Shaw Healthcare (de Montfort) Limited

# Sandalwood Court

## Inspection report

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Date of inspection visit:
09 July 2018

Date of publication:
03 September 2018

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Requires Improvement |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

Sandalwood Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to accommodate 60 older people; at the time of our inspection, there were 43 people living there.

At our last inspection in August 2017, this service was rated overall as requires improvement. At this inspection, although some improvements had been made there were areas that needed further improvement. The service remains rated overall as requires improvement. The inspection took place on the 9 July 2018 and was unannounced.

There was a registered manager in post. 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 systems in place to monitor the quality of the service were not always effective. Audits needed to be consistently undertaken so that any shortfalls were identified and addressed. Detailed care plans were in place, which enabled staff to provide consistent care and support in line with people's personal preferences and choices but risk assessments were not always in place.

People were supported to have maximum choice and control of their day to day lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. However, people did not always feel fully consulted and involved with their care plans.
People received care from staff that were kind, compassionate and respectful. The staff were friendly, caring and passionate about the care they delivered. People had formed positive therapeutic relationships with staff and felt they were treated as individuals.

There were activities available for people to participate in however these could be improved and developed further. Family and friends were welcomed to take part in events at the home.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and the activities they engaged in with individuals. Relatives spoke positively about the care their relative received and felt that they could approach management and staff to discuss any issues or concerns they had. End of life wishes were discussed and plans put in place.

Staff were appropriately recruited and there were sufficient staff to meet people's needs; staffing levels were kept under review. People were protected from the risk of harm and received their prescribed medicines safely. Staff understood their responsibilities to keep people safe from any risk or harm and knew how to

respond if they had any concerns.

Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or their day-to-day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

Staff had access to the support, supervision and training that they required to work effectively in their roles. Development of staff knowledge and skills was encouraged.

The service had a positive ethos and an open culture. The provider and registered manager were committed to developing the service and actively looked at ways to continuously improve.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they may receive.

## 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.

People told us they felt safe and staff understood their responsibilities to keep people safe.

There was sufficient staff to provide the care people needed. Recruitment practices ensured that people were safeguarded against the risk of being cared for by unsuitable staff.

There were safe systems in place for the administration of medicines and people could be assured they were cared for by staff who understood their responsibilities to keep them safe.

### Is the service effective?

Good

The service was effective.

People received support from staff that had the skills and experience to meet their needs and who received regular supervision and support.

People were involved in decisions about the way their support was delivered; staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

People had access to a healthy balanced diet and their health care needs were regularly monitored.

### Is the service caring?

Good

The service was caring.

Positive relationships had developed between people and staff. People were treated with kindness and respect.

Staff maintained people's dignity and there were measures in place to ensure that people's confidentiality was protected.

### Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not always feel consulted or involved in their care plans and there were not always sufficient activities to enhance people's well-being.

People were confident that they could raise a concern about their care and there was written information provided on how to make a complaint.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led

The systems in place to monitor the quality of care were not always effective. Shortfalls had not always been identified which potentially could have left people at risk

There was an open and inclusive culture and people were encouraged and enabled to give their feedback.

# Sandalwood Court

**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 unannounced inspection took place on 9 July 2018 and was undertaken by two inspectors and an expert-by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed and returned the PIR in June 2018 and we considered this when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events that happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We spoke with the local authority, which have commissioning and monitoring roles with the service. We also contacted Healthwatch for their information about the service. Healthwatch is a consumer organisation that has statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

During the inspection we spoke with four people who used the service, 15 members of staff, which included two team leaders, a senior care worker, five care assistants, a cook and kitchen assistant, a domestic supervisor, an activities champion, a maintenance person, the deputy manager and the registered manager plus the Operations manager. We also spoke with three people's relatives and a health professional who were visiting at the time of the inspection.

We observed care and support in communal areas including lunch being served. Several people who used the service lived with a dementia related illness and so some of them could not describe their views of what the service was like; we undertook observations of care and support being given. We also 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 looked at the care records of four people to see whether they reflected the care given and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, minutes of meetings with staff and arrangements for managing complaints.

Good

# Is the service safe?

## Our findings

At the previous inspection in August 2017 'safe' was rated as requires improvement as there was not always enough staff to maintain the cleanliness of the home and deliver care in a timely way. We saw that at this inspection, improvements had been made and sustained and the rating has now improved to good.

