

Accommodating Care (Southport) Limited

Sandley Court Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 13 July 2017. This inspection was unannounced.

The last inspection of the home took place in November 2016. The inspection was a focused inspection to check on breaches and a warning notice served by CQC at the previous comprehensive inspection. During the focused inspection in November 2016 we found that the registered provider had made the required improvements. However, during this inspection we found breaches of regulations 12 and 17 of the Health and Social Care Act 2008 Regulated Activities (Regulations) 2014.

Sandley Court is a care home for 23 older people and is owned by Accommodating Care (Southport). Sandley Court is a converted house with an enclosed rear garden and with parking spaces at the front. There is a ramp at the main entrance to assist people with limited mobility. Bedrooms, bathrooms and lounges are situated on the ground and upper floors.

At the time of our inspection there were 21 people living at the home.

Prior to this inspection we received concerns about the management of medication. We looked at those concerns as part of this inspection. We found that medicines were not always managed safely or correctly. Some people's medicine records were incomplete and plans were not in place for people who were prescribed medication to be given when required.

Risk assessments for some people were in place and had been recently updated, however we found that not all risks that effected the health and safety of people living in the home had been assessed appropriately. They did not contain sufficient information around how to minimise the risk of harm to people and keep them safe.

Some records relating to people's care and staff training had not been updated. Some records dated back to 2012, and were mixed up with current information in people's care plans so it was difficult to see what information was relevant for people. There was a 'contents sheet' at the front of each person's care file, however, the care files did not follow any order.

We saw that audits were not always taking place, there were some audits in place for the environment, however there were no care plan audits being conducting to ensure information was correct and updated. Medication audits were also not robust and had failed to highlight some of our concerns.

We have made a recommendation about the need for consent. The registered provider was working in accordance to the principles of the Mental Capacity Act and DoLS (Deprivation of Liberty Safeguards) however, some information recorded in care plans was not always accurate and was confusing. There were activities taking place in the home, and people's care files contained photographs of people engaging in activities. Most of the people we spoke with, however, told us they were bored and there was not much for

them to do.

People told us they felt safe living at the home. Staff knew what action to take to be able to recognise potential or actual abuse.

The home was clean and tidy and there was a pleasant smell throughout. Staff used personal protective equipment (PPE) appropriately such as gloves and aprons.

Staff were recruited safely, and most of the staff had been in post at the home for a number of years.

We saw that staff had recently completed some training, and we saw certificates for this in their files, staff were able to discuss their training with us. However, the training matrix was not updated to reflect this.

Staff underwent regular supervision and had had an annual appraisal of their work. Staff underwent an induction process in line with the registered provider's policies and procedures and national guidance.

People said the food was good. There was a menu available which people could choose from. There was no evidence that people had input into the menus, however there was a book which showed which meals had been served and declined. This showed that people could mostly choose whatever they wanted to eat.

People had input from GPs and other medical professionals whenever they required it. A record of these visits was kept in people's care plans.

People said that the staff treated them with kindness and respect. We observed familiar interactions between staff and people who lived at the home. Most of the staff team had been in post for a long time and had built positive relationships with people.

There was a process in place to respond to and document complaints. We saw that complaints had been appropriately responded to in a timely manner. People told us they would know how to complain.

There information in people's care plans regarding their likes, dislikes, backgrounds of life histories.

There was a manager in post who was in the process of becoming registered with CQC. People spoke positively about the manager. The manager was not available on the day of our inspection, however our discussions after our inspection with the manager indicated they were fully aware of the concerns we raised and had an action plan to place to make improvements to the service people received.

The ratings from the last inspection were displayed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medications were not always managed safely.

Risk assessments were not always accurate and up to date and did not provide enough information to help keep the person safe.

People said they felt safe.

Staff recruitment was safe. Most staff had been in post at the home for a long time.

The environment was clean and tidy and smelt pleasantly throughout.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's mental capacity was assessed in line with the Mental capacity Act 2015, however consent was not always obtained in people's best interest. We have made a recommendation about this.

Staff told us they were trained, and we saw some certificates in staff files, however the training matrix required updating, as recent training was not recorded.

People said they enjoyed the food.

There were records kept when medical professionals visited the home.

