Care Quality Commission

Sherwood Care Homes Limited

Sandrock House

Inspection report

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Bessacarr
Doncaster
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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This was an unannounced inspection carried out on 3 and 5 February 2015. We last inspected the service in May 2013 and found they were meeting the Regulations we looked at.

Sandrock House is a care home situated in the Bessacarr district of Doncaster. It is registered to provide accommodation and personal care for up to 30 people. The service is near public transport and is in easy distance of the town centre and other amenities.

The home had a registered manager who had been registered since 2004. 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. The provider told us a new manager had been appointed in October 2014 who is completing a probationary period. The registered manager is retiring at the end of April 2015 and was

Summary of findings

currently working part time supporting the new manager. The provider told us the new manager would submit an application to register with the Care Quality commission before the end of April 2015.

People we spoke with told us they felt safe living in the home and said staff were very good to them. We saw there were systems and processes in place to protect people from the risk of harm. Staff we spoke with were knowledgeable on safeguarding and were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified risks to people and management plans to reduce the risks were in place to ensure people's safety.

Medicines were stored safely and procedures were in place to ensure medicines were administered safely.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest. This legislation is used to protect people who might not be able to make informed decisions on their own. The provider and the registered manager demonstrated a good awareness of their role in protecting people's rights and recording decisions made in their best interest. They were also aware of the new requirements in relation to this legislation.

We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. Recruitment and selection procedures in place ensured the appropriate checks had been undertaken before staff began work.

Suitable arrangements were in place and people were provided with a choice of healthy food and drink ensuring their nutritional needs were met. Mealtimes were a relaxed and enjoyable experience for people who used the service. Most people we spoke with told us they enjoyed the food and there was always a choice.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. For example we saw referrals had been made to various health care professionals including speech and language therapists, district nurses and occupational therapists. This ensured people's changing needs were reviewed and assessed.

We saw interactions between staff and people living in the home were kind and respectful to people when they were supporting them. Staff were aware of the values of the service and knew how to respect people's privacy and dignity. People spoke very highly of the staff and the care they received.

Activities were provided. We saw people were involved in activities on the day of our visit. People told us they had been consulted on what activities to provide and had suggested trips to the supermarket and shops. One person told us they used to visit the local supermarket and enjoyed this. The activities coordinator told us they were organising these trips, had identified places to visit and were booking transport. This showed people were listened to and their choices facilitated.

The manager told us they had received one complaint in the last twelve months. We saw this had been dealt with appropriately. People we spoke with did not raise any complaints or concerns about living at the home. Relatives we spoke with told us they had no concerns but would speak with the staff or registered manager if they needed to raise any issues.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the provider and the registered manager. The reports included any actions required and these were checked weekly to determine progress.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The people we spoke with who used the service told us they were well looked after and felt safe. Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. Assessments identified risks to people and management plans to reduce the risks were in place.

Medicines were stored safely and procedures were in place to ensure medicines were administered safely.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Is the service effective?

Good

The service was effective.

Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards. The provider and the registered manager were aware of the new guidance and were reviewing people who used the service to ensure new guidance was being followed.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. The meal we observed was relaxed and an enjoyable experience for people.

Is the service caring?

Outstanding

The service was caring

People we spoke with told us the staff were always patient and kind. We saw people were treated with respect, kindness and compassion. People's dignity and privacy was respected. Staff knew the people they cared for well and were committed to helping them achieve a good quality of life.

People were involved in discussions about their care and care plans had been signed by people or their representatives to indicate their agreement with them. We observed staff took account of people's individual needs and preferences.

Staff had undertaken training to provide people nearing the end of their lives with good quality care. Staff we spoke with were passionate about ensuring people who were at end of life, received the best care possible.

Summary of findings

Is the service responsive?

Good

The service is responsive

There were arrangements in place to regularly review people's care plans. We saw when there were any changes in people's care and support needs these were clearly documented in their plans of care.

There was a complaints system in place, and when people had complained their complaints were thoroughly investigated by the provider.

People told us they enjoyed the activities available to them. They told us they had entertainers come into the home and they were also able to access the community. People were consulted on what activities they would like to participate in and new activities and outings were organised to accommodate people's wishes.

Is the service well-led?

Good

The service was well led.

