

National Care Consortium Ltd

Sandhall Park

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sandhall Park is a care home providing accommodation and personal care to 49 people within the categories of younger adults, older people, people living with dementia and people living with a mental health illness. The service can accommodate up to 50 people across two wings, each of which has separate facilities.

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

The quality of the record keeping varied and some records we looked at did not have the right information in them to manage people's care safely. The monitoring and review of risk to people was not always up to date and effective. People's care records were being improved and transferred over to the new providers systems, which was ongoing and not yet complete.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the systems in the service did not support this practice. Decision specific mental capacity assessments had not always been carried out to establish if people had the ability to make informed decisions. Best interest decisions had not been appropriately completed and recorded. We made a recommendation about this.

People had their prescribed medicines available to them and trained staff supported them with these. The provider medication policy was not always followed. Controlled medicines were not always disposed of appropriately in line with guidance.

Quality assurance systems had not always identified the improvements needed at the service. Surveys were used to engage with people. The information gathered was analysed, shared with people and used to make improvements to the service.

Staff were recruited and deployed safely. The provider had assured themselves that staff were suitable to work with vulnerable people.

Staff supported people to make choices as to what they had to eat and drink. People were supported to access health care professionals when needed.

People were involved where possible in the assessment and care planning process to ensure the support they received was what they wanted. Complaints were recorded and responded to in line with the provider's policy.

People lived in an environment that was clean and tidy. Areas of the home had been adapted to support people living with dementia.

People received kind, caring and compassionate support. People decided how they were supported and when. Staff encouraged people's independence and were respectful of people's privacy and dignity.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Enforcement

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 around good governance. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection

The last rating for this service was requires improvement (published 7 February 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will monitor the progress of the improvements working alongside the provider and local authority. We will return to visit as per our re-inspection programme. If any concerning information is received, 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Sandhall Park

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. This inspection was planned to check 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.

Inspection team

The inspection team on day one consisted of one inspector, a specialist advisor in medicines, and an Expert by Experience. Day two was completed by one inspector. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also sought feedback from the local authority, local safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with 16 people who used the service and ten relatives/friends about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, care staff, domestic and activity staff.

We reviewed a range of records. This included six people's care records and multiple medicine records. We looked at two staff's recruitment, induction and supervision records. We also looked at other records relating to the management of the home and care provided to people living there.

After the inspection

We looked at the providers medicines policy, training data, and risk assessments collected during the inspection.

Is the service safe?

Our findings

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

At this inspection this key question was rated requires improvement. 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.

Using medicines safely

- People were supported to take their medicines safely and they and their relatives told us they were happy with how medicines were being administered. We found medicine administration records were clear and identified who administered the medicine and how frequently.
- Some people were prescribed medicines to be administered when required. One person did not have a protocol to guide staff when this medicine should be considered for administration.
- The provider had a medicines policy in place, however this had no date of completion. This meant we could not be clear if this had been reviewed. Two people were using homely remedies. There was no homely remedy policy in place. The registered manager addressed these above issues during and following the inspection.
- We were unable to see any clear information in peoples care plans on what their medicines were for, why the person was taking it and what support they needed.
- We observed a controlled drug was disposed of inappropriately in a person's waste bin in their room. This was not in line with the providers own medicines policy. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Individual risks were assessed, but risk management plans were not always up to date and lacked clear guidance for staff. One person's assessment for pressure care had been reviewed each month from January to May 2019 as high risk. There was no guidance for staff to follow to reduce this risk. The registered manager acknowledged improvements were needed, and this began during the inspection.
- People's records were not consistently accurate or up-to-date so that staff had all of the information they needed to keep people safe. There were gaps or omissions in some people's records. One person's risk assessment for the use of a door gate on their bedroom stated this had been updated on their emergency evacuation plan; this had not been done. The registered manager addressed this during the inspection.
- Weekly checks for the safety of bed rails did not clearly record the location of where checks had been carried out. We confirmed that one person had bed rails in situ, this was not recorded in the maintenance book. This meant we could not be sure the persons rails had been checked to ensure their safety.
- Checks of the premises and equipment had been completed in line with guidance, to ensure they were safe and fit for purpose. Safety certificates were in place and up to date for gas and electricity, and hoists. This meant the provider could demonstrate these were safe to use.
- A process was in place for the reviewing of all accidents and incidents, with details recorded of action

taken to mitigate future risks.

- People told us they felt protected from harm. Comments included, "I can lock my door to keep my possessions private and safe - although I trust everyone here." A relative told us, "When it comes to the aspect of safety - it is excellent here - they check all (Name) electrical equipment."

Systems and processes to safeguard people from the risk of abuse

- People were seen to be very relaxed with staff and those who were able to, told us they felt safe. People knew how to report allegations of abuse and easy read information was displayed in the home.
- The provider had effective safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it.
- Safeguarding incidents had been reported to the local authority and the CQC appropriately.

