example, one person had a nutritional risk assessment for special dietary needs in place and staff were monitoring their dietary intake to ensure their nutritional needs were met. We saw that people’s risk assessments were monitored and regularly updated to reflect people’s needs and when their needs had changed.

We saw the premises were safe. We looked at a variety of safety certificates that demonstrated that utilities and services, including gas, electrics and small appliances had been tested and maintained. We saw that the fire alarm system was checked weekly and there was a fire evacuation plan that had been revisited and updated. Personal Emergency Evacuation Plans (PEEPS) had been

completed for all of the people who lived in the home and were readily available in a file in case they were required. We saw that each plan had a photograph of the person so staff or emergency services personnel would be able to quickly recognise which people needed support to leave the building in an emergency.

We viewed four staff recruitment files and found that all the appropriate recruitment processes and checks had been made. For example, all files contained two references, proof of identification and had appropriate criminal records checks on each person. We saw how each person had a comprehensive induction and that new starters were now working towards the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

We looked at staffing rotas for a month prior to the inspection and the rota currently in use. We observed that there was sufficient staff on duty, the call bells were answered promptly and staff were always visible. There was always sufficient staff on duty to meet the needs of the people who use the service. We asked a visiting relative if they thought there was enough staff on duty and was told “Yes, they always seem to be about”.

A call bell system was in place in peoples bedrooms, bathrooms and other communal areas and these were easily accessible . During our visit we found that people’s needs were answered promptly and a staff member was always visible. If staff had to leave the communal areas to support someone we observed the senior or manager being made aware of it by the staff. This meant that support was always available for the people who lived in the home.

Staff wore appropriate personal protective clothing when assisting with personal care and appropriate antibacterial soap was available throughout the home to assist with infection control. Infection control audits were completed fully and deep clean processes were clearly logged. The manager did a weekly room check which picked up any issues that needed to be addressed. We saw the daily cleaning rotas for the kitchen and for night workers for the month of August 2015. These showed weekly and daily routines as well as a twice weekly deep clean system. The home was clean with no offensive odours.

We looked at the arrangements for the safe keeping and safe administration of medication. We saw that the

## Is the service safe?

lockable medicines cabinet had broken two days before the inspection occurred. The manager told us that they had contacted the cabinet maker and showed us evidence that the broken cabinet had been reported and action was being taken.

The manager also showed us the additional measures she had taken by using a lockable cupboard to store the broken medicine cabinet in to ensure the safety of the medicines. We observed the manager ring the cabinet provider to ensure the speedy delivery of a new cabinet.

The staff authorised to administer medication had undertaken the required training and were authorised to do so. We saw the storage of medication in a fridge and that the temperature was checked twice daily at the same times and this was correctly recorded. Proper storage of medicines is crucial to ensure their effectiveness.

We checked a sample of five people's medication administration records (MAR) to ensure they corresponded with the medication left in people's monitored dosage system. We found that people's MAR's had their photographs on them and the MAR's showed that people's medications had been administered accurately. The MAR's were well maintained and completed appropriately with staff signatures. Some medications were topical and the senior informed us that some of these were kept in the people's individual rooms. The manager was able to supply us with two people's risk assessments regarding topical medications that showed this had been appropriately risk assessed and actioned. We saw PRN medications were accurately recorded and the amounts left accurately tallied with the MAR sheets and what had been administered.

All the medication was in date and appropriately labelled. This meant that people had received their medications as prescribed by the doctor.

# Is the service effective?

## Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We spoke with the manager and she demonstrated a clear understanding of issues of consent and capacity. We saw that people's mental capacity had been assessed and we saw that a number of DoLS applications had been made on behalf of people living in the home. We saw evidence of least restrictive options being taken and people were supported without causing undue stress or anxiety. For example, we saw evidence that one person regularly asked to leave the home. Staff supported this person by talking them for a walk along the seafront at Hoylake as soon as this was possible. We saw that this person had been out five times in the two weeks prior to the inspection at their request. The manager explained that this supported the person's well-being and minimised their anxieties.