Staff told us they were well supported and motivated to do their jobs well. The culture in the home was open. People who used the service, visitors and staff told us they could raise concerns with managers who would listen and take action when appropriate. The provider, the registered manager and the new manager were accessible and approachable.

The provider asked people, their relatives and other professionals what they thought of the service. They also checked that the quality of the service was maintained to the required standards, using audit tools. We saw action was taken to address any areas identified as needing change or improvement. Feedback we received from healthcare professionals about the management of the home was very positive.

The provider, manager and staff were working towards achieving accreditation on the gold standards framework. Staff were committed to continually improving the service provided.

Sandrock House

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 checked 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 3 and 5 February 2015 and was unannounced. The inspection team consisted of an adult social care inspector.

At the time of our inspection there were 29 people living in the home. The service could accommodate up to 30 people. However, one room was a double room that was used as a single room, so the service had no vacant beds.

Before our inspection we reviewed all the information we held about the service. The provider had not completed a provider information return (PIR) as we had not requested one. The pre-inspection information pack document is the provider's own assessment of how they meet the five key questions and how they plan to improve their service. We spoke with the local authority commissioners and safeguarding vulnerable adults team to ascertain their views of the service.

We spent some time in the lounge and dining room areas talking to people to help us understand the experience of people who used the service. We looked at all other areas of the home including some people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to peoples care. We looked at three people's support plans. We spoke with 11 people living at the home and four relatives.

During our inspection we also spoke with six members of care staff, the registered manager, the new manager and the provider. We also looked at records relating to staff, medicines management and the management of the service.

Good

Is the service safe?

Our findings

People we spoke with said they liked living at Sandrock House. They told us they felt safe living there. One person we spoke with said, "It is not home, but it is the next best thing, the home is lovely a real homely feel, I feel very safe living here." Relatives told us they had no concerns about the way their family members were treated. One relative said, "The staff are brilliant, they look after everyone very well, they encourage a good rapour between staff and residents. It is absolutely excellent." Another relative told us, "People are listened to, the provider is regularly at the service and very approachable."

Health care professions we spoke with told us when they visited the home to provide treatment for people who used the service, staff always assisted them with this. They said staff put people at ease and reassured them, enabling them to complete the treatment effectively. One health care professional told us, "The staff are very good with residents, when they are anxious the staff reduce that anxiety and make them feel safe."

The standards of cleanliness observed throughout the home were to a good standard. Care staff we spoke with told us they were allocated adequate hours to ensure they could complete all the cleaning required and if they needed extra time this was agreed and they would work longer to complete their duties. A relative told us, "The cleaning staff are excellent, it is always very clean and tidy and there are never any odours."

Staff were aware of the safeguarding procedure in the home. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. The training records showed that staff received training in the safeguarding of vulnerable adults. The care staff we spoke with told us that the training included teaching staff to recognise the signs of abuse, and what action they should take if they suspected someone was being abused. The staff we spoke with were knowledgeable about their understanding of safeguarding and the signs of abuse, as well as the actions they would be required to take. Following any safeguarding concerns the provider carried out a review to determine if any lessons could be learned.

Staff also had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. Staff we spoke with told us they wouldn't hesitate to whistleblow if they suspected abuse and felt the manager would always listen to them. Staff were also aware of how to report to the local authority if required. We saw staff had received training in whistleblowing as part of the safeguarding training.

We looked at three people's care and support plans. Each plan we looked at had an assessment of care needs and a plan of care, which included risk assessments. Risk assessments included nutrition, tissue viability and falls. The assessments we looked at were clear and gave good detail of how to meet people's needs. This meant people were protected against the risk of harm because the provider had suitable arrangements in place.

Staff we spoke with were aware of how to respond to emergencies. A plan with instructions was available to guide staff in an emergency. This included instructions in each individual care plan, which detailed people's capacity. This ensured staff understood how people who used the service would respond to an emergency and what support they required. All staff had received training in fire safety and dealing with emergencies. There was also a number of staff trained in first aid; the provider told us there was always a trained member of staff on duty.

Medicines were stored safely and procedures were in place to ensure people received medication as prescribed. Regular medication audits were undertaken to ensure staff administered medication as prescribed. Regular checks were also carried out on controlled drugs, these are drugs which are liable to abuse and misuse and are controlled by misuse of drugs legislation. This ensured they were stored and administered correctly following procedures. The provider had identified that protocols for medicines prescribed 'as and when required', for example pain relief, needed to be implemented. We saw the new manager was in the process of devising and implementing these for people who used the service. This would ensure staff were aware of what the medication was prescribed for, when it should be given and action to take if it was not effective. We saw one the manager had completed, this gave clear instructions for staff to follow.