Is the service caring?

Good ●

The service is caring.

People spoke positively about the staff.

We observed kind and friendly interactions between staff and people who lived at the home.

There was information concerning advocacy services, and one person was accessing this service at the time of our inspection.

Care plans evidenced that people had been involved, however, some people could not remember and most reviews were not recent.

Is the service responsive?

The service was not always responsive.

Records relating to people's individual care needs were not always kept updated and organised.

Care plans contained some up to date information including people's backgrounds, likes and dislikes, and staff knew people well.

Complaints were managed in accordance with the registered provider's process, and people knew how to complain if needed.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There was a lack of robust auditing processes in the home.

The manager was in the process of registering with CQC.

People spoke positively about the manager.

The ratings were displayed from the last inspection.

Requires Improvement ●

Sandley Court 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 13 July 2017 and was unannounced.

The inspection team consisted of an adult social care inspector, a pharmacy inspector, 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.

Before our inspection visit, we reviewed the information we held about Sandley Court. This included notifications we had received from the registered provider about incidents that affect the health, safety and welfare of people who used the service. We also called a medical professional to see if that had any information they wished to share with us. We accessed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We saw there had been concerns raised in relation to medication management at the home on more than one occasion, so we used this information as part of our inspection planning.

During this inspection we spoke with 12 people living at the home, one visitor, four members of staff, the deputy manager, and the chef. We looked at three people's care plans and associated documentation and two staff recruitment folders. We spent time looking in detail at medication procedures and other documents relating to the safe running of the home.

Is the service safe?

Our findings

Prior to this inspection we received concerns about the management of medication. We looked at those concerns as part of this inspection.

We looked at records about medicines and the arrangements which were in place for ordering and storing medicines. We also looked at the registered provider's medication policies and procedures and training records for staff responsible for managing medication. Documentation was detailed and instructed staff on how to manage medicines safely. Some staff had undertaken refresher training and it had been arranged for other staff.

We looked at the Medicines Administration Record (MAR) charts of the 21 people who lived at the home and examined five in detail. All people apart from one had a photograph to help staff give the medicine to the right person. Allergies were recorded on each person's MAR to help keep people safe.

People were prescribed painkillers and other medicines to be given in varying doses and to be taken when required. We found no individualised information or written guidance to support the safe administration of these painkillers so there was a risk that these people's pain might not be managed properly. Staff did not record the time people were given paracetamol to ensure a safe time interval between doses. Information was not personalised and staff did not have sufficient information when applying topical preparations such as creams and ointments. We saw a topical application record that did not contain the name of the cream being applied.

Medicine records were not well maintained. We checked stock against the MARs and found discrepancies in the amount of medicine that three people had been given. Some had been signed and not given and two people had less than expected, which meant medicine could not be accounted for.

Staff carried out monthly audit checks to make sure medicines were used safely and in accordance with the registered provider's medicine policy. We saw records for March, April and May 2017. The check was not detailed and consisted of a list of 16 questions with a yes or no answer. We saw no evidence of actions taken as a result of the findings of these checks. The audit from 9 May 2017 had many unanswered questions such as "is the stock correct?" and did not give any assurance that medicines were managed safely. There was no audit record for June 2017

Medicines were stored securely in locked cupboards and temperature sensitive medicines were stored in a locked fridge. There was evidence of daily monitoring of medicines kept in the fridge however, records were not completed properly as only current temperatures had been recorded. Maximum and minimum temperatures should be recorded in accordance with national guidance. . A liquid oral medicine in use did not record when it was first opened and staff were unable to confirm when it was opened. This meant the medicine may be out of date and may not be as effective.

Controlled drugs were stored in a suitable controlled drugs cupboard and access to them was restricted. However, records were not accurately maintained in line with legislation and there was a risk these

medicines could be misused. The deputy manager was aware and corrected the records during the inspection. We saw evidence of regular balance checks of controlled drugs.

We watched some people being given their morning medicines. Staff gave medicines in a kind and patient way and signed the records after the person had taken their medicine. Staff were familiar with people and knew who needed extra help.

