

Prasur Investments Limited

Sandrock Nursing Home

Inspection report

1-3 Sandrock Road
Wallasey
Birkenhead
Merseyside
CH45 5EG

Tel: 01516303254

Website: www.sandrocknursinghome.co.uk

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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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 2 August 2016 and was unannounced. The service is registered to provide accommodation with nursing care for up to 28 people and 26 people were living there when we visited.

The home had a manager who was registered with the Care Quality Commission. 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.

During the inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the end of this report.

We found that the home was clean and routine maintenance tasks were carried out, however it is an old building and many areas required redecoration and refurbishment to provide a pleasant environment for people to live in.

The manager carried out some audits of the service, however these had not all been kept up to date and did not provide useful information to show how the service could improve.

During the inspection we saw that there were enough staff to support people and meet their needs. People we spoke with were very happy with the staff and with the care provided to them. The care plans we looked at gave details of people's health and support needs and had been kept up to date. Medicines were generally stored and managed safely, however some improvements were needed.

The manager was aware of her responsibility with respect to the Mental Capacity Act and Deprivation of Liberty Safeguards.

People told us they enjoyed their meals but we considered that some people would benefit from the opportunity to have their meals at a dining table.

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 were enough staff to meet people's needs.

The environment was clean and adequately maintained, but needed upgrading in many areas.

Medicines were managed safely, but some improvements to recording were needed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

A programme of staff training was in place but not all staff had completed the training.

The requirements of the Mental Capacity Act had been implemented.

People received enough to eat and drink and their individual dietary needs and choices were catered for.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Staff responded to people in a well-mannered, polite way. Staff had a good understanding and knowledge of people's individual care needs.

People's dignity was not always promoted when care was provided.

Is the service responsive?

Good ●

The service was responsive.

People's care and support needs were assessed and planned for.

The activities organiser had left the home, but care staff were

providing some social stimulation for people.

Is the service well-led?

The service was not always well led.

The home had a manager who was registered with CQC.

Staff meetings took place but there were no meetings for people who lived at the home or their visitors.

A series of quality monitoring audits was carried out but there was no evidence to show how information was used to identify areas requiring improvement and to take the service forward.

Requires Improvement 

Sandrock Nursing Home

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.

The inspection took place on 2 August 2016 and was unannounced. It was carried out by an inspection manager and an adult social care inspector. Before the inspection we looked at all of the information that CQC had received about, and from, the service since the last inspection in December 2014.

During the inspection we looked at all parts of the premises including some bedrooms. We spoke with six members of staff, six people who lived at the home, and three relatives.

We observed staff providing support for people in the lounge and the dining room. We looked at medication storage and records. We looked at staff rotas, training and supervision records, and recruitment records. We looked at maintenance records and cleaning schedules. We looked at care records for three people who lived at the home and records of audits that the manager had carried out.

Is the service safe?

Our findings

We asked people living in the home if they felt safe. Comments we received included "It's safe here, I like it." and "I'm safe and settled here, it's lovely."

We looked around the premises and saw that many areas appeared in need of redecoration and updating. Staff we spoke with described the environment as 'tired'. One relative described the environment as "dated". We saw that wall paper was peeling off the walls and was very old. We saw damage to the paintwork and doors in most areas of the home. We saw carpets that were in need of replacing in some bedrooms.

These examples are breaches of Regulation 15 (1)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not ensured that the environment was properly renewed and maintained.

We looked at the maintenance file and saw that regular checks of the water temperatures, fire alarms, emergency lighting systems and mobility equipment were carried out and we saw from maintenance records that the manager regularly walked the building and reported issues to the maintenance person who then took immediate action to rectify issues raised. We saw that the gas, electric and portable appliances had all recently been tested to ensure that they were safe, and up to date certificates were available to view in the home.

A fire risk assessment for the premises was in place, however we had some concerns regarding fire precautions in the building. We referred these concerns to the fire service and the fire officer told us that they would be carrying out a fire safety visit in the near future.

We asked about personal emergency evacuation plans (PEEPS) that are required to ensure that people can be supported to leave the building safely in an emergency. The manager gave us a 'grab bag' that contained PEEPs that were out of date and required urgent action. We raised our concerns and the manager reassured us that she would take immediate action to update the records.