A domestic supervisor had been employed who had the responsibility of ensuring that cleaning schedules were maintained and domestic staff were consistently deployed across the home. Staff told us there were enough of them now to maintain the cleanliness of the home and that any staff absences were covered. We saw that there were clear cleaning schedules in place and that these were closely monitored. People were happy with the cleanliness of their rooms. Furniture had been replaced and there was a programme of redecoration in place. The home was clean and well maintained when we visited.

People looked relaxed and comfortable in the presence of the staff. People told us they felt safe in the home. One person said, "I feel quite safe. No concerns at all, the staff are very good". Another person said, "I feel quite safe here, there have been no serious incidents thankfully."

There were risk assessments in place, which gave staff clear instructions as to how to keep people safe. For example, assessments had been undertaken to identify any risk of people falling and appropriate controls had been put in place to reduce and manage these risks. However, the registered manager needed to ensure that where risks had been identified staff were consistently provided with sufficient information and guidance to support people safely and minimise the risk. We found in one record that where someone had been identified they needed to use thickener in their drinks due to a risk of choking, no clear guidance was recorded for staff. Once we raised this with the team leader and registered manager this was rectified and we saw that the care plan was up dated and a detailed risk assessment put in place.

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place, which were consistently followed. All staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work at the home.

On the day of the inspection there was sufficient staff to meet people's care needs. The registered manager regularly reviewed people's needs to ensure that there was enough staff to meet peoples' changing needs. People told us that generally they felt there was enough staff one person said, "Sometimes there's more staff than other times but they are getting by. There's no problem on the night shift, it's the mornings when there are sometimes delays and I have to wait for my breakfast". Another person told us, "A lot of staff left because of the previous manager, but they have new staff now who are all quite good, they are getting there staff wise."

Staff felt staffing levels had improved and there was a lot less reliance on staff from an agency being deployed. Rota's confirmed staffing levels were maintained and the registered manager told us that over the last few months they had not needed to use staff from agencies. This meant that people were receiving

more consistent care and that staff felt less pressured working alongside regular permanent staff.

Staff understood their roles and responsibilities in relation to keeping people safe and knew how to report concerns if they had any. One member of staff told us, "If I saw anything that concerned me I would report it to the team leader or the registered manager. We have refresher training every year about safeguarding, it's important we all know what to do." We saw from staff training records that all the staff had undertaken training in safeguarding and that this was regularly refreshed. There was an up to date policy and information available for both staff, people and relatives. The registered manager had contacted the local safeguarding team when any concerns had been raised and notified CQC as required. Where the local authority had requested investigations to be undertaken these had been done so in a timely matter. Any lessons learnt had been recorded and shared with staff.

Medicines were safely managed. There were regular audits in place and any shortfalls found were quickly addressed. People told us they received their medicines at regular times. One person said, "I have quite a lot of medication, seems on time. They [staff] always wait while I take it. They review my medication regularly." We saw that people received their medicines within appropriate periods; we observed staff explaining the medicine people were to take and ensuring they had sufficient liquid to take it with.

People were protected by the prevention and control of infection. We saw that the home was clean and tidy, and that regular cleaning took place. Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection.

The provider had ensured that environmental risk assessments were in place and there were effective systems in place to monitor the health and safety of people, which included regular fire tests and maintenance checks. Each person had a personal evacuation plan in place.

Accidents and Incidents were monitored and action taken to address any identified concerns. Any lessons learnt from incidents were discussed with staff and action plans put in place to ensure similar incidents did not happen again.

Good

# Is the service effective?

## Our findings

At the previous inspection in August 2017 'effective' was rated as good. At this inspection 'effective' remained good.

People's care was effectively assessed to identify the support they required. Each person received a pre-assessment of their needs before they moved into the home which ensured that they moved in to the right area of the home to meet their individual needs. Individual plans of care were developed to guide staff in providing personalised care to people, which recognised people's diversity and cultural needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom and when authorisations were made the provider had ensured there was a system in place to track when the authorisation expired. This ensured that the registered manager was kept aware of when renewal applications were due to be submitted. At the time of the inspection the registered manager was reviewing all the authorisations in place to ensure they remained appropriate and whether further applications were required.

People were encouraged to make decisions about their care and their day-to-day routines and preferences. We observed people freely moving around the home and spending time in different communal areas and in their bedrooms. One person told us, "I am free here, no restrictions." Another person said, "I can choose where I want to take my meals, either in the dining room or my bedroom, it all depends on how I feel on the day." Care records contained information about people's preferred routines and people were encouraged to remain as independent as possible. We heard one member of staff say to a person they were assisting to walk, "We are here to help you, you just need to have confidence in yourself and you will be fine."

