

Prestige Care (Sand Banks) Limited

# Sand Banks Care Centre

## Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Sandbanks Care Centre is a care home which provides nursing and residential care for up to 77 people. Most people who used the service were older people, some of whom are living with a dementia or related condition. At the time of this inspection there were 73 people using the service.

The service accommodates people across three separate units. Each unit has their own communal lounge, dining facilities and bathing facilities.

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

Risk assessments were not always in place to ensure people's safety. Care records were insufficiently detailed and some provided conflicting information.

People and relatives were positive about the caring nature of staff and the service they received. There were enough staff employed and on duty to meet the needs of people. Some staff had recently left their employment which meant the service needed to use some agency staff to cover some shifts. The provider had an effective recruitment and selection procedure and carried out relevant checks when they employed staff.

Accidents and incidents were recorded and analysed enabling any safety concerns to be acted on.

Medicines were managed safely. We identified some minor improvements were needed in relation to the recording of medicines. We received confirmation after our inspection that these records had been reviewed and updated.

People told us they enjoyed the food provided and there was always choice. However, there was no oversight and monitoring of the charts of those people who needed to have their food and drink intake recorded. The manager told us they would take immediate action to address this.

Staff had the skills and knowledge to deliver care and support in a person-centred way. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Documentation needed strengthening to show how staff were following the principles of the Mental Capacity Act 2005.

People told us their privacy and dignity were respected and their independence encouraged. People were able to participate in a range of activities if they chose to do so.

The management team were open and approachable, which enabled people to share their views and raise concerns. People and relatives told us if they were worried about anything they would be comfortable to talk with staff or the management team.

The provider monitored quality, acted quickly when change was required, sought people's views and planned ongoing improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 16 November 2018). Since this rating was awarded the provider has altered its legal entity. 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.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified breaches in relation to safe care and treatment and governance, risk assessments were not always in place and care plans were insufficiently detailed.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Sand Banks Care Centre

## 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. We checked 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 consisted of one inspector, two specialist advisors, one who was a nurse and the other a pharmacist. There were two Experts 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.

#### Service and service type

Sand Banks Care Centre 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.

A new manager had recently been appointed. They were in the process of applying for registration with CQC. A registered manager is someone who, along with the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before we visited the service, we reviewed information we held about the service such as when the provider told us about serious injuries or events. We contacted commissioners to seek their feedback. We received no information of concern.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We visited the service on 23 October 2019 and spoke with 12 people who used the service and 10 relatives. We also spoke with the manager, deputy manager, operations manager, one nurse, the cook, handy person, wellbeing co-ordinators and two care staff.

We reviewed a range of records. This included four people's care records and 16 medicine records. We looked at two staff files in relation to recruitment and the supervision chart. We reviewed multiple records relating to the management of the service during and after the inspection.

#### After the inspection

We looked at training data, meeting records, surveys, accident analysis and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as 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.

Assessing risk, safety monitoring and management;

- Risk assessments were not always in place to ensure the safety of people. For example, health specific risks relating to people's diabetes had no information on how staff should manage a person's diabetes should their blood sugar level be too high or too low.
- One person was diagnosed with epilepsy. However, care records did not detail what the seizure might look like and the emergency care needed. In addition, there was a general risk assessment for bathing, but this did not reflect risk in relation to the person's epilepsy.
- Some care and risk records contained conflicting information. For example, one person was identified as both high and low risk for their mobility and the risk of falls.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate the safe management of risk. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Checks on the environment and equipment took place, for example checks on electrical equipment and nurse call systems. Plans were in place to ensure people were supported to leave the building in an emergency.

Using medicines safely

- Overall medicines were managed safely.
- We identified some minor improvements were needed in relation to the recording of medicines. For example, there were gaps on some of the medicine administration charts meaning they were not an accurate record of the administration.
- Staff who administered medicines had access to policies, procedures and information about medicines. They had undertaken appropriate training and their competency had been assessed.

Learning lessons when things go wrong

- The manager monitored and analysed accidents and incidents enabling any safety concerns to be acted on and to identify lessons learnt.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- Procedures and processes were in place to ensure people were protected.
- People told us they felt safe with the service provided. Comments included, "I like living here, it's my home. I feel very safe."
- Staff were aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe. Staff had access to a whistle blowing policy which detailed how to report any concerns.
- Good recruitment procedures were in place to ensure suitable staff were recruited and people were safe.
- There were enough staff employed to meet people's needs. People and relatives told us there were enough staff on duty at any one time and when they called or help this was received in a timely manner. From our observation staff were visible in communal areas and call bells were answered timely.
- Some staff had left their employment which meant the service were relying on agency staff to cover some shifts.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff received training and followed safe practices. Staff had access to disposable gloves and aprons.