We asked to see records relating to any safeguarding incidents and the manager informed us that none had occurred since our previous inspection. We spoke with the manager and they demonstrated to us that they fully understood their responsibilities to protect people and what they should notify CQC about.

We asked a staff member what they would do if they witnessed something they thought was abusive. They stated that they would "inform the senior or the manager straight away", and they knew that they had a duty to report the incident to the local authority safeguarding team too.

The manager told us that over the last few years all staff had received training about safeguarding vulnerable people from abuse, however we did not see records to verify this. The provider subscribed to an on-line training programme and all staff were updating their training, including safeguarding training.

We spoke with the manager about how risks to people's safety and well-being were managed. They were able to tell us how they put plans in place when a risk was identified. Risk assessments relating to nutrition, pressure areas, moving and handling, and falls were recorded in people's care plans and were kept up to date.

During our visit we found that the home was clean and there were no unpleasant smells. Paper towels and liquid soap were provided in all areas and there were gloves and aprons available for staff to use. We saw cleaning record sheets, which were signed on most days but missed on quite a number. It was not clear what the ticks and signatures on the sheets represented or how the information they contained was used. An NHS infection control audit carried out in January 2016 recorded a score of 87%, which was a small improvement on the previous rating. The kitchen had a five star food hygiene rating.

We looked at staff rotas which showed the staffing levels at the home. There was always a registered nurse on duty over 24 hours. The manager, who was a registered nurse, was supernumerary to the staff rota on most days. There were five care staff on duty in a morning, three in an afternoon and evening, and two at night. Two care staff came on duty at 7am to help people getting up, and the others started at 8am. During our visit we saw that there were enough staff to support people. We asked the manager about the reduction of staff by two for the afternoon and evening shift. She told us that this was 'how it had always been' and was a sufficient number to meet people's needs, however she said she could put an extra member of staff on the afternoon/evening shift if this was needed.

The manager told us that the home had a very low staff turnover and some staff had worked there for many years. Three new members of staff had been recruited since our last inspection and we looked at the recruitment records relating to these people. The records for two people showed that all of the required checks had been carried out to confirm that the candidate was of good character. The records for the third member of staff did not have verifiable references in place. We advised the manager that these should be obtained without delay.

We looked at the arrangements for the management of people's medicines. Medicines were only handled by registered nurses. Adequate storage was provided in a locked room. The room and fridge temperatures were recorded daily to monitor that medicines were kept at the correct temperature.

Monthly repeat medicines were dispensed mainly in blister packs and a running total was maintained for all tablets that were not in blister packs. A record was kept of any items that were carried forward from one month to the next. In general, the records we looked at, and checks of the items in the medicine trolley, showed that people received their medication as prescribed.

We saw a small number of missed signatures on the medication administration record (MAR) sheets. We also noted that when MAR sheets were hand-written, they had not been checked and signed by a second member of staff to ensure that the entries were correct. It is good practice for any hand-written additions to MAR sheets to always be checked and counter-signed.

A number of people were prescribed Diazepam, or a similar item, to be given 'as required' (PRN). At our last inspection we found that there were no protocols in place to ensure that the nurses administered these medicines consistently. During this inspection we saw that the manager had written PRN protocols but these lacked any detail and the nurse we spoke with appeared not to be aware of them. They were kept in a separate folder and not with the MAR sheets.

Two people were prescribed Diazepam to be given 'as required' but records showed that they received the

medication twice a day every day, and the times recorded for administration coincided with times of medicine rounds. This meant that the medication was not being used 'as required' but was given routinely. We advised the manager that this should be discussed with these people's GPs to investigate why these people had become more anxious and to mitigate any risk of over-sedation which might result in falls.

The nurse we spoke with told us that there was no covert (hidden) administration of medication.

Is the service effective?

Our findings

We asked people living in the home about the food and they told us "The food is lovely. They give me what I ask for and I have bacon for breakfast." We spoke with another person and they told us that they had requested specific food for their tea every evening and the home accommodated their request which made them very happy.

We observed lunch being served in the home. The food looked and smelled appetising. We saw that people's individual requests were accommodated and we observed staff supporting people at their own pace to enjoy their food. However, we did note that the dining table could only accommodate up to 10 people and there were only eight dining chairs. We observed three people eat their meal at the table. Most people used tray tables in the chairs that they had been sitting in all morning. The dining experience could have been made more sociable and enjoyable for some people if dining tables had been utilised.