Through our observations and discussions with people who used the service, relatives and staff members, we found there were enough staff with the right experience and training to meet the needs of the people living in the home. The senior support worker showed us the staff duty rotas and explained how staff were allocated on each shift.

Good

Is the service safe?

Staffing levels were determined by the dependency levels of people who used the service. The rotas confirmed there was sufficient staff, of all designations on shift at all times. All staff we spoke with told us there was enough staff to meet people's needs. People told us when they required assistance and used the call bell it was always answered promptly. Relatives we spoke with told us when they visited they never heard the call bells ringing for any length of time and they were always responded to by staff in a timely manner. This evidenced there were enough staff to meet people's needs.

We found that the recruitment of staff was robust and thorough. Application forms had been completed, two written references had been obtained and formal interviews arranged. We saw all pre-employment checks had been carried out prior to staff commencing work. The provider told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service. The provider had identified in an audit that some people's recruitment files had missing information and we saw from the actions taken that this had been rectified. Following this the provider had also devised a check list to complete when staff were recruited to ensure all required checks were in the files.

Good

Is the service effective?

Our findings

People we spoke with told us the staff were lovely and looked after them well. One person said, "The staff look after me and are always there when you need them." Another person said, "The staff take time to listen and we always have a good laugh together."

People also told us the food was good. One person said, "The food is lovely and there is always a choice." Another person said, "I really like the food, there is a good variety."

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. The tables were laid with tablecloths, napkins, condiments and the menu was available. The meal we observed was relaxed and an enjoyable experience for people. People were chatting and laughing and joking together; it was a very lively atmosphere. We saw people ate their meals and where one person was reluctant to eat other people gave gentle encouragement. One person said, "They are always slow and don't really want to eat, but we all encourage them and they eat and do actually enjoy it."

The food was served in the dining room, this meant people could see the choices and make decisions on food choice and quantity required. This also provided a nice smell of food that people were commenting on. One person said, "Oh that smells lovely." People were given time and encouragement to eat their meal and a choice of drinks was offered.

People who required support with their meals were served on a table together and staff offered assistance that ensured people were able to receive adequate nutrition. Staff were aware what people required specialist diets including enriched and soft diets. These needs were catered for. When we spoke with the cook they were able to explain to us what people's needs were and gave examples of how they met these needs. For example people on enriched diets had full fat milk, butter and cream used in mash potatoes and porridge and were given high calorie snacks in between meals.

Two people we spoke with told us they did not always like the food, it was not to their taste. They acknowledged other people enjoyed the food. We discussed this with the provider who showed us a recent questionnaire they had sent out to people to complete regarding meals and their preferences. The provider said they had been made aware that some people were not happy with the food so had instigated the survery. Following this they had implemented changes to the menu and incorporated people's choices. This included home-made soup and curry. They had also identified a larger heated trolley was required for the dining room, which was to be ordered. The provider had listened to people and made changes to ensure their preferences and choices were met.

In the records we looked at, we saw that care and support plans were regularly reviewed to ensure people's changing needs were identified and met. There were separate areas within the care plan, which showed when specialists had been consulted over people's care and welfare. These included dieticians, speech and language therapists, occupational therapists, district nurses, and GP's. A range of healthcare professionals had visited the home to provide advice and care for people. We spoke with visiting health care professionals who told us the staff always contacted them for advice and assistance. One health care worker told us, "It is a pleasure to visit here, you know everything will be in place and any advice given is always followed. The staff are very passionate and work hard to make sure people's needs are met and that they are happy."

Training records we were shown demonstrated staff were able to maintain and develop their skills through training and development. The staff we spoke with confirmed they attended training and development to maintain their skills. Staff told us, "The training is very good, we are encouraged to continually develop by accessing different courses and training, I am now doing an NVQ level 2 in management and when completed I will do the level 3. It is all senior staff that are to do this." Another staff member told us, "Senior staff have two days a month office days, this enables us to review care plans, complete audits and supervision. This works very well and ensures everything is kept up to date."

