Shaw Healthcare (de Montfort) Limited

Sandalwood Court

Inspection report

Butland Road
Oakley Vale
Corby
Northamptonshire
NN18 8QA

Tel: 01536424040
Website: www.shaw.co.uk

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on the 18 and 26 July 2017 and was unannounced.

Sandalwood Court provides accommodation for older people requiring support with their personal care. The service can accommodate up to 60 people. At the time of our inspection there were 49 people living at the home. The home is divided into three distinct areas which are situated on three floors of the home. On the ground floor care was provided for people living with dementia; on the first floor care was provided to older frail people with varying levels of care needs; and on the top floor there was a separate area for people living with dementia and an area which provided respite care. At the time of the inspection there were three people using the respite care facility. People live in the area that is best suited to their assessed needs.

At the last inspection in February 2016 the service was rated as Requires Improvement. At this inspection we found that the service remained as Requires Improvement. Although measures had been taken to ensure that staffing levels reflected people's basic care needs they did not take into account a more holistic approach to meeting people's social and care needs.

There was a registered manager in post at the time of our inspection. 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.

There was not always sufficient staff deployed to be able to spend time with people outside care tasks and to deliver care in a timely way.

The systems in place to monitor the quality of the service were not effective enough to ensure that the level of cleanliness and hygiene throughout the home was maintained.

People received care from staff that respected their individuality and were kind and compassionate. They were encouraged to take part in activities and to pursue their interests.

There were appropriate recruitment processes in place which protected people from receiving care from people who were not suitable. People felt safe and secure in the home. Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns.

Staff were supported through regular supervisions and undertook training which focussed on helping them to understand the needs of the people they were supporting. People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments if 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.

People's needs were assessed prior to coming to the home and individual care plans were in place and were kept under review. Staff had taken time to understand people's likes, dislikes and preferences.

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 engaged in conversations with them. Relatives commented positively about the care their relative was receiving.

There was a complaints procedure in place and people were encouraged to give their feedback, although people did not always feel listened to when they did.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There was not always enough staff to maintain the cleanliness of the home and deliver care in a timely way.

Risk assessments were in place which identified areas where people may need additional support and help to keep safe.

There were appropriate recruitment practices in place which ensured people were safeguarded against the risk of being cared for by unsuitable staff.

There were safe systems in place for the administration of medicines.

Is the service effective?

Good

The service was effective.

People received care from care staff that had the training and acquired skills they needed to meet people's needs and who were supported in their roles.

Staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People's healthcare needs were met and were supported to have sufficient to eat and drink to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

Visitors were made to feel welcome and could visit at any time.

Is the service responsive?

Good

The service was responsive.

People were assessed before they went to live at the home to ensure that their individual needs could be met and detailed care plans were in place.

People were encouraged to follow their interests and join in a variety of activities.

People were aware 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 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.

The home was proactive in encouraging links with the local community.

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

This inspection took place on 18 and 26 July 2017 and was undertaken by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance our expert-by-experience had cared for a relative and supported them to find an appropriate care setting to live.

Prior to the inspection we looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We reviewed the last inspection report and contacted the health and social care commissioners who help place and monitor the care of people living in the home.

We spoke with 15 people who used the service, 10 support workers, two senior carers, three team leaders, two housekeepers, a cook, the activities co-ordinator, the deputy manager, the registered manager and provider. We were also able to speak to nine relatives and two health professionals who were visiting at the time. We spent time observing people in the communal areas throughout the day.

We looked at care records for four people to see whether they reflected the care delivered. We also looked at duty rosters and quality audits.

Requires Improvement

Is the service safe?

Our findings

There was not always enough staff deployed to maintain the cleanliness of the home. We found that particular areas of the home such as the ground floor were not well maintained and that some bedrooms remained with an unpleasant odour throughout the day. Carpets had not been cleaned properly and furniture looked stained and dirty. One relative told us they cleaned their relative's room and preferred to do their laundry for them to ensure they always lived in a clean environment. Staff told us that normally there should be three housekeepers, one for each floor and someone in the laundry each day. However, they told us that frequently there were often only two of them. On the first day of the inspection there were only two housekeepers on duty. We looked at rotas for the past three months which confirmed that at times there were only two housekeepers deployed.

Following the first day of the inspection the registered manager organised a deep clean of the ground floor and had requested flooring to be replaced in one area. When we returned on the second day of the inspection we saw a marked improvement. The registered manager and provider needed to ensure that standards were maintained to protect people from living in an unclean environment.

People commented throughout the inspection that they felt that there were not always enough staff to spend time with them and they often had to wait for staff to assist them. One person said "Rarely anyone comes to chat to you, they simply don't have the time, and there are not so many staff here now so they can't do that for us." Another person said "If I ring the call bell it varies as to how long they take to respond, sometimes they come quickly enough and go again. I rarely use it. You see it is less frustrating if you go and get them."

