Homebeech Limited

Sandmartins

Inspection report

Kings Parade
Aldwick
Bognor Regis
West Sussex
PO21 2QY

Tel: 01243864031
Website: www.saffronlandhomes.com

Date of inspection visit:
29 September 2016
30 September 2016

Date of publication:
21 November 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 29 and 30 September 2016 and was unannounced.

Sandmartins is registered to provide accommodation and personal care for up to 14 people whose needs are associated with old age. At the time of this inspection there were 11 people accommodated.

A registered manager was in post when we visited. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 registered manager was present during our visit.

The registered manager and staff understood their role in relation to the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) should be put into practice. These safeguards protect the rights of people by ensuring, if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Currently, no one lacked capacity to make decisions for themselves.

Staff confirmed they had been trained in how to identify and report any incidents of abuse they may witness.

Any potential risks to individual people had been identified and appropriately managed.

People's medicines had been administered and managed safely.

There were sufficient numbers of staff on duty with the necessary skills, knowledge and experience to meet people's needs.

Staff told us they understood their roles and responsibilities and felt well supported by the registered manager. They had received adequate training, including induction training, to enable them to meet people's needs.

Staff supported people to eat and drink if required. They ensured people at potential risk received adequate nutrition and hydration.

People were provided with support to access health care services in order to meet their needs.

Positive, caring relationships had been developed with staff to ensure people received the support they needed. They were encouraged to express their views and to be actively involved in making decisions about the support they received to maintain the lifestyle they have chosen.

The culture of the service was open, transparent and supportive. People and their relatives were encouraged to express their views and make suggestions so they may be used by the provider to make improvements.

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.

Risks to people had been managed safely. Records demonstrated, where risks had been identified, action had been taken to reduce them where possible.

People's safety had been promoted because staff understood how to identify and report abuse.

Sufficient numbers of suitable staff had been provided to keep people safe and to meet their needs.

Prescribed medicines had been safely managed.

Is the service effective?

Good

The service was effective.

People's rights had been protected as the principles of the Mental Capacity Act 2005 (MCA) and requirements of the Deprivation of Liberty Safeguards (DoLS) had been followed.

Staff received appropriate training to enable them to provide care skilfully and effectively. They also received support and supervision on a regular basis to ensure they understood what was expected of them.

People were supported to have sufficient to eat and drink.

People had access to community healthcare services.

Is the service caring?

Good

The service was caring.

People were supported by kind and friendly staff who responded to their needs.

People had been actively involved in making decisions about their care and treatment.

People's privacy and dignity had been promoted and respected.

Is the service responsive?

Good

The service was responsive.

People received care and support that was personalised and responsive to their individual needs.

They felt able to raise suggestions or concerns and the registered manager responded to any issues people raised.

Is the service well-led?

Good

The service was well-led.

The registered manager promoted a positive culture which was open and inclusive.

Staff were well supported and were clear about their roles and responsibilities.

Quality monitoring systems were in place to ensure in the quality of the service provided to people.

Sandmartins

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. The inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 and 30 September 2016 and was unannounced. The inspection was conducted by an inspector.

We reviewed information we held about the service, including statutory notifications and previous inspection reports to help us to decide which areas to focus on during our inspection. Statutory notifications are specific incidents which the registered person is required to tell us about, such as injuries to people which require hospital treatment and incidents which involve the police.

We spoke with five people and two relatives who were visiting their family members. We observed care and support being delivered during the course of the inspection. We also spoke with a representative of the provider, the registered manager, the chef, a senior care assistant and two care assistants who were on duty.

We reviewed a range of records relating to the management of the home and the delivery of care. They included care plans and medicine administration records (MAR) for three people. We also looked at management records including the provider's quality assurance records, staff rotas for a period of four weeks, minutes of recent meetings and the training and supervision records of all the staff employed at Sandmartins.

The service was previously inspected on 23 July 2014 when no concerns were identified.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Sandmartins. They confirmed they were treated well by staff. They also told us they felt comfortable and would be happy to speak to the registered manager or to the staff on duty if they had any concerns. One person told us, "I have never been treated badly. I have had minor disagreements with other people living here, but nothing serious." We observed that interactions between people and staff were positive, warm and friendly.