Staffing and recruitment

- There were enough staff on duty to provide people with safe care and support.
- Staff were safely recruited, and appropriate checks were carried out such as checks with the Disclosure and Barring Service (DBS). The DBS check ensures people barred from working with certain groups such as vulnerable adults would be identified.

Preventing and controlling infection

- The home was clean and free from odours with infection control and cleaning processes in place. Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels. Staff had access to and used personal protective equipment such as gloves and aprons, to minimise the spread of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At this inspection we have rated this key question requires improvement. The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service did not always seek consent to care and treatment in line with legislation and guidance.
- Two people's care records contained consent to care and treatment forms signed by representatives of people using the service who did not have the legal authority to do so.
- Where people had been deemed to lack capacity to give consent, we found a lack of evidence best interest meetings had taken place and documented consistently. As a result, it was not always clear how decisions around people's care had been made and/or agreed, as this information was not captured or included in people's care records.

We recommend the registered provider ensures that where people lack capacity to make a decision, the principles of the Mental Capacity Act 2005 are followed and recorded.

- We found DoLS were being managed effectively. Applications had been submitted where required, with reapplications submitted prior to expiry dates in line with guidance.
- We heard and observed people's day to day consent being obtained from staff when they were giving them their medicines and choosing what to eat and drink, for example.

Adapting service, design, decoration to meet people's needs

- The environment met people's needs. The service displayed dementia friendly signage to support people to orientate around the service. There was a well-maintained, attractive garden and seating area which we saw people freely accessing.
- On one of the unit's, people's bedroom doors were decorated in different, bright colours and had memory

boxes outside with visual prompts to aid recognition. There were a number of tactile stimulants hanging from the ceiling and the hand rails along hallways. Some walls had murals of various scenes.

- The registered manager told us they were in discussion with the provider to update the second unit to the same standard.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had a pre-assessment before they came to live at the home. They were involved as much as possible, as were people important to them. This was used to formulate care plans for staff to follow.
- People's likes and dislikes were part of the assessment process. People confirmed staff knew them well. A relative told us, "The staff know [Name] so well - they can almost second guess their needs."

Staff support: induction, training, skills and experience

- Staff confirmed they received training, regular support and supervision in which they could reflect on their practice and training needs. A staff member said, "I have regular meetings with my manager. I've done first aid, back care and safeguarding training."
- People and relatives felt staff had the training they needed. Comments included, "The staff do lots of training - they are really on the ball. The managers always make it clear what training is taking place - they tell us at the meetings."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet. People were encouraged to be independent where possible.
- People gave positive views about the food provided at the service. Comments included, "I had a lovely bacon and tomato sandwich this morning - it's my favourite."
- People had access to food and drink on both days of inspection, both in communal areas and their own rooms.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to a range of medical and healthcare services, when necessary. One person told us, "The staff will call the doctor or the district nurse if I am poorly."
- Guidance from professionals was included in people's care records. One person's care plan reflected the pureed diet level and stage of fluids which had been recommended by a speech and language therapist.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At this inspection we have rated this key question good. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were happy with the care provided and consistently praised the staff and managers. Comments included, "It takes a special kind of person to do this work - they all do very well", "I am very happy - all the staff are pleasant – I can't fault anything" and "The care and respect they provide is wonderful."
- People were comfortable and relaxed with the staff, who spoke to them kindly, held their hands, and gave them hugs where appropriate. Interactions between staff and people were very natural and demonstrated positive relationships had been developed.
- People's protected characteristics under the Equalities Act 2010 were identified and respected in an individual way. Staff demonstrated a good knowledge of people's personalities and diverse needs, and what was important to them. One person told us, "It means so much that I can celebrate my [faith] here."

Supporting people to express their views and be involved in making decisions about their care

- People told us staff included them when making decisions about how they wanted their care provided. One person said, "They always ask me, and I make all my own decisions."
- It was evident that people were involved in the care planning process, where possible, and their views and preferences were recorded. For one person their likes and dislikes information made reference to the specific time they liked to go to bed and they enjoyed sweet foods.
- The service positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.
- The service sought feedback from people. Staff recorded issues and concerns that people raised, and a 'you said, we did' board provided updates about actions that had been taken.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff showed genuine affection and concern for people living at the service and were keen to ensure people received dignified support and care.
- We saw examples of staff responding sensitively when people required assistance with personal care.
- People told us staff followed their individual routines such as when they got up or went to bed, and what they wanted to do. One person told us, "The staff are very good - they know my routine."
- People's rights to a family life were respected. Visitors were made welcome. One relative told us, "This is such a welcoming place."
- People told us staff promoted their independence by letting them do what they can for themselves. One person said, "I have such freedom here - it's great."

Is the service responsive?

Our findings

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

At this inspection we have rated this key question good. People's needs were met through good organisation and delivery.