We spoke with the cook and observed the menus and we saw that a varied, healthy diet was offered with many of the options chosen by people in the home. We also saw and confirmed with people that a cooked breakfast was offered every morning and a number of people told us that this was important to them and they enjoyed it. The cook was able to describe to us how they accommodated different people's needs in the home including diabetic diets and vegetarian diets. People's weights were recorded monthly and a nutrition risk assessment was included in each person's care plan and was reviewed monthly.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) is part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We spoke with the manager and she demonstrated a clear understanding of issues of consent and capacity. We saw that people's mental capacity had been assessed and that a number of DoLS applications had been made on behalf of people living in the home. The manager was able to explain to us how it was important to recognise that people could have capacity to make some decisions for themselves but need help with bigger issues and this was when they used 'best interests' meetings.

We spoke with staff and they all told us that they enjoyed working in the home and that the manager was supportive and enabled them to do their jobs well. One staff member said "I get supervision every couple of months." Another staff member told us that they liked that the home provided good care to people because the staff team worked well together.

All of the staff were required to complete an e-learning programme comprising a number of modules relevant to the care and support of the people who used the service. They were able to do this using a

computer in the office in the basement of the home, or in their own home if they had internet access. The subjects covered included mental capacity, dignity in care, dementia, and dealing with challenging behaviour. Some staff had made good progress towards completing the programme but others had a number of modules still to do. We found a similar situation when we last inspected the home. The manager confirmed that practical instruction had continued for moving and handling, fire safety and first aid.

Records showed that all members of staff had a one to one supervision meeting with the manager, or with one of the nurses, every two months. All staff had an appraisal in 2015, but none so far in 2016.

The premises were not purpose-built and had minimal storage space for equipment. Bedrooms were on the ground, first and second floors with a passenger lift as well as two staircases for access. We observed that there was signage to identify toilet doors, but other than this there was little, if any, signposting to help people find their way around. The bedroom doors did not have the name of the person on, or any other aid for people to be able to find their own room. There was a very large lounge and dining room, but other than this there were no sitting areas for people to use. A patio garden had been made at the front of the building but this was not accessible for people to use independently.

Is the service caring?

Our findings

We asked people living in the home if they felt that they were well cared for. One person told us "I am well treated. They are very helpful staff and they know what they are doing." Another person said "I ask for what I like and the staff always do it. The girls are lovely."

A relative had sent a thank you letter to the home in which they had written 'Whenever we called we were always met with kindness and consideration by every member of your team.'

During the day we observed a number of positive interactions between people who lived in the home and the staff who worked there. It was obvious that staff knew people well and how to support them in the way that they wished to be supported. We observed one member of staff support a person who had dementia and was visibly distressed. The staff member calmly talked to the person and reassured them by sitting next to them and holding their hand until the person felt better.

We saw one person tell a staff member that they were cold and the staff member brought them a blanket. We then saw the staff member return a few minutes later and check that the person was now warm enough. We also saw a staff member taking action to preserve a person's dignity in a communal area of the home when the person may not have been aware that their dignity was at risk. The staff member was mindful of the person and explained to us what they had done and why. These examples showed us that staff were conscious of ensuring that they treated people with respect and dignity and met people's needs in a caring way.

We also noted some areas of concern. On one occasion we observed four staff members outside together having a break in the smoking shelter in the garden. This meant that the people who lived in the home were left in the communal areas with limited support and at risk of not having their needs met.

We also observed staff having a conversation with each other in a communal area of the home whilst they were supporting people. This was demeaning for the people living in the home as they were not included in the conversation and it was taking place whilst they were being cared for.

Twelve people shared six double bedrooms and privacy screening was available in each of these rooms. In one of the care notes we looked at we found evidence that the person, or a family member, had signed consent for sharing the room. There were no restrictions on people's movement around the premises.

Is the service responsive?

Our findings

We asked about activities and were told that there was not currently a dedicated activities coordinator in post. We were told that the care staff and the manager's personal assistant had assumed responsibility for activities. We saw a programme of planned activities on the notice-board and these included a variety of outside entertainers coming into the home at least twice a month. We also saw that a PAT (pets as therapy) dog came into the home most weeks and we were told that people enjoyed this. We did not see any activities taking place during the inspection.