We looked at people's care plans and saw that people who were able were signing their consent on their care plans and had been involved in discussions regarding their care. We saw that appropriate processes had been followed for people who did not have the capacity to consent to some decisions regarding their care. We looked at the training records of the service and saw that 10 staff out of 20 had attended Mental Capacity training, this included ancillary staff. This means that a good range of staff who interact with the residents have a working knowledge of the Mental Capacity Act and the potential impact on the service delivered.

We saw the majority of staff had Mental Capacity and DoLS training within the last eighteen months.

We looked around the home and saw that people had been able to personalise their bedrooms. All of the

bedrooms were decorated differently and we saw that a lot of them had recently been decorated. The manager showed us that the lounge was slowly being decorated and that this was taking place at night to minimise the impact on the people who lived in the home. Some of the communal areas in the home looked tired and shabby and would benefit from redecoration. The manager told us that they had spoken with the provider regarding further improvements. We also identified the kitchen flooring to be worn, this meant that the moving of equipment for cleaning was hazardous to staff.

We looked at the garden and saw that there was a nice outside space for people to use however we noted some uneven surfaces which would prove difficult for people who had mobility problems. We saw some people go outside and use this space during the inspection and they found the spaces easy to navigate.

We saw that people's nutritional needs were assessed and their dietary needs were known by the cook on duty who also had a working knowledge of those people who preferred traditional foods and the two people who liked to experiment. The cook also told us about how she attended a distance diabetes course, this improves the knowledge that is needed to deliver an effective service to those with diabetic dietary requirements. One person said "I like my food", another person told us "They provide for all your needs and there is always a choice". We looked at the menu's available and saw the food to be nutritious and varied and we observed drinks being offered to people throughout the day. We were told by one person that "They were very good with teas and coffees".

We looked at four staff files that showed all had attended and passed induction within the first three months of employment. We also saw that all staff, including ancillary staff attend all required training, this included safeguarding, COSHH, moving and handling, first aid, infection control and fire safety. Eight staff had achieved their Diploma in Health and Social Care. There was also evidence of a robust supervision system in place for the staff group that was audited. Supervisions had been carried out at regular intervals throughout the past year. We did see that some appraisals needed updating. One staff member told us that "I feel very confident and trained to do my job".



# Is the service caring?

## Our findings

One person told us “They are lovely girls. They always knock on the door before they come in my room.” Another person informed us that “They’re always there you” and “it’s just like a home from home”. We also asked a residents family member if they thought the staff knew about the persons likes and dislikes, we were told “Yes, I feel they know her very well”.

We observed staff chatting with people about day to day things and spending time making sure that people’s needs were met. People who were sitting in the lounge were regularly checked by staff and we observed that when people were sitting alone staff took time to check on them and engage them in a meaningful conversation.

It was clear from our observations that staff knew people well and were able to communicate with them and meet their needs in a way the person preferred. We observed one person get up at 11am and staff were joking with the person as they did not usually get up until much later. We saw one staff member discussing with one person what they would like to do that day, promoting their independence.

It was clear that staff had warm, positive relationships with people and that the staff were trusted by the residents. We saw one person who was confused and starting to get upset. We saw a staff member talk to them, hold their hand, provide reassurance and comfort and we saw that the person relaxed. Staff were treating people in a dignified way.

We noted that people were not rushed and staff supported people with patience. Whether the care involved was supporting the person to mobilise or to eat a meal, they were not hurried by staff and were supported to go at their own pace. We were told by a gentleman who lives at the home “They’re keen for us to be as independent as possible” and this was observed throughout the day.

We saw that staff throughout the day were respectful and discreet when supporting people with personal care. During our visit people moved about freely and communicated with us and staff. Staff engaged with people and visitors in a warm and friendly manner.

# Is the service responsive?

## Our findings

One person we spoke to referred to an occasion when something needed sorting out, they said “The manager dropped everything and dealt with it”. A relative of a person living at the home told us “All matters are dealt with promptly”.

Individual care files were in place for people living at the home. Care files contained an assessment of the person’s needs. A series of assessments had been carried out and reviewed monthly to monitor the person’s health and welfare. This included assessments of their risk of falls, dependency levels, nutritional needs and personal care needs. Where an assessment identified the person needed support a written care plan was in place providing guidance to staff on the support required. Regular reviews of care plans had been carried out. This helps to identify any information that requires updating or additional support the person may need.