On the first day of the inspection we observed that there were only two care staff and a senior carer on the ground floor at 8.30am to support 20 people. A member of staff had phoned in sick and it was 11am before they had been able to get cover. This meant a number of people were delayed in getting up and that the senior carer was constantly interrupted during the medicines round.

The registered manager advised us that there had been a significant turnover in staff recently and that they were currently recruiting. Agency staff were deployed and we saw that care rotas were being covered. However, with having to rely on agency staff this meant that permanent staff had to spend more time instructing the agency staff which impacted on their ability to spend time with people. Although the provider did have a system in place to assess and measure the level of dependency for each person this focussed on care needs and did not take into account a more holistic approach to care. There was a need to ensure that staffing levels not only reflected the level of dependency within the home but also a more holistic approach to meeting people's needs.

People told us that they felt safe and secure in the home and relatives were confident that their relative was secure and safely cared for. One person said "I do feel safe here, someone checks on you at night you know." We observed that people were relaxed and saw that they responded positively towards staff. The staff understood their roles and responsibilities in relation to keeping people safe and knew how to report any

concerns they may have. 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 the contact details of the local safeguarding team were all readily available to staff. One member of staff told us that if they had any concerns they would speak to the registered manager or senior carer. The provider had submitted safeguarding referrals which demonstrated their knowledge and understanding of the safeguarding process. Where safeguarding referrals had been made we saw that the issues raised had been appropriately investigated and any lessons learnt were used to develop their practice.

There were risk assessments in place to identify areas where people may need additional support and help to keep safe with detailed instructions for staff. For example, people who had been assessed for falls had plans in place to mitigate the risk from falling such as having two staff to transfer and support to walk.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Each person had a personal evacuation plan in place and equipment was stored safely and regularly maintained.

Any accidents/incidents had been recorded and appropriate notifications had been made. The registered manager collated the information around falls and accidents/incidents on a monthly basis and took action as appropriate.

There were appropriate recruitment practices in place. This meant that people were safeguarded against the risk of being cared for by unsuitable staff because staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home.

There were safe systems in place for the management of medicines. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. Staff gave people suitable support to take their medicines in a way that they preferred. Records were well maintained and regular audits were in place to ensure that all systems were being safely managed.

Good

Is the service effective?

Our findings

People received care and support from staff that had the skills and knowledge to meet their needs. People told us that the established staff were all well trained. One person said "They are wonderful, there is no doubt the newer ones are in training but they are still all alright."

All new staff undertook an induction programme which was specifically tailored to their roles and experience. Newly recruited staff also undertook the Care Certificate which is based on 15 standards. It aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. In addition to in- house training and on-line based training all new staff shadowed more experienced staff over a period of time until they were assessed to be competent in their role. New staff did not care for people independently until they had undertaken all mandatory training which included moving and handling, safeguarding and infection control.

Staff spoke to people when they assisted them, offering words of encouragement and explaining what they were doing. They appeared confident when they delivered care and used equipment correctly and safely.

Staff received support through regular supervision and were encouraged to undertake further training. There was an appraisal process in place which ensured that staff performance was monitored and staff had the opportunity to discuss their personal development.

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 decisions 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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. 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 the management team were waiting for the formal assessments to take place by the appropriate professionals.

People were regularly assessed for their risk of not eating and drinking enough, staff used a tool to inform them of the level of risk which included weighing people. We saw that people were being weighed on a regular basis and were it had been identified people were at risk of malnourishment or dehydration advice had been sought from a dietitian and steps taken to mitigate the risk. The kitchen staff were kept informed of people's dietary needs; fortified food and drinks were available and when necessary food was pureed for those people who had difficulties swallowing.

People told us that they had enough to eat and we saw that there were drinks and snacks available throughout the day. People could choose where they ate their meals and staff supported those who needed support. There was a choice of meals and people were able to choose alternatives if they wished to. However, people expressed mixed views as to the quality and standard of the food. We saw that there was a communication book in place for people to give their feedback on the food and when we spoke to the cook they were able to assure us any feedback was acted upon and changes made where necessary.

We saw from records that people had access to other health professionals when they needed to, such as the District Nurse, chiropodist and podiatrist and a Nurse Practioner from a local GP surgery visited each week. We spoke to one of the health professionals who visited the home on a regular basis and they told us that the staff were good at monitoring people's physical healthcare needs and sought advice when needed.

Good

Is the service caring?

Our findings

People looked relaxed and comfortable in the company of the staff and we observed some positive interactions with people. One person said "The staff are careful, kind and gentle." Another person said "I have some marvellous carers, sadly though some have left now."

The staff spoke fondly of the people they cared for and demonstrated their knowledge and understanding of people. Some of the staff had worked at Sandalwood Court for several years and knew people well.