People received care from staff that were competent and had the skills and knowledge to care for their individual needs. Staff training was relevant to their role and the training programmes were based around current legislation and best practice. People were confident that the staff had all been trained and we saw that staff demonstrated a good knowledge and practice when they used equipment to support people to move.

All new staff undertook an induction programme and worked alongside more experienced staff before they could work independently. One staff member said, "The induction was good, I found the dementia awareness training very helpful, I had not appreciated there were so many types of dementia." Staff training records were kept and we could see that training such as manual handling, safeguarding and health and safety was regularly refreshed.

Staff had supervision and annual appraisals, which gave them the opportunity to discuss their performance and personal development. One member of staff said, "It's so much better here now, we are all well supported. [Registered manager] mentor's me and I am being encouraged to progress."

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. We saw that referrals to a Dietitian and Speech and Language Therapist had been made when required and advice followed.

There was a choice of meals each day and an alternative was available should anyone not wish to have any of the choices. There were snacks and drinks available throughout the day. People and their relatives told us the food was generally good and there was always a choice. One person said, "The food is very good. "Another person said, "The foods not bad. Some days good and others not so good". We spoke to the cook who told us they went to speak with people if they were unhappy with a meal and there was a comments book so the cook could address any issues.

We spent time observing people over lunchtime. No one was rushed and there was support for those people who needed it. The food was cooked from fresh and there was a quiet relaxed atmosphere. The dining experience could be enhanced by more interaction between staff and the people living in the home.

An Advanced Nurse Practitioner visited the home two or three times a week and a GP came as and when required. People told us they saw a chiropodist and optician regularly. One person said, "I think I had a doctor, can't think what for. The chiropodist comes regularly and I had an eye test recently."

Sandalwood Court is a purpose-built home which enabled people to access all areas. There was a programme of redecoration in progress when we visited which the staff had volunteered to support. This had begun to enhance the living environment for people. This could be further developed with more dementia friendly signage. There was accessible garden space for people to use in good weather, and people had space for privacy when they wanted it. People had been encouraged to personalise their bedrooms; people had brought in personal items from their own home when they had moved in which had helped them in feeling settled in the home.

Good

# Is the service caring?

## Our findings

At the previous inspection in August 2017 'caring' was rated as good. At this inspection, 'caring' remained good.

There was a friendly and welcoming atmosphere around the home. People looked happy and relaxed and we observed positive relationships between people and staff. Some of the comments made to us about the staff by people included "The staff are very good, kind and respectful." "The staff are pretty good to me, they come and chat now and again". A relative said, "The staff treat [relative] very well."

People's individuality was respected and staff responded to people by their chosen name or agreed term of endearment. In our observations of and conversations with staff, it was clear they knew people well and understood their individual needs. They spoke fondly of people and could explain people's likes and dislikes to us. One person said, "I think they know my needs by now. It's my birthday on Friday. They are keeping it quiet, they are doing something".

Care plans contained detailed information to inform staff of people's history, likes and dislikes, their preferences as to how they wished to be cared for and their cultural and spiritual needs. People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, and their cultural background.

People were valued and encouraged to express their views and to make choices. We saw staff offering people the choice as to where they sat or whether they wished to participate in an activity. One person said, "I can stay in bed as long as I like, but I'm an early bird and have breakfast in the dining room on my own. I go to bed whenever I want."

Staff spoke politely to people and protected people's dignity. We saw staff knocking on bedroom doors before entering and people had been asked whether or not they preferred their bedroom door to be left open or not. One relative said, "[Relative] is treated with dignity and care".

The people who were unable to communicate with us looked relaxed around staff. Staff were attentive and sat or knelt by people touching their hand when trying to communicate with them and explaining the care they were being given. Staff spoke softly to people and were mindful to protect people's confidentiality.

If people were unable to make decisions for themselves and had no relatives to support them, the provider had ensured that an advocate would be sought to support them. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive. At the time of the inspection there was no one who needed an advocate.

Throughout the day of the inspection we observed family and friends welcomed as they visited their loved one. Relatives and friends could visit at any time. One person told us, "I have loads of visitors, there are no restrictions." A relative commented, "I can visit any time".

Requires Improvement

# Is the service responsive?

## Our findings

At the previous inspection in August 2017 'responsive' was rated as good. At this inspection, we found that there were areas for improvement.

People told us they were encouraged to take part in activities. However, since the last inspection the activities co-ordinator had left and although there was now a new activities champion people did not feel there were as many activities for them to take part in. Some people told us they missed going out to local cafes and shops. One person said they had not been able to go out in the garden until their son took them.