This was a breach of Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments were undertaken in order to keep people safe and they were reviewed monthly. However, risk assessments for some people did not contain enough information to keep them safe from harm and parts of them were confusing. For example, one person required a 'specialist diet' due to them being at risk of weight loss. The person's records showed they were supplied with Ensure drinks and required their foods to be fortified. Fortifying foods is when milk, butter or cream is added to certain food to promote weight gain. We also saw that this person required a 'semi soft' diet. However there was no indication as to why they may require this diet. We were told it was due to the person being at risk of choking, however there was no risk assessment around choking for this person. Additionally, there was no risk assessment around supporting the person to maintain a healthy weight. This meant that new staff might not be aware of this person's assessed needs, and may not support them appropriately, putting the person at risk of choking and malnutrition. Our conversations with staff showed that they were all aware of this person's needs, as most of the staff had been in post a long time, however, there was not enough information contained within the risk assessments to support and guide staff on how to keep people safe.

Another person required their food to be 'fork mashed'. There was a risk assessment in place for this which stated, '(person) always mashes their food.' There was also a risk assessment which stated 'risk of aspiration'. However, there was no guidance for staff to follow to support this person, or what the staff needed to do in an emergency situation if this person aspirated. We saw that this person was assessed as having 'no capacity' so we queried how they would understand the need to mash their food, and what would happen if they decided they did not want to mash their food anymore or if they forgot to do this. The deputy manager acknowledged more information was required to the content of people's risk assessments.

One person required the support of two staff for transfers. This person was assessed as being a high risk of falls. The person had a moving and handling assessment in place which identified that the person was hard of hearing. The assessment consisted of tick list stating whether the person was 'supervised' 'independent' or 'assistance required'. Where the 'assistance required' was ticked, there was no additional information about how to support the person to ensure they understood the staff (due to their hearing impairment) and there was just comments written such as '1 carer to assist with hoist or chair'. There was no further information, such as how the staff were to assist the person and when the use of a chair or hoist, to assist the person, was appropriate. This information could be confusing for new staff members. We saw that dependency tool for this person had been completed and under the column 'hearing' they had been scored one out of five, which meant independent, however, the persons moving and handling assessment stated they had a hearing disability. This was confusing. We raised this at the time and action was taken to address these issues.

We saw the risk assessments for another person who was living with diabetes. The person received support to manage their diabetes from a specialist diabetic nurse. The person's risk assessment identified them as being diabetic, however, there was no specific information or guidance in the risk assessment for staff to

follow with regards to ensuring the person maintained an appropriate diet. There was also no foot care plan or risk assessment for this person. We raised this at the time and were informed that the specialist nurse supported this person with this need. However, there was a risk that this person could have developed problems with their feet between visits from the specialist nurse, which may not have been identified. We were informed by the deputy manager that the staff would have checked this as part of the personal care routine, however they did acknowledge our concerns that this may be missed as there was no specific guidance to follow.

Another person was at risk of skin breakdown. The guidance for staff stated, 'use pressure relieving techniques.' However, the risk assessment did not specify what these techniques were.

This is a breach of regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection we were informed that the manager had planned to fully audit all care plans and make changes. We have since spoken to the manager who has informed us that some of the concerns we identified during our inspection have been actioned, additional risk assessments have been put into place and redone. Also when speaking with the staff, most of them had been in post for long time, and knew people very well.

People told us they felt safe living at the home. Comments included, "There's people around, you're not on your own". "There are people around us and I can stick up for myself". "I'm as safe as houses, everything's nice and peaceful". "You feel secure and you're not frightened of anything in the home". "We've a nice room and we're looked after."

Staff records demonstrated the manager had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of their interview process and ensuring two references were obtained prior to an individual commencing work.

The manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is required for all staff employed to care and support people within health and social care settings. This enabled the manager to assess their suitability for working with vulnerable adults. One staff member we spoke with confirmed they were unable to commence employment until all checks had been carried out. They told us they completed an application form and attended an interview. They told us they could not start work until they had received clearance from the DBS. This confirmed there were safe procedures in place to recruit new members of staff.

Staff described how they would raise concerns about people's wellbeing, and who they would speak to. Staff had received training in the principles of safeguarding and the practicalities of how to raise an alert with local safeguarding teams. Staff responses were in line with procedures set out in the registered provider's safeguarding policies. Staff also explained the organisation's approach to whistleblowing, and told us they would be encouraged to report any bad practice or concerns. We saw information regarding safeguarding for people who used the service and relatives was readily available in the communal areas of the home and the office. People we spoke with confirmed they knew how to raise concerns should they have any.