Staff also told us they could access training in specific areas for example one care worker told us they had attended training in end of life and dementia care. They told us this ensured they were able to meet people's needs. Staff also told us the provider was always looking at accessing additional training to be able to meet people's needs. Senior staff were trained in specific areas and then ensured staff were competent. For example one senior care worker was trained in moving and handling to a level that enabled them to deliver the training to other staff. They told us, "I

Good

Is the service effective?

then regularly determine staff are competent in this by observations and speaking to the residents." Other senior staff took on lead roles for infection control, end of life and dignity to ensure latest guidance and best practice were followed. The provider ensured standards were constantly being reviewed to strive for improvements.

The provider told us all new staff completed an induction, followed by shadowing an experienced member of staff until they felt competent. This was confirmed by staff we spoke with. This meant people could be assured that staff had the competencies and skills to meet their needs.

The provider had also completed Dementia Care Matters. This is a 12 month training programme to improve the care of people with dementia. The provider told us this was being cascaded to all staff so that it can be embedded into the ethos of the home.

Staff told us they received regular supervision on an individual and group basis, which they felt supported them in their roles. Staff told us the registered manager, the new manager and the provider were always approachable if they required some advice or needed to discuss any issues.

Staff we spoke with had a good understanding of the Mental Capacity Act .The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff we spoke with were knowledgeable about this aspect of caring for people. Care plans we looked at clearly detailed people's capacity in all aspects of their care. This ensured people's rights were protected and staff were able to meet their needs.

The MCA includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to do so. As Sandrock House is registered as a care home, CQC is required by law to monitor the operation of the DoLS, and to report on what we find. The provider had reviewed people and was aware of the need to make some applications and was liaising with the supervisory body to determine when to submit the applications.

Outstanding ☆

Is the service caring?

Our findings

People we spoke with were very happy with the care provided. One person said, “The staff are lovely, I am happy here, very happy.” Another person said, “We are well looked after, I cannot grumble at anything.” Another person told us, “The staff are always patient and kind, I never have to wait long for assistance.”

Relatives we spoke with also praised the staff and the service provided. A relative we spoke with said, “It is absolutely excellent, staff have a good rapour with the residents and this is actively encouraged. I am always made to feel welcome. The staff are kind, considerate and respectful. I have no concerns regarding the care of my relative.” Another relative told us, “People are listened to, actually people’s views are actively encouraged, there are regular meetings, questionnaires and the owner is at the service every week talking to residents and relatives they are always approachable.”

People using the service, their relatives and visiting professionals all told us the staff were always available, approachable and went the extra mile to ensure people received good standards of care. One person told us, “The care staff even come in on their days of to help with outings, they don’t have to do this.”

Relatives told us the provider devoted a lot of time and investment into the home. One relative told us, “There are continual improvements it is on-going and if anything is suggested it is actioned.”

We looked at care and support plans for three people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual needs. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes, and what was important to them. The information covered all aspects of people’s needs and provided clear guidance for staff on how to meet people’s needs.

Staff we spoke with were very knowledgeable on how to meet people’s needs. They were able to explain to us how they maintained people’s dignity and privacy, how they supported people with personal care in their own rooms with door and curtains closed. We observed that people were treated with respect and their dignity was maintained. We saw staff ensured toilet and bathroom doors were closed when in use, and saw staff discretely ask people if they wanted the toilet. We saw staff take people to their rooms when they required personal care and this was done sensitively and discretely. The service promoted dignity, there was a dignity champion and all staff received training in maintaining people’s dignity. The provider had also developed a dignity information leaflet for staff and Sandrocks moto, was ‘Dignity means respect and treat people as I would want them to treat me!’ as part of this staff were made aware of cultural needs and how to ensure they are met. Staff told us they do not assume they know what people want because of their culture or ability, they always ask. They told us this is promoted by the provider to ensure people’s needs are met.

We observed interaction between staff and people living in the home on the day of our visit and saw interactions were warm, friendly and engaging. Staff showed concern for people’s wellbeing in a meaningful way, and we regularly saw and heard staff checking that people were happy and comfortable. We observed one person kept getting vey tearful, we saw staff monitoring their well-being and trying to engage them in activity or conversation to distract them and improve their mood. Staff we spoke with were aware why the person was tearful and explained to us they were seeking advice from their GP and looking at ways to improve their well-being.