People's safety had been promoted because staff understood how to identify and report abuse. Staff were aware of their responsibilities in relation to keeping people safe. They were able to tell us the different types of abuse that people might be at risk of and the signs that might indicate potential abuse. Staff also explained they were expected to report any concerns to the registered manager or a senior member of staff. This was in line with local safeguarding procedures. Records showed that staff had received training, including refresher training at appropriate intervals, to ensure they understood what was expected of them.

People we spoke with confirmed that staff knew how to deliver care in a manner which ensured their safety. Individual assessments were in place which identified potential risks to people with regard to their needs. They included supporting people with personal care, taking prescribed medicines, and how to support people with reduced mobility. Assessments had been used to draw up care plans which gave staff the guidance they needed to deliver care to people safely. Staff we spoke with described each person's needs and the support they required to ensure they had been met safely. Staff on duty were observed interacting and providing support that people needed as documented in care plans.

People confirmed staffing levels provided were sufficient to meet their needs safely.

The registered manager informed us that between 8am and 2pm each day, three care assistants were on duty, whilst from 2pm to 8pm there were two care assistants. In addition there was a domestic, who was responsible for cleaning the premises, and a chef who was responsible for preparing and cooking meals. meals. During the night, there were two care assistants who were awake and on duty from 8pm to 8am. We were provided with copies of staff rotas covering a period from 12 September 2016 to 9 October 2016, which . They confirmed these staffing levels had been maintained throughout this period. The registered manager explained how staffing levels had been determined. They were expected to use a staffing analysis tool which had been developed by the providerd. This indicated staffing levels had been determined by the dependency of the people accommodated. We were also advised that the current care and support needs of people accommodated were reviewed routinely to ensure there were sufficient staff on duty to meet their identified needs safely.

When we arrived we found there were three care assistants on duty and that there were 11 people accommodated. Staff told us there wereas enough staff on duty to provide the care and support people required. From our own observations we also found that staffing levels provided were sufficient to meet the needs of people accommodated.

There were effective staff recruitment and selection processes in place. Applicants were expected to complete and return an application form and to attend an interview. In addition, appropriate checks and references were sought to ensure any potential candidate was fit to work with people at risk. Recruitment records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions.

Currently medicines for all people accommodated had been managed by the staff. People we spoke with confirmed they were happy with this arrangement. One person explained that this meant they did not have to worry about not remembering to taken their medicines at the correct time. We observed medicines being given at lunch time. People were provided support in accordance with their wishes. Detailed guidance for staff was available in each person's care plan.

Storage arrangements for medicines were secure and were in accordance with appropriate guidelines. MAR (Medicine Administration Records) sheets were up to date, with no gaps or errors, which documented that people received their medicines as prescribed. Some people had prescribed when required (PRN) medicines which was for pain relief or constipation. We found protocols for their use, detailing how and when the medicine should been given with the reason why it was required, had not been drawn up. This meant that the registered provider was unable to confirm that PRN medicines had been given as prescribed. We discussed this with registered manager who agreed to draw up a care plan for each identified person which included this information. Records we looked at indicated staff had completed training in the safe administration of medicines and staff we spoke with confirmed this.

Good

Is the service effective?

Our findings

People we spoke with confirmed staff employed at Sandmartins were competent and skilled in their work. One person said, "The staff are first class. I feel well looked after." Another person told us, "The staff certainly know how to help me. My memory is poor so I have to write things down. The staff are very kind and helpful."

Staff on duty confirmed the training they had received. This included moving and handling, first aid, fire safety, health and safety and infection control, identifying and reporting allegations of abuse, and understanding the MCA and DoLS. Staff also advised us they had received training in providing end of life care. Staff also confirmed that the training provided enabled them to understand what was expected of them and they how should provide the care and support people required. Training records we looked at confirmed staff had received this training.

Staff also confirmed they received individual supervision from the registered manager or a more senior member of staff. They found this provided them with the support and guidance they needed to carry out the work that was required of them. When we asked about their role, one member of staff told us, "I support residents with their basic daily care needs." Staff also demonstrated they were knowledgeable about the needs of individual people, their wishes and preferences with regard to how care was to be delivered. This was in line with guidance and information provided in care plans.

The CQC has responsibility for monitoring services to ensure they have been working within the principles of the Mental Capacity Act 2015 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 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).