People's individuality was respected and staff responded to people by their chosen name. Staff respected people's right to privacy and protected people's dignity; they knocked on bedroom doors before entering and checked with people whether they were happy for them to enter. We could hear staff asking people what they needed help with and explaining what they were doing. Staff spoke politely to people and asked people discretely if they needed any assistance when in communal areas. The people we spoke to all said the staff respected their dignity and privacy; a number of people told us about 'having one towel to dry and one towel to cover.' We asked the staff about promoting people's privacy and dignity, they spoke about offering choices when dressing, at mealtimes and when they went to bed and got up.

People were encouraged to express their views and to make choices. People confirmed that the staff involved them in decision making and allowed them to make choices. One person said, "I get myself washed and dressed but they will help me if I ask them to." People's preferences such as whether they preferred female only care staff was recorded in people's individual care records and we saw that this was respected. We saw that people were able to choose how and where they spent their day and were able to move freely around the home and garden areas.

People had been encouraged to personalise their environment to make them feel at home and comfortable. We saw that people were able to bring in personal items from their homes and we could see that a number of people had brought in their own bedding and pictures of their family and friends.

There was information available if people needed the support of an advocate.

Visitors were welcomed at any time. One visitor said "I come in most days; it's nice to have a chat with the staff and they let me make a cup of tea for myself and [relative]." During the inspection a number of visitors came and spent time with people around the home and in the garden.

Good

Is the service responsive?

Our findings

People's needs were assessed before they came to live at the home to ensure that all their individual needs could be met. The registered manager explained to us that they went out to meet with people and their family if appropriate. This enabled them to gather as much information about the person as possible and to assess the level of support they needed. People were encouraged to visit the home if possible before making the decision as to whether to live there. We saw that the information gathered was used to develop a person centred care plan which detailed what care and support people needed and their likes and preferences.

The care plans contained all the relevant information that was needed to provide the care and support for the individual and gave guidance to staff on each individual's care needs. This ensured that staff delivered consistent care. People told us staff knew what they needed to do. The care plan contained a 'Life Map' which informed the staff about a person's life, hobbies, interests and relationships prior to coming to the home. This was particularly important to effectively support people living with dementia.

People's needs were continually kept under review and relevant assessments were carried out to help support their care provision. These included assessment of skin integrity and where necessary people were provided with appropriate pressure relieving equipment and were supported to change their position regularly. Records kept in each person's room detailed when they had been moved or repositioned, what people had drunk and what personal care needs had been undertaken. Care plans were reviewed on a regular basis and adjustments made if people's care needs changed.

There was a variety of activities available to people which included group activities such as quizzes and singing and individual activities such as arts and craft sessions and shopping and coffee trips out in the local community. People told us how marvellous the activities co-ordinator was, commenting how energetic and active they were in giving everyone the opportunity to go out in the garden or to get people in to sing, taking part in quizzes and organising all sorts of different celebrations. We observed a quiz session taking place and the home's choir having a practice. We could see how much people enjoyed themselves; one person was keen to sing a solo. People were encouraged to take part and come together from the different areas of the home.

People's spiritual needs were also considered. The activities co-ordinator told us that local faith ministers came in and each month there was an opportunity for everyone to take part in a religious celebration.

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 said they would be happy to speak to any of the staff if they had a complaint. 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.

Requires Improvement

Is the service well-led?

Our findings

There were systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people living in the home. However, these had failed to identify the standards of hygiene being maintained in the home which had led to some people living in areas of the home which were not as clean as they could be. The registered manager and provider needed to review the systems to ensure they effectively monitored all aspects of the service and enable them to take the appropriate action.

Although the provider had systems in place to encourage feedback from people and their families we found that people did not always feel they were listened to and did not always have the confidence that issues would be addressed. One person commented "We have a residents meeting but I don't go because the manager never goes so what's the point. The deputy manager tries to address things but they can't always, we would like to see the manager more." People knew who the registered manager was but felt that they did not always take the time to speak to them.

A number of relatives also commented that they did not always find the registered manager very approachable and did not always feel they listened to what they said.

We saw that regular staff meetings were held. Some staff felt they could raise issues but did not always feel encouraged to put some of their ideas into practice to improve and develop the service.

The registered manager and provider needed to look at how they could address some of the issues raised which could improve people's experience of the home.

There were procedures in place which enabled and supported the staff to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing and safeguarding. 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 registered manager was aware of their legal responsibilities to notify CQC about certain important events that occurred at the service. They had ensured that the appropriate statutory notifications had been submitted to CQC such as accidents and incidents and other events that affected the running of the service.

People's care records had been reviewed on a regular basis and records relating to staff recruitment and training were well maintained. Records were securely stored to ensure confidentiality of information.

The activities co-ordinator actively encouraged links within the local community and particularly had arranged a number of events which had involved local dance groups. There was an annual summer fete which involved people, their families, staff, volunteers and the local community.