Staff we spoke with were passionate about the job they did, they were striving to find ways to improve the service and people’s experiences. For example a recent survey had identified that people had enjoyed visits to the local supermarket and shops and would like this to be a regular occurrence. The activity coordinator had identified places to visit and was organising transport so this could be facilitated. They were also considering starting a committee for people who used the service, this gave a further way of seeking people’s views and ensuring these were listened to and where possible they were instigated.

Some people chose to stay in their rooms, we regularly observed staff check these people, staff knocked on doors before they entered and enquired if the person was comfortable and had everything they required. One person we spoke with who stayed in their room told us, “I prefer to stay in my room, staff respect this but still regularly check I am alright.”

Outstanding ☆

Is the service caring?

During our observation there was a relaxed atmosphere in the home; staff and people who used the service were laughing and joking together it was a very inclusive environment. Staff we spoke with told us they worked well as a team were supported and enjoyed their jobs.

We looked at the arrangements in place to enable people to be involved in decisions about their care. The provider told us that the home made sure people were aware of the local advocacy service so they could have access to an advocate if required. Information about access to the service was displayed in the home. People we spoke with said they did participate in their care planning if they wanted to. We saw evidence in care plans we looked at that people had been involved in reviewing their care needs and completing their likes and dislikes. This meant people were listened to and their views taken into consideration.

The provider was working towards the Gold Standards Framework (GSF), The National Gold Standards Framework Centre in End of Life Care is the national training and coordinating centre for all GSF programs, enabling generalist frontline staff to provide a gold standard of care for people nearing the end of life. GSF improves the quality, coordination and organisation of care leading to better patient outcomes in line with their needs and preferences and greater cost efficiency through reducing hospitalisation. The provider was embedding the practices and was intending to apply for accreditation later this year. As part of this staff received training in the principles of good end of life care and staff we spoke with were able to tell us what they had learnt and what they put into practice to ensure people were comfortable and their needs were met. People's wishes regarding end of life were documented in their plans of care. People we spoke with told us staff raised this issue with care and sensitivity.

The provider also attended the local end of life forum organised by Doncaster Clinical commissioning group. The provider told us this is where we can discuss good practice, latest guidance and share experiences. They told us this information is then shared with the staff to ensure good practice is followed.

Good

Is the service responsive?

Our findings

People who used the service and their visiting relatives told us the service was responsive to people's needs and requests. They told us the registered manager, the new manager and the provider were all approachable and made time to listen and resolve any issues or concerns. One relative told us, "If I have anything to raise someone is available to listen."

People's care and support needs had been assessed. We saw records confirmed people's preferences, interests, likes and dislikes and these had been recorded in their care plan. People who used the service and their families were involved in discussions about their care and the associated risk factors. People were able to take risk as part of an independent life with safeguards in place.

Individual choices and decisions were documented in the care plans and reviewed on a regular basis. People's needs were regularly assessed and reviews of their care and support were held when required. For example we saw from care records that we looked at that people had been referred to and had received intervention from health care professionals. This meant people's changing needs were identified and appropriate advice received to be able to meet these needs. We observed staff gave time for people to make decisions and respond to questions.

The provider told us they were members of the social care institute for excellence (SCIE). This enable the service to access information and recourses to improve the lives of people who use care services.

Relatives we spoke with told us they were kept informed of any changes and were involved in the care reviews. Health care professionals we talked with spoke very highly of the service. They told us the staff regularly called for advice and support if a person's needs had changed and they had concerns. They said staff were very knowledgeable about people and followed advice given. A health care professionals said, "The staff are proactive and liaise well with community services to ensure people's needs are met."

People were supported to maintain relationships with their family. Relatives spoken with confirmed they were kept up to date on any changes to their family member's care needs by telephone and they were welcomed in the home when they visited.

The staff and the activities coordinator told us people living in the home were offered a range of social activities. We observed some activities during our inspection, people were participating in a quiz and others had joined in a craft session. These were enjoyed by all the people who took part. The activity coordinator had gained peoples choices regarding activities and following this was organising some shopping trips. We saw there were regular entertainers visiting the home and people we spoke with told us they enjoyed these sessions. There was also an exercise session once a month provided by an external company. This again people told us they enjoyed.