People we spoke with confirmed that staff respected their right to make decisions for themselves. One person told us, "I like to come down for breakfast at 7.30am but, I am sure I can have it later." Another person said," I am able to do things I want to do. In fact the staff encourage me to!" This person told us they had always liked gardening. The registered manager had identified an area of the garden where they could grow what they wanted. The person told us, "I like to grow vegetables and tomatoes." We were shown the vegetable plot that they had tended and also some of the crop that had been grown. They explained, "I give the vegetables I grow to the kitchen to prepare and cook for us!"

The registered manager confirmed that, currently, everybody accommodated had capacity to make decisions for themselves. The registered manager and staff we spoke with demonstrated they understood the principles of the MCA. Care records included documentation that demonstrated people had consented

to the care they received.

People told us they were very happy with the food provided. One person said, "The food is very nice. Today I have chosen sausage casserole for my lunch." Another person told us, "The food is very good. We get enough in terms of quantity. It is well cooked and there is a variety. Today I had cottage pie. But, I can ask for an alternative to the main meal if I am not so hungry. For example the other day I had toast and marmalade." Some people were observed enjoying the main meal of the day, which was taken at midday. People were provided with sufficient time to enjoy their meal without being rushed. The dining room was set out in an attractive and homely manner to ensure the meal time experience was positive.

The registered manager confirmed that, currently no one was at risk of malnutrition or dehydration. Risk assessments we examined confirmed this. We spoke with the chef who provided us with a copy of the menu plan. This demonstrated that a varied and nutritious diet was provided with alternatives made available for each meal. They advised us that choices available were made known to people the day before so they may select their meal preference. This was recorded so that, where people may forget what they had chosen, the chef would be able to remind them. However, we were also advised the chef ensured enough food was available in case people wished to change their choice at the last moment. The chef also advised us that they had information recorded regarding people's likes and dislikes, whether people preferred large or small portions, or if they required a special diet for medical reasons such as diabetes. This meant that the chef could cater for people's needs and wishes.

People confirmed they were supported to maintain good health by having regular access to health care services. One person said, "I recently had to have the doctor out. (Registered manager) contacted them for me and I was able to speak to doctor over the phone. They did not come out, but prescribed me pain killers over the phone. The chiropodist visits me regularly too." Another person said, "I see the GP quite regularly for my arthritis."

The registered manager advised us they would contact the GP on each person's behalf if they needed an appointment when they were unwell. Arrangements would be made for GPs to visit the person at Sandmartins, or, if the person wished, appointments would be made to visit the GP at their surgery. The registered manager confirmed arrangements would be made to accompany the person if this was required. We saw that visits made by the GP to people had been recorded together with any treatment prescribed to ensure any support or assistance necessary could be provided by staff.

Good

Is the service caring?

Our findings

People we spoke with told us they were well cared for. One person explained, "The staff are very sympathetic, especially when you are not well." Another person said, "The staff always respect my preference – they always let me do what I want to do." There was a warm and relaxed atmosphere in the home. We observed staff being caring and attentive to people during our visit. Staff were observed smiling and talking with people as they went about their work.

We asked staff how they were expected to develop positive relationships with people. One member of staff told us, "We are expected to treat residents in a person centred way through asking them what their needs are and how they like things to be done. We have to treat each person as an individual". Another member of staff said, "I always ask residents what they want. If they need personal care, I will ask them if they need help to shave or to wash their back."

The registered manager demonstrated how people had been supported to express their views in order to be actively involved in making decisions about their care, treatment and support. There was evidence in care records of discussions with the person with regard their care needs and their wishes.
People confirmed they had been treated with dignity and respect. Members of staff were able to explain what they were expected to do to ensure people's privacy and dignity had been maintained. This included shutting the bedroom or bathroom door when helping someone to undress. One member of staff said, "When I am helping someone in their room, I will make sure the curtains are shut and the door is closed. I will knock on someone's door and wait for an answer before I go in." From our observations we found all staff were polite and respectful when speaking to people. They also knocked on people's doors and waited to be invited in. Doors were kept shut when personal care was being provided.

Good

Is the service responsive?

Our findings

People confirmed they had been consulted about how they wanted their care to be delivered. The registered manager informed us that, on admission, they would ask the person about themselves and their wishes and preferences with regard to how they wanted their care and support to be delivered. This information would then be used to develop care plans which were person centred and reflected something about the individual. Care plans confirmed this. They also included guidance for staff to follow regarding people's health and physical needs. The registered manager advised us care plans were regularly reviewed with people to ensure they were meeting people's needs. Care plans would be updated when people's care needs changed. Information in care records also confirmed this.