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

- People received personalised care that was tailored to their needs and wishes. One person said, "Sometimes I feel low - the staff are very good to me - they understand me." A relative told us, "Our relative improved so much during their temporary stay – they've come back. In fact, they are planning to live here now."
- Each person using the service had a care plan. These were in the process of being transferred over to the new providers care planning system. The plans we reviewed were person-centred and contained information about people's likes and dislikes. They included information about how people preferred staff to provide their personal, social, and healthcare needs.
- People, and where appropriate their relatives were encouraged to help develop and review an individual's care plan. One person told us, "I regularly attend the review of my care plan - in fact it's me who usually asks when it's due."
- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information shared with people met their communication needs and was accessible. The 'champions' at the service were displayed in the entrance hall with the staff's photograph and name. On the door of each unit was the photograph and name of the senior staff on duty. This assisted people to identify the staff who were supporting them.
- The way in which people communicated was assessed and identified in their care plans. This helped ensure staff understood how best to communicate with each person.

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

- People were supported to access a range of social and leisure activities and follow their interests. People enjoyed activities such as exercise, musical events, and craft. People told us, "The activities are marvellous - some of them have made me feel better - it keeps my brain cells active" and "Never a day goes by where there isn't something to do. [Name of staff] does all they can to keep us fit and active"

- Links had been developed with the wider community such as the local church and people's individual interests were responded to. A relative told us, "Entertainment/activities are arranged most days and regular special events are arranged for residents and families to enjoy together."

Improving care quality in response to complaints or concerns

- Complaints were well managed. People knew how to make a complaint should they need to. They told us they would raise any concerns with the manager or staff and were confident they would be listened to.
- People and their families knew how to feedback their experiences of care and the service provided ways to do this, such as surveys and meetings. One person told us, "I have been involved in the resident's meetings for many years - I can assure you that the new organisation is more than willing to make changes following on from the meetings."

End of life care and support

- People and their families had been supported at the end of their lives. People who wished to, had made decisions about their preferences for end of life care, which were detailed in the relevant section of their care plan.
- The home did not offer nursing care. However, the registered manager and staff aimed to support people's wishes to remain at the home for end of life whenever possible, with external healthcare professional support.
- The records we reviewed showed only two staff had received training in end of life care.

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 this inspection we have rated this key question requires improvement. 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

- We found the governance systems in place had failed to pick up a number of issues we identified during our inspection in relation to risk management, medicines and consent to care and treatment.
- There were systems in place to check the quality of the service including reviewing care plans, accidents, infection control, medicines, cleanliness of the kitchen and the quality of environment. The registered manager undertook a 'walk the floor' visual check of the environment each day. Where actions were needed these were recorded and the management team were in the process of completing these.

We found no evidence that people had been receiving poor care or had been harmed, however, systems were not robust enough to demonstrate quality and safety was effectively managed. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection the registered manager made some improvements to the service between day one and day two, following feedback. This included the recording of fire extinguisher locations and the fire system weekly checks. One person's care plan was updated, the medicines policy reviewed, and a homely remedy policy implemented.
- The registered manager was aware of their regulatory requirements. For example, they knew to notify CQC and other agencies when incidents occurred which affected people's welfare.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service benefited from having a registered manager who was committed to providing good quality care to people who used the service. They clearly knew all the people well in their care. We observed some people who had impaired communication recognised the registered manager and held out their hands for a 'cuddle' when seeing them as someone who cares for them. One person told us, "The management people are fantastic."
- Staff told us that they were able to share their ideas and felt listened to. Staff meetings had taken place regularly. Comments from staff included, "We have regular meetings with the management - we can all speak up if there are any problems. We can discuss anything."
- People and relatives told us they felt the service was well-led. Comments included, "The managers and senior staff are all on our side - they share the values and want what's best for the people that live here and the staff."

- The provider recognised staff achievements; a member of the staff team had recently been awarded 'employee of the month' in recognition of their commitment and accomplishments. This initiative showed staff they were valued for their efforts in providing good care.

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

- People and their relatives felt listened to and their views were acted on.
- The service held resident's meetings, where people were asked their opinions about the service. A 'you said we did' board displayed people's response so that they were clear about what had been done about their feedback. One person told us, "I am really happy with the changes and improvements that take place - the manager displays any changes made in the entrance hall - they will also include any changes in the newsletter."
- Surveys had been completed by people using the service, their relatives, other professionals and staff in January 2019. The completed surveys showed overall positive feedback.

Continuous learning and improving care; 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

- The culture of the service was open, honest and caring. The registered manager acted promptly to address any concerns and understood their responsibilities under the duty of candour.
- During the inspection, the registered manager was responsive and open to feedback to develop and improve the service.

Working in partnership with others

- The registered manager had good links with the local authority and community health and social care professionals. This included people's GP's and community nurses and social workers.
- The registered manager kept up to date with best practice and developments. They attended events to learn about and share best practice such as a local authority forum for care providers.

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 17 HSCA RA Regulations 2014 Good governance The provider had failed to effectively monitor and improve the service. Regulation 17 (1)(2)