There was a procedure for documenting, discussing and analysing incidents and accidents. This is

important because it allows the manager to look for any patterns or emerging trends, enabling the registered manager to take action to minimise the risk of re-occurrence.

Rotas showed that there were enough staff employed by the service to cover the shifts. People who lived at the home told us there was enough staff and staff we spoke with told us there were enough of them on duty to ensure people were safe. There was a dependency tool used to determine the level of support each person required with specific tasks. This helped to ensure the correct number of staff were present on each shift to keep people safe.

We saw that health and safety checks with regards to the electricity, lifts, gas and water testing were completed in line with legislative requirements. We spot checked some of these certificates to ensure they were in date. The fire checks had recently been completed on the building, and personal evacuation plans (PEEPS) which were in place for each person were personalised to ensure their individual needs would be taken into account in the event of an evacuation.

The home was clean and tidy. Some of the décor would require further improvement to help those with dementia coordinate their way around the home, such as directional signage and various stimulation around the home. There was PPE (personal protective equipment) such as gloves and aprons for staff to use and hand sanitizer placed around the home to help prevent the spread of infection.

Is the service effective?

Our findings

We asked people what they thought of the food. Comments included, "It's very good, we get a choice to a certain extent". "Very good, we have a set meal every day, but if you leave it, you get something else instead". "It's very good, I don't have a special diet, I just eat what they give me". "I like it, if it's something I don't like I tell them". "It's very good, you get a good balanced diet". "It's very nice, our cook's a good cook". Also "It's OK, it's not special". "I've no complaints, if I don't like it they change it". "It's fine". We did receive one negative comment, the person said, "The food is terrible. The odd day you get a decent meal, but today wasn't". We observed lunch which was the main meal of the day, and all the people we spoke to said they had enjoyed lunch. Lunch was served on various sizes of plate. A visitor raised no concerns about the food.

Menus were rotated four weekly. Our discussions with the staff showed that people did not have much input into the menu's however, people clearly told us they could choose what they wanted to eat.

People were supported to access healthcare as and when needed. Records of these visits were kept in people's care plans. We spoke with a healthcare professional who we contacted after our inspection, and they told us they had no concerns with the care people received. They described Sandley Court as a nice home. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

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. We saw that applications had been made to the local authority to deprive people of their liberty in their best interests and these were being monitored by the manager and further applications had been made when needed.

We spent time with the care staff on the day of the inspection discussing the MCA. It was evident that they had a good amount of knowledge in relation to the MCA, and staff had received training around the MCA, as they were able to explain the key principles of the act. However, there was some inconsistent information in people's care plans relating to the MCA and best interests, which needed further clarification.

For example, we saw that one person had a mental capacity assessment in place, which clearly stated that they would not be able to make key decision regarding their care and support due to their level of cognitive ability. However, when we looked at this person's care plan we saw that they had signed their care plan in agreement and a best interest processes had not been considered. Also, we saw one person's risk

assessment stated that they could follow instructions and communicate with staff. However, this person's mental capacity assessment did not specify this, or what decisions the person could make for themselves. Some parts of the care plan led us to believe the person was very independent, as they cut up their own food and made choices about how they spent their time. The capacity assessment in place did not reflect this. We also saw that some people's family members had signed their care plans and consent forms in some parts, but the person themselves had signed in other parts. The date of the two signatures was the same, so we queried this at the time and were told that the person was able to sign themselves, and they were unsure why their family had signed instead of them.

We recommend that the provider further improves their processes and refers to the appropriate MCA guidance for obtaining consent from people.

Staff told us, and certificates stored in care files evidenced that all staff had been trained in mandatory subjects in line with the registered providers training policy. These subjects included, moving and handling, medication, safeguarding, and first aid. Training was a mixture of classroom based and face to face. We saw however, that the training matrix had not been updated with the current training dates to reflect the staff training. The training matrix was in the process of being reformatted during our inspection to ensure it was fit for purpose and auditable. Without an adequate tracking record such as an up to date matrix in place there was a risk that staff training could be missed off. The deputy manager acknowledged this at the time of our inspection.

