

Prestige Care (Sand Banks) Limited

# Sand Banks Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Sandbanks Care Centre is a care home which provides nursing and residential care for up to 77 older adults, some of who are living with a dementia type illness. The accommodation is provided across three floors, each with their own adapted facilities. At the time of the inspection 68 people were living at the home.

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

At the last inspection, the provider had failed to have effective systems in place to ensure people's health, safety and welfare was appropriately assessed. People's care preferences were not accurately documented and reviewed. At this inspection we found some care records remained inconsistent in their detail and risks to people's health needs were not consistently managed to provide staff with clear guidance on how to keep people safe.

Accidents and incidents were recorded but were not always analysed to support staff in taking actions to keep people safe, reduce the likelihood of future harm and learn lessons.

The provider's quality monitoring checks had failed to highlight the issues found during this inspection regarding the assessing, monitoring and reviewing of people's care needs and ensuring all care records were reflective of people's level of risk for harm.

Overall, the provider was following current national guidance for the management of the COVID-19 pandemic. Housekeeping staff monitored all areas of the home ensuring high standards of infection prevention and control were delivered and that suitable supplies of personal protective equipment were available. The home was clean and well maintained. Appropriate checks and maintenance systems were in place to ensure the environment and equipment was safe for people living at the service.

Additional activities had been implemented within the home to positively support people during the COVID-19 pandemic. People were being supported to have visitors in line with current national guidance.

People told us they felt safe living at the service. Staff knew how to safeguard people from abuse. Relatives told us their family members were well cared for. One told us, "Staff are all so caring, this has been such a difficult year for them all but they have supported us as a whole family, this place is a god send."

Medicines were managed safely and there were close links with health and social care professionals to ensure people's physical and mental health needs were met and changes responded to quickly. The provider had a safe recruitment process in place to ensure appropriate people were employed.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 16 January 2020). The service remains rated requires improvement. This service has now been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, responsive and well-led which contain those requirements.

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

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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

#### Enforcement

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

We have identified breaches in relation to management of people's care and the governance at the service. This was in relation to inconsistencies in the detail recorded in people's care records, assessment of the risk to people's health and, the overall management of the service to ensure people remained safe.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We have met with the provider and discussed how they will make changes to ensure they improve their rating to at least good. The provider has provided an action plan to demonstrate what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Sand Banks Care Centre

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of an inspector, a specialist nurse advisor and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Sand Banks Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of inspection the service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of care provided. The current manager had commenced their application process to register with the CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan

our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with ten people who used the service and five visiting relatives about their experience of the care provided. We spoke with 13 members of staff including the nominated individual, operations manager, clinical lead, nurses, senior support worker, support workers, activities coordinators, the head housekeeper and, the maintenance officer.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also spoke with four care management consultants employed by the provider who are currently supporting the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the provider's policies and procedures and their quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

### Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to robustly assess the risks relating to the health, safety, and welfare of people. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the provider remains in breach of regulation 12.

- Records for identifying the risks to people's health, safety and welfare remained inconsistent.
- Care records for some people contained conflicting information about risk and did not always accurately reflect their current needs. For example, one person was assessed as a medium risk of choking with supervision required by staff with all meals, other records stated this person had a normal diet and no monitoring needs.
- Audits carried out by the manager and provider had failed to identify the areas found at inspection.

Whilst we found no evidence that people had been harmed, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They implemented a programme for all people's care and risk assessments to be reviewed commencing with an immediate review of the risks associated with people's eating and drinking.

- Although people's care records were not always reflective of their needs, staff knew people very well and people told us they felt safe at the home. Comments included, "It's a lovely home and I feel very safe here" and "The best thing is I'm safe and cared for properly, this is my home for the rest of my life now."
- The environment and equipment were safe and well maintained.
- Systems were in place to keep people safe in emergencies. The provider had contingency plans in place to support people in emergency situations.

### Preventing and controlling infection

- We were somewhat assured the provider was following national guidance for admitting people safely to the service. One person living with a dementia type illness had recently been admitted to the service and was unable to understand their need to isolate within their room. Staff had followed national guidance for

the admission of this person to the home but had not implemented the provider's procedures for managing this risk until highlighted on the day of the inspection.

- We were assured that the provider was preventing visitors from catching and spreading infections. One relative said, "Staff are spot on with COVID-19, we have no concerns about hygiene."
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- There were inconsistencies in how the provider monitored some accidents and incidents to ensure actions had been taken to reduce the risk them happening again and, learn lessons.
- The provider commenced a full review of how all accidents and incidents were managed to ensure any actions required were in place to keep people safe, learn lessons and improve practices within the home.
- Accidents and incidents had been reported to relevant agencies and people's relatives.

#### Staffing and recruitment

- We received mixed views about staffing levels at the home. People said, "They could do with more staff, they always look like they are marching about" and "There seems to be enough staff, they are all very caring." Staff told us they felt that staffing levels were not always consistent and some days were, "Better than others."
- The provider used a dependency tool to ensure suitable numbers of staff were deployed to meet people's needs. They had recently undertaken a review of people's level of dependency which had resulted in additional staffing being deployed within the home.
- The use of agency staff was required to support vacant positions and some staff leave. Agency staff were block booked to ensure some consistency in people's care. Recruitment was ongoing.
- Recruitment procedures were in place to ensure suitable staff were recruited and people were safe.
- Staff engaged positively with people and in a timely manner.