The service produced a newsletter each month for people who used the service and their relatives this showed what had been happening and what was organised. This gave people up to date information on upcoming events so they could decide if they wished to participate. People also accessed the local community they told us they went out for meals, theatre trips and outings to the coast. We saw pictures of the recent trips, which were displayed on the wall in the entrance area.

The provider told us there was a comprehensive complaints' policy, this was explained to everyone who received a service. They told us they had received one complaint in the last 12 months. We saw this had been dealt with appropriately. People we spoke with did not raise any complaints or concerns about living at the home. Relatives we spoke with told us they had no concerns, but would speak with the staff or manager if they needed to raise any issues.

Relatives were encouraged and supported to make their views known about the care provided by the service. There were regular residents and relative's meetings giving opportunity for people to contribute to the running of the home. We saw the minutes of the previous two meetings. A summary of the outcomes were documented in the newsletter and future meeting dates were displayed on the notice board in the entrance hall. Relatives we spoke with said the meeting were very good and gave opportunity to talk with other relatives and staff. People we spoke with said they attended the meetings and they were held regularly.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since 2004. The provider told us a new manager was appointed in October 2014 who is completing a probationary period. The registered manager is retiring at the end of April 2015 and was currently working part time supporting the new manager. The provider told us the new manager would submit an application to register with the Care Quality commission before the end of April 2015. Our records showed that the service had a history of good performance and compliance with the applicable regulations and standards.

People we spoke with told us the registered manager and the new manager were good, they were available and always made time to speak to them. Relatives told us the registered manager, the new manager and the provider were very good they were always approachable. One relative told us, "The owner devotes a lot of time to the service and is always available to listen either in person or at the end of a phone." Another relative told us, "I am extremely happy with the service provided the care is excellent."

We found there was an open, fair and transparent culture within the home. Staff told us they felt that they worked well as a team and they all helped each other. They told us they felt the registered manager and provider were approachable and listened to their concerns and ideas for improvement. One member of staff said, "When I have raised anything no matter how trivial nothing is too much, the manager and provider have never let me down." Staff expressed their pride in working at Sandrock and the care they provided to people. Care staff said they were committed to providing high standards of care and were continually encouraged to improve the quality of the service provided following latest good practice. They also felt their work was appreciated, they felt valued and their opinions mattered. One staff member told us, "You don't mind putting more in when you are appreciated."

Observations of interactions between the provider, registered manager and staff showed they were inclusive and positive. All staff spoke of strong commitment to providing a good quality service for people living in the home. The staff we spoke with said they were confident about challenging and reporting poor practice, which they felt would be taken seriously.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the provider. The reports included any actions required and these were checked each month to determine progress.

The provider told us the registered manager completed daily, weekly and monthly audits which included environment, infection control, medication and care plans. They told us they them also carried out weekly and monthly audits. We looked at the audits carried out in January. The audit had an action plan and incorporated the issues that had been identified with required solutions to ensure improvements were made.

Staff received supervision and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. Staff meetings were held on a monthly basis which gave opportunities for staff to contribute to the running of the home.

Any accidents and incidents were monitored by the registered manager and the organisation to ensure any triggers or trends were identified. For example we saw when people sustained a number of falls they were referred to the falls team for assessment. We saw people had been seen by the team and safety measures had been put in place. In some instances this was pressure mats to monitor people's movement for their safety.

The provider had also had a new call alarm system installed. The system logged the time calls were initiated, how long it rang for before being answered and how often the emergency alarm was used. The provider used this to determine staff met people's needs in a timely manner. If calls alarms were not answered appropriately the provider investigated the reasons why.

There had been some safeguarding referrals made in the last year, we saw evidence these were dealt with appropriately to safeguard people. There had also been a number of anonymous whistle blowing concerns raised early in 2014, the provider had responded to these appropriately and had carried out thorough investigations.

Good

Is the service well-led?

We also saw that the provider carried out lessons learnt exercise following any incident, accidents, safeguarding and whistleblowing. For example one person had sustained a number of incidents they had been referred to the falls team and safety measures had been instigated. However, falls still continued. The lessons learnt exercise determined additional safety measures could be introduced to decrease risk. Therefore a laser beam trigger was also installed for additional safety.

We spoke with the local authority commissioners and safeguarding vulnerable adults team to ascertain their views of the service. The local authority told us they had no concerns regarding this service. They told us they had completed their audit of the service in October 2014 and found the service to be well managed and provided good standards of care.