Staff with demonstrated they knew about each person in terms of their life story and family background together with their preferences regarding how their needs should be met. From our own observations we found that staff delivered care in accordance with the wishes and preferences of people as described in their care plan. We were informed 'hand over' meetings took place at the beginning of each shift. The information in care plans was discussed and the meeting enabled the staff, who were beginning their shift, to be briefed about any changes to people's needs.

People confirmed that a range of activities and entertainment had been provided for them to enjoy. One person said, "We have drawing sessions which I find creative. We have discussions about the news and current affairs. We have questions and answer sessions. I have someone from the library who gets me books and changes them for me. I love to read. I can also go to the shops on my own if I wish." Another person said, "I know about the activities which are available, but I prefer my own company." We noted that a coffee morning had been arranged to raise money for a national charity. People had invited their relatives and friends along. There were quizzes, games and refreshments, including homemade cakes, and home grown plants from seeds, all of which could be obtained for a small donation to the charity. People, their relatives and staff, who had come along even though they were not working, were clearly enjoying the event. We were also given a copy of the activities programme for October, November and December 2016. Activities listed included quizzes, bingo, keep fit sessions, music sessions, informative talks and visits from the local church.

The registered manager advised us they had arranged meetings with people and their relatives, where people were provided with an opportunity to express their views about the services provided. We were given a copy of the minutes of the last meeting in August 2016. This documented that people were asked about their views of the service and if they had any suggestions to improve it. Everybody who attended on this occasion expressed satisfaction with the service.

People confirmed they knew how to make a complaint if necessary. They also confirmed they were confident that they would be listened to and their concerns taken seriously. A copy of the provider's complaint procedure was on display in the front hall way of the service. We saw a record of complaints that had been kept, which indicated complaints received had been appropriately dealt with and to the satisfaction of the person who made the complaint.

Good

Is the service well-led?

Our findings

The provider's website described the culture of Sandmartins. It stated, 'Based on our core value of dignity through respect, we understand how important it is to remember that a person requiring care is still a unique individual. We therefore endeavour to ensure that we do everything we can to help the service users retain their sense of identity and feelings of self-worth; to be treated with respect and valued for who they are.'

Our findings supported the statements made in the provider's website. People told us they experienced a culture that was positive and respected their needs as individuals. One person told us, "The staff are very kind and helpful and are concerned for my well-being. Sandmartins is very homely and very comfortable." Another person said, "Sandmartins is very pleasant and the staff are caring. This is down to (registered manager). She has standards, which I think are good." A relative explained, "(Family member) feels valued because he can grow his tomatoes and sweet peas. The home is very good and very homely."

Staff on duty also confirmed that the culture of the service was positive. One member of staff said, "It provides a safe environment for residents to live and a safe working environment for staff."

People and relatives were very complimentary about the management of the service. One person said, "I believe the home is well managed. (Registered manager) is very good. I had some problems with my finances, (registered manager) help me to sort it out." Another person told us, "The home has been well managed. There is more lassitude; we can do what we want. I enjoy my life here." People told us the registered manager, made themselves available to them and were very approachable. Our observations confirmed what we had been told. Interactions between people, their relatives and visitors, the staff and the management were very warm and welcoming.

The staff informed us they felt well led and well supported in their work. They were able to describe their role and explain to us what was expected of them. They also advised us they received supervision on a one to one basis where they were able to talk about any concerns they had and to request training to improve their performance. One member of staff said, "The leadership is good. (Registered manager) is approachable. We can talk to her and she will help us if it is needed." Another member of staff explained, "I can come and knock on (registered manager's) door. She is here for my support and development."

The registered manager provided us with documentary evidence that demonstrated how the quality of the service had been monitored. They included routine health and safety checks and maintenance of the environment, the management of medicines and infection control. There were also regular audits of complaints, accidents and incidents in order to determine if there were patterns or factors that could be learnt from. In addition care records and staff recruitment records had been routinely checked to ensure they had been kept accurately. Each audit included an action plan which identified when the work needed to be done by, and by whom to ensure compliance.