The manager showed us the care planning system they had put in place in the home. We saw that it was person centred and that either the person or advocate had agreed it. We looked at five care plans. The manager told us that one of these care plans had not yet been audited but they had identified some problems with it and had added it to their action list. We saw that this plan would benefit from the audit but it still demonstrated the care that the person required.

We looked at the complaints procedure and saw that it was clear and comprehensive. We looked at the complaints log and we saw that one complaint had been made since our last inspection at Sandtoft Care Home. We saw that this complaint had been responded to and resolved and there was a clear audit trail of the actions taken.

We observed how the staff over the two days of inspection included the people who lived in the home in the organised activities. We saw daily activities records that were personalised and that showed a clear understanding of the individual likes and dislikes. This showed that the activities co-ordinator had a good working knowledge of the people’s likes and dislikes and adapted to people’s interests. We spoke to the activities co-ordinator who told us that if a person wanted to shop or go to the pub then this was arranged. This was supported by the information in the activities logs.

We saw throughout the day that staff and residents interacted with each other in the communal areas of the home. Visitors were welcomed at all times and were free to stay for as long as they wanted and were treated in a friendly and warm manner by the staff.

We were told by a visiting relative that she felt the staff knew her family member very well. We observed the staff demonstrating detailed personal knowledge throughout the day, for example preferences for drinks. Staff were also observed engaging with people, sitting with people in the communal areas and taking opportunities to encourage one to one activity.

# Is the service well-led?

## Our findings

Staff we spoke to felt supported and well trained and felt that the home was well led.

One person told us that the manager is “spot on”. Another person told us that “She is lovely and she does a good job.”

The manager and the staff had a clear understanding of the culture of the home and the manager was able to show us how they worked in partnership with other professionals to make sure people received the support they needed.

We spent time talking to the manager and they told us how committed they were to providing a quality service. The provider had implemented a new system of quality assurance processes. The system was comprehensive and covered all aspects of the care home. For example the manager implemented a Dignity audit tool, accident audits and following actions, and consent audits.

The manager had diligently followed the system and was able to produce detailed records of how the service provided to people was monitored and improved. We saw audits relating to care plans, infection control, building maintenance, health and safety and many other aspects. The records were clear and concise and actions taken were recorded.

The manager was using a dignity audit tool to monitor and improve the care practices in the home. This involved observing staff practice, recording the findings and feeding back to the staff member. We saw that the manager had completed three of these and we saw that she was able to evidence that the staff were treating people with dignity and respect.

We looked from the minutes of the resident and relatives meetings which were held on a twice yearly basis. We saw that people were able to express their views and any concerns they may have had. For example food options at

mealtimes, the minutes showed that action had been taken in response to these. We saw from a notice that a relatives meeting had been arranged for the week that the inspection took place. The manager told us that they were implementing satisfaction surveys at the meeting and asking the relatives and the people who live at the home for feedback about the service provided.

The manager was a visible presence in and about the home and it was obvious that they knew the people who lived in the home extremely well and that the staff were well supported to carry out their responsibilities. We observed staff interactions to be light hearted and respectful with each other. One staff member told us that “I go home happy from here after work”

We saw that the manager had reviewed the home’s policies and procedures and had identified the projected review dates. These included health and safety, fire procedures , confidentiality, whistle blowing, medication, disciplinary procedures and recruitment. People’s care files were stored securely to protect their right to confidentiality

We saw that the registered manager actively undertook a range of audits for example accident and incident and action plans had been put into place as a result of the audits undertaken.

We looked at a selection of records including risk assessments, care plans and all were seen to be up to date and relevant. All the records were correctly completed by staff who had signed, dated and collated the information required to ensure person centred care was being delivered.

We saw evidence that the registered manager had monthly supervisions from the provider and we had sight of the last three months. This showed that the manager was supported in her role and that these meetings gave the manager the opportunity to suggest improvements and highlight any issues.