We spoke to the activities champion who explained that they were trying to work with individuals more and that there were a number of group activities throughout the week. On the day of the inspection we observed one person playing dominoes, another doing a jigsaw and a small group of people take part in a 'creative minds' session. However, we observed that there were periods of time throughout the day when there was little stimulation for people.

We saw from minutes of a residents meeting held in June that people had raised about not getting out. This was being looked at. The provider needed to ensure that there were sufficient resources to enable people to take part in the activities they wished to do to enhance their well-being.

Following the inspection the provider informed us that there had been a trip out to a church in July and that the registered manager was in the process of ensuring staff could drive the minibus so that more trips could be arranged.

People had individualised care plans that detailed the care and support people needed; this ensured that staff had the information they needed to provide consistent support for people. Some people told us they and their relative had been involved in developing their care plan but others said they had not, or did not remember being consulted. One person said, "I have a care plan, but I have never seen it and I don't think it has been reviewed." A relative said, "I was involved in the care plan initially. No reviews. Anything that happens, they let me know". The registered manager needed to ensure that, when they wished to, people were consistently involved and consulted about their care plan. We saw from records that plans had been reviewed but could not see any information to suggest whether those people who wished to be involved had been consulted.

There was information about people's past lives, spiritual needs, hobbies and interests that ensured staff understood people's life history and what was most important to them. This enabled staff to interact with people in a meaningful way.

People's spiritual needs were met. Local faith ministers visited the home regularly and people were supported to practice their religious beliefs. One person told us, "Three churches come here every week".

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Staff had

received training in end of life care and were possible people were able to remain at the home and not be admitted to hospital. We saw that the service had liaised with local GP surgeries and senior nurse practitioners to meet people's end of life wishes

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. People told us that they had a good relationship with the staff and could discuss issues with them. One person said, "If I had any complaints I would tell the staff." Another person said, "The new manager listens very well."

We saw that when complaints had been made these had been investigated and responded to in a timely way and in accordance with the procedure in place.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us that if and when they needed to they would ensure any information and care plans would be made available in the most appropriate format to meet a person's communication needs.

Requires Improvement

# Is the service well-led?

## Our findings

At the previous inspection in August 2017 'well-led' was rated as requires improvement as the systems in place to monitor the quality of the service were not always effective and had failed to pick up the level of cleanliness in areas of the home. People's feedback was encouraged but people did not always feel listened to. At this inspection, although we found improvements in the overall cleanliness of the home and people felt listened to there were still some areas for improvement.

There was a new registered manager and deputy manager since the last inspection who had together ensured that the overall cleanliness of the home had been maintained and sustained. Staff morale had improved and people generally felt happier and more at ease with the new registered manager. However, the systems the provider had in place to monitor the quality and standard of the service had not always identified shortfalls. For example, care records were not always consistently kept up to date and did not always have the full information required.

The provider needed to ensure that systems around auditing records were being thoroughly undertaken to ensure any shortfalls were addressed. Some of the information missing could have potentially put people at unnecessary risk, for example when a person had been assessed as at risk of choking there was no risk assessment put in place which detailed the measures staff needed to take to mitigate the risk.

People and staff spoke positively of the new registered manager. Relatives commented how approachable the registered manager was and that she had spent time introducing herself. One person said, "I met her with my daughter recently, she introduced herself".

There was a culture of openness and transparency demonstrated by the provider's proactive approach in encouraging people and their families to feedback about the service and listening to staff. We saw that there was a 'living in the home survey' completed every six months which gave people the opportunity to share their experiences.

There were regular staff meetings which gave all staff the opportunity to raise any concerns or share ideas. One member of staff said, "We have discussed about some of us coming in on our days off to help with taking people out." Staff had also volunteered to help with the redecorating of the home.

Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equalities, diversity and human rights. The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date.

The provider strived to look at ways to continuously improve the service. There was a programme in place to redecorate and refurbish the home, which would improve the environment of the home and potentially enhance the well-being of the people living in the home. However, from speaking with people an opportunity to involve people in decisions about their environment had been missed. None of the four

people we spoke to could tell us whether they had been involved in choosing wall paper and colours. One person said, "They [staff] are decorating the lounge. They haven't involved us at all". The registered manager did tell us that people had been involved in choosing the wallpaper and paint colours.

The registered manager worked with the local authority and District Nurses and was receptive to any advice and support offered to enhance the life experiences of people. They were looking at ways to for the home to be more involved within the community.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had displayed their rating at the service and on their website.