We saw that there was a process in place to induct new staff and this was aligned to the principles of the care certificate. The care certificate is the governments 'blue print' and contains a set of modules that new care workers can expect to cover within their first 12 weeks of work. These modules are usually signed off by a more senior colleague. We saw one example where a new member of staff was in the process of completing the care certificate as part of their induction, as most of the staff had been in post for a long time.

There was a system in place to ensure staff received supervision and appraisal. Staff told us they received regular supervision in line with the registered providers policy, we checked the dates of these supervisions, however we did not look at the content of the supervision. Most appraisals had taken place annually. Some were on a list waiting to be undertaken.

Is the service caring?

Our findings

We asked people if they felt the staff were caring and respectful. People's comments included; "They're [staff] good, they're kind". "They're quite alright, they're kind". "They're very good, they're kind". "Lovely, I can't fault any of them". "They're OK, we're all pals". "They're very good". "Efficient, and one or two are very nice". "They're OK, kind". "I'd like everything to be done a bit slower, I can't understand a lot of them, otherwise they're alright". (This person had a hearing impairment.) "I think the staff are wonderful, I spend a lot of time talking to them and they always sit and listen". "They're pretty good". "Fine, I've no complaints".

People told us that the staff respected their dignity and privacy by knocking on their bedroom door and closing them during personal care. Staff told us how they ensured people's dignity and privacy which included, "I know I work in their home, so I make sure I respect it." Also "I treat people how I would like my family member to be treated."

We received mixed responses with regards to people being involved in their care plans. One person said, "I think I have a care plan." Other people could not remember. We saw that people had been involved in care plans when they had first been completed, however there was limited evidence that people had been involved in reviewing their care plans. We raised this at the time with the deputy manager who advised us that all people's care plans were being reviewed once the manager came back from leave, and they would ensure people and their families were involved in the review process.

We observed kind and warm relationships between staff and people who lived at the home. Staff were helpful and respectful when speaking to people, and we observed staff kneeling down speaking discreetly to people in communal areas to be sure they were not overheard. This showed that staff protected people's confidentially.

People's records and personal information was stored securely in a lockable cabinet. Other information was stored in an office which was occupied throughout the duration of our inspection.

The home was making use of advocacy services and there was information provided for people with regards to the local advocacy hub. There was one person making use of this service at the time of our inspection.

Is the service responsive?

Our findings

We spent time looking through people's care plans. We saw that some information was in place to help keep people safe, and this was being updated every month. However, the care plans we looked at for three people contained lots of out of date and confusing records which were mixed in with current information, so it was difficult to tell what information was up to date.

For example, we saw that one person had a care plan in place which provided information for staff regarding the person's food. The care plan stated 'cut up food' this was due to a fracture which the person had sustained. When we looked at the date of these records they were from 2012. We raised this with the deputy manager who agreed this information was confusing and did not need to be in the care plan. We also saw information in a care file relating to a 'swallow diary' that the person was expected to keep. When we asked to see this, we were told the person did not have a swallow diary but they did have one in 2012. This meant records about people's needs were inaccurate and out of date.

Another person had chosen to partake in using tobacco products, and we saw this was mentioned in their care plan for staff to be aware and offer support. When we asked the deputy about this, we were told that this person had not partaken in this for a long time, which meant that the information in their care plan was out of date and no longer needed.

Some care plans had been reviewed, however, other care plans had not been reviewed since 2015, and it was difficult to tell which had been reviewed and which had not. This was because the documents the registered provider used to review the care plans and risk assessments were not next to the original in the care file. We had to try and 'match up' each document with its review. This meant that there was a lack of organisation in people's care files, however most information relating to people's care was there.

Breach of 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had a document in their care plans called 'This is me.' This document contained information about the person's likes, dislikes, backgrounds, and hobbies. We saw there was also additional information which family members had provided about their relative so staff were able to get to know them. We saw some information was personalised, for example, 'I like a cup of Horlicks before bed.' Someone else's care plan stated, 'I like coffee with two sugars and milky.'