We asked about complaints and saw that the complaints procedure was hanging on the wall in the reception area of the home. We noted that the procedure was quite high up and not so easily noticeable. We also saw that the procedure made no mention of the provider of the home, only the manager. It did not give people any contact details for social services.

We asked to see the complaints log and the manager showed us that this was empty and that no complaints had been recorded for a number of years. The manager thought that this was due to her 'open door' policy and that issues were resolved before they became complaints. None of the people we spoke to who lived in the home, or their relatives, raised any concerns or complaints with us during the inspection.

We looked at care documents for three people who lived at the home. The care plans focussed on people's health and personal care needs following an 'activities of daily living' model. There was little personal information, for example about people's past lives, daily routines, likes and dislikes, or important family members. At the time of the inspection, the information contained in the care plans was being transcribed onto an electronic care planning system and we saw that manager was adding some more person-centred information.

Care files we looked at showed that referrals were made to relevant health professionals when required. For example, people had received visits from a dietician, optician, podiatrist, wound care specialist nurse and mental health practitioner. A daily report was kept for each person and recorded any professional visits and treatment provided or prescribed.

We saw that charts were in place in the bedrooms of the more frail people who were being looked after in bed. The charts recorded repositioning, continence, and food and fluids taken. The charts had been completed well and showed that people usually received care at least two hourly. People were provided with pressure relieving mattresses and adjustable beds and there was plenty of moving and handling equipment. We noticed that some beds were positioned very low to the floor and this allowed for a minimal use of bedrails.

Is the service well-led?

Our findings

The manager was registered with the Care Quality Commission and she told us that she had been in post for more than twelve years. The home did not have a deputy manager as the person who had held this post for ten years had left. The service provider visited the home frequently and was involved in the day to day operation of the service. We observed that people who lived at the home and family members were comfortable in approaching the manager and several visitors stopped at the office to speak to the manager.

The provider had recently bought another care home in Liverpool and the manager of Sandrocks told us that she planned to divide her time between Sandrocks and the home in Liverpool. We told the manager that we were concerned this would leave Sandrocks without management cover for several days each week.

An extension was being built to the side of the building. During our last inspection we were informed that this would not increase the number of bedrooms, but would provide additional facilities including storage space for equipment and a new laundry. However during this inspection we were informed that additional bedrooms were being added.

Many of the staff had worked at Sandrocks for a number of years. Staff members said they could speak to the manager with any ideas they had and express their views. A staff rota file was kept in the staff room and the manager put any important notices into this folder as she knew the staff would read it. A staff meeting was planned for 3 August 2016 and we saw that members of staff had written down some topics they would like to discuss. Staff meetings were held every two months. All staff had a formal supervision meeting every two months and an annual appraisal.

The manager told us that no meetings had been held for the people who lived at the home and their friend and relatives. Satisfaction questionnaires had been sent out to people who used the service and their relatives/advocates in May 2014. The results were analysed and a report produced. We saw a copy of the summary report which showed that people were satisfied with the staff and the care provided but they had raised some issues relating to the environment and to social activities. The manager told us that a survey had also been carried out in 2015 but she was not able to find the records of this.

We asked the manager about the systems she had in place to monitor the quality of the service. Forms to record monthly checks of the environment had been very well completed, including a detailed action plan, until mid-2015 but since then they had only been done very briefly. The manager told us she had found these audits time-consuming and not very useful. We did not see any plans in place to upgrade the home environment for the people who lived at the home and the staff who worked there.

Staff files audits were completed for 2013 and 2014 but we did not find any more recent records. There were also 'pocket money' audits but the most recent one we saw was dated August 2015. We also found an audit of mattresses and bedrail bumpers dated 2014, but nothing more up to date. An infection control audit had been conducted in May 2016 and recorded that wheelchairs were not clean. We did not see an action plan to address this.

We saw that accidents and untoward incidents that occurred in the home were recorded and were reviewed and analysed monthly by the manager to find out if there were any recurring issues that could be addressed. A two-page monthly medicines audit was recorded, however this was very much the same every month and did not provide much information. The audits had not identified the issues that we found during our inspection.

These were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 because the provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service including the quality of the experience of service users in receiving those services.

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 15 HSCA RA Regulations 2014 Premises and equipment The provider had not ensured that the environment was properly renewed and maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service including the quality of the experience of service users in receiving those services.