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

- Procedures and processes were in place to ensure people were protected from abuse.
- People and their relatives told us they felt people were safe. One relative said, "[Person] is safe and comfortable, they wouldn't be here if we had any concerns, there are always two staff with [person] when they are walking to keep [person] safe."
- Staff understood safeguarding issues, knew people well and could tell us how they minimised risks to people's health even though this was not always reflected in care records.

#### Using medicines safely

- Medicines were safely received, stored and administered.
- People told us they received their medicines on time. Comments included, "I always get my tablets on time" and "Staff bring my tablets to my room and have a little chat with me at the same time."
- Where people were prescribed medicines to take 'as and when required' guidance was available for staff to follow.



- Staff were trained to manage medicines safely and had their competencies assessed.

# Is the service responsive?

## Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has remained the same. This meant people's needs were not always met.

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

At our last inspection the provider had failed to ensure people's needs were sufficiently detailed in care records. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remains in breach of regulation 17.

- Care records were not always up to date and reflective of people's current needs, wishes and choices.
- People were at risk of not receiving appropriate care because their care records did not always provide staff with up to date information about their individual needs.
- Care records did not detail people's preferences and wishes and were more task orientated. However, staff spoken with were knowledgeable about the people they provided care to and knew their likes and dislikes.

Whilst we found no evidence that people had been harmed, systems were either not in place or robust enough to demonstrate quality monitoring and governance of the service was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They implemented a programme for all people's care and risk assessments to be reviewed to ensure they contained people's preferences, wishes and choices.

- Care records demonstrated health and social care professionals were involved in the planning and reviewing of people's care. For example, dieticians. One relative said, "[Person's] needs are met, the dietician is involved, staff always keep us updated."

Improving care quality in response to complaints or concerns

- Procedures were in place to investigate and respond to complaints.
- Records showed some recent complaints had not been addressed in line with the provider's complaints policy. The provider's quality monitoring had failed to identify this at the time. The provider took immediate action to address this.
- Information about how to make a complaint was on display at the service.

- People and their relatives told us they would not hesitate to raise any concerns with the manager or other external partners.

#### Meeting people's communication needs

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

- The provider had information in place to support people's individual needs. This included documents in larger print.
- People's communication needs were recorded in care plans. We saw staff ensuring people always had their hearing equipment and glasses at hand. One relative said, "Staff know [person] so well, they know [person] communicates using their eyes to tell staff what they want."

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

- The service provided a range of daily activities both within the service and, COVID-19 restrictions permitting, in the wider community. Activities were socially and culturally relevant to peoples' needs.
- People were seen singing and dancing to songs from past musicals. One person told us, "The activities people are the best. Sand Banks without them would be like Hamlet without the prince. I was planting sun flowers the other day, we have rare cowslip flowers in the garden, it's wonderful. Staff have printed me information from the Royal Horticultural Society to look at."

#### End of life care and support

- Staff worked with people, their families and other health and social care professionals to help ensure the right care was provided to meet people's needs at this important time in their lives. Staff were knowledgeable about how to effectively care for people coming to the end of their life.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The provider's quality monitoring of the service had failed to improve sufficiently since the last inspection.
- There had not been a sustained approach to ensuring all areas of improvement had been consistently.
- Concerns regarding the inconsistencies and management of people's care and risk records had not been identified.
- There had been a number of changes to the management of the home since the last inspection, this had led to a lack of clear and consistent direction for the home.

Whilst we found no evidence that people had been harmed, systems were either not in place or robust enough to demonstrate an effective and consistent management approach to reviewing, monitoring and identifying risks to people's health, safety and welfare.

This placed people at risk of harm. This was an additional breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had recently employed a care management consultancy company to support and raise standards within the home.
- The whole staff team was committed to providing a good, high quality, person centred service to people. All were enthusiastic to work with the provider to make the necessary improvements.
- Notifications to the CQC had been made when incidents occurred.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; Working in partnership with others

- People received care from staff who knew their needs, choices, and preferences extremely well despite care records not being consistent and reflective of their current needs.
- Due to the number of recent changes in management at the home, there was a recognised need from the provider that relationships with external organisations and partners needed to improve.
- Links with local schools and community groups were facilitated by the activities co-ordinators which people benefitted from.
- People were supported by Advocates when required. Advocates help ensure that people's views and preferences are heard.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Policies, procedures, and best practice guidance were in place. However, these were not being consistently applied across all areas of the service to ensure people's needs were met.
- The provider understood their duty of candour responsibilities.
- The provider responded immediately both during and after the inspection. They provided us with a detailed action plan of the reviews being undertaken in all areas of concern found during the inspection to ensure people's needs were being met safely.

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

- Evidence in care records showed the service worked with a range of relatives, professionals and outside agencies to meet people's needs.
- People and their relatives told us communication between themselves and the staff team was good and they were supported to be involved. Relative's told us, "We feel totally involved, staff feedback to us constantly" and "[Staff] can't do enough for us. If I make a suggestion it is always considered."

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure the risks to people's health and safety were consistently assessed.</p> <p>Regulation 12 (1) (2)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure governance systems were robust; systems or processes were not being operated effectively</p> <p>Regulation 17 (1) (2)(a)(b)(c)</p>