We saw there was a programme of activities displayed, and two staff employed by the registered provider took on a dual role of organising activities. People's care plans contained lots of photographs of people engaging in activities with staff at the home and with their families. We saw on the day of our inspection there was a game of skittles that had been arranged. We did however, receive feedback from people that they were mostly bored and the activities were not stimulating enough. People said, "I do a lot of knitting squares and I can do embroidery". "I'm bored". "It does get boring from time to time. I read a lot and we sit outside. I'm watching Wimbledon at the moment". "Sitting here I get bored sometimes so I fall asleep". "Sitting around, I see the television". "I play patience, have music on or watch TV. I do get very bored". Also

"Sometimes I go out with the family. I watch telly and talk to staff and residents, sometimes I get bored".

We recommend the provider refers to guidance with regards to people's social and recreational activities and takes action accordingly.

We looked at the procedure in place for responding to complaints. We saw there had been four complaints which had all been investigated in line with the registered provider's complaints policy. The policy was displayed around the home and people told us they knew how to complain, but had never had cause to complain.

Is the service well-led?

Our findings

We looked at the home's approach to audits and how checks took place to ensure service provision. We saw that audits were taking place in areas such as the environment, which included checks of the fire equipment. We saw that one audit had identified the need for action to be taken on one of the fire doors in the home. We saw that this action was delegated to the appropriate person and marked as 'done' when completed. We also saw checks were taking place on the cleanliness of the home, kitchens and bathrooms were regularly checked and cleaning schedules were put in place.

There was however, a lack of auditing with regards to other areas of the home. We saw that no care plan audits had recently taken place. This meant that the inconsistent information we found with regard to risk assessments and out of date information would not have been highlighted because there was no effective system in place to check this information. Additionally, although some medication audits took place they were not always effective as they failed to identify when there were inaccuracies. There were no audits being completed at provider level. This meant that there was a lack of oversight at the home.

This is a breach of regulation 17 (2) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We have since spoken to the manager who has devised a new auditing tool along with the area manager which they will be putting into place in the next few weeks.

The manager had been in post since April this year, and was in the process of becoming registered with the Care Quality Commission.

We received positive feedback from people who lived at the home and staff concerning the manager. Feedback included the following comments, "I don't know her name, but she comes round every so often". "Yes, she's approachable". "I have a talk to her in the morning when I get up". "Yes, I think this care home is as good as you're going to get". "She's very nice". One visiting relative said, "It's always easy to find someone to talk to". One staff member told us, "The manager is nice; I think things have settled down and we are running well."

All of the staff we spoke with told us they would not hesitate in recommending the home to others.

We asked people about the atmosphere at the home, we received the following comments, "It's very good, relaxing". Also "Quite good". "Friendly on the whole". "The atmosphere here is brilliant, I as a person have to make it work, there's no problem". "It's good, we're all pals". Also "It's alright, it's as good as it can be". Someone else said, "It's good". One visitor said "Welcoming, warm and friendly, the residents seem happy". A visiting healthcare professional said that they felt the home was friendly and welcoming. During the day of our inspection staff and the deputy manager were open and transparent and acknowledged some of the issues we raised with regard to medication, risk assessments, records and governance.

The last 'resident survey' was completed in May 2016 and one was due to be sent out. We looked at the results of the last survey which showed everyone had either answered 'satisfied' or 'very satisfied' with the home. We saw that the survey was also made available in different formats to support people who may need this. Most people we spoke with however, could not remember completing a survey. The last 'resident' meeting had taken place in February 2017, and one was scheduled to take place in the next few weeks. The last team meeting took place in June 2017, and we saw minutes of these.

The registered provider had policies and guidance for staff regarding safeguarding, whistle blowing, dignity, independence, respect, equality and safety. There was also a grievance and disciplinary procedure and sickness policy. Staff were aware of these policies and their roles within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

From April 2015 it is a legal requirement for providers to display their CQC (Care Quality Commission) rating. 'The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided'. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for Sandley Court was displayed for people to see. The rating was also displayed on the provider's website.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People using the service were not protected from the improper and unsafe management of medicines. Risks to people were not identified and mitigated.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems for assessing, monitoring and improving the service were not always effective. Records in respect of service users were not always maintained and kept up to date.