# 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.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people had capacity to make decisions for themselves, their choices and consent had been gained and respected.
- Where people did not have capacity to make certain decisions, these had been made in people's best interests. Records to evidence those decisions were not always complete and MCA assessments were not always decision specific. We spoke to the manager who told us they would take immediate action to rectify this.
- Applications to deprive people of their liberty had been made and systems were in place to monitor these.

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

- People's needs were assessed before they moved into the service to make sure staff could provide the care and support they needed.
- Care records included copies of assessments and information from health and social care professionals.

Staff support: induction, training, skills and experience

- Training records showed most staff were up to date with their training. Where there were gaps the manager confirmed this training had been planned.
- Staff had supervision and appraisals. However, the manager had reviewed the supervision chart when they commenced their employment and found there were some gaps for some staff. The manager told us they were to share this task and delegate to other senior staff to ensure all staff received regular one to one support.

- Staff felt supported by the management team. One staff member told us, "The new manager is very supportive and [deputy manager] is fantastic and very understanding."

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

- People received meals which met their needs and preferences. People were offered choice at each mealtime.
- People told us they liked the food provided. One person said, "The food is very nice, I have a very tiny appetite. They give me small portions. I have a piece of fruit or a yogurt after lunch. Staff know my likes and dislikes."
- Where needed, people's food and drink intake was recorded. However, we found there was no oversight and monitoring of these charts. We pointed this out to the manager who told us they would take immediate action to address this.

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

- People were supported to access external professionals to maintain and promote their health.
- Care plans showed referrals to healthcare professionals had been made to ensure people received appropriate care and support to meet their needs, for example dieticians and diabetes specialists.
- The provider worked in partnership with other organisations to ensure they delivered joined-up care and support for people. Information was shared with other agencies when people needed to access other services such as the hospital.

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

- The service environment was suitable for people's needs and had been decorated to a very high standard.
- The corridors were wide making access to bedrooms and communal areas easier for people who used a wheelchair. All bedrooms were for single occupancy and had an ensuite facilities including a wet room.
- There were many lounge areas and spacious dining areas.
- People had access to an established, enclosed garden area which had raised planters, a fish pond and an Avery. One person told us they really enjoyed spending their time in the garden and they had named each of the birds in the Avery.

# 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.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant 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 were treated with kindness and they were positive about the caring attitude of staff. One person told us, "Staff are caring, they couldn't do anymore for you. The people are very kind. They all sent me cards when my husband died." A relative said, "Staff are lovely always laughing and joking. If I had to come to live in a home, I'd be quite happy to live here."
- Staff knew people well and it was evident from their interactions with people that positive relationships had been formed.
- People's equality, diversity and human rights were respected. The provider had a policy and procedure for promoting equality and diversity within the service.

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

- Staff supported people to make decisions. Staff asked people's permission before carrying out any care needs such as personal care.
- People's preferences were valued; staff knew the people they cared for very well.
- People were supported to access advocate services, who provide impartial support to people to make and communicate decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained the privacy and dignity of the people they cared for. One person told us staff tapped on the door and waited to be called before entering. They told us, "They [staff] are just very polite and spend time sorting me out. We [staff and people] are all friends so that makes a difference."
- People's independence was promoted and staff encouraged and supported them to do as much for themselves as possible.
- People's mobility was assessed to ensure they were provided with the equipment they needed to promote their independence. People had been assessed for wheelchairs for their individual use.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant people's needs were not always met.

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

- Care plans were insufficiently detailed to ensure the needs of people were met. For example, one person was fed through a feeding tube directly into their stomach. However, there was no specific guidance for staff to follow in relation to flushing this tube with water to prevent a blockage.
- One person required daily dressings to their wound, but staff had not always documented when they had redressed this. In addition, there was conflicting information within care records regarding the repositioning for this person to protect their skin and prevent pressure areas developing.
- The provider used an electronic care planning system and some paper records. However, we were unable to see when people had been seen by healthcare professionals such as the dentist and chiropodist.
- Care plans were not always updated when there were changes.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had a good understanding of people's lifestyle, preferences and needs. A relative told us, "I will get involved with [person's] care plan, when I need to. They [staff] keep me up to date. It's a very relaxed atmosphere - it's a home from home. They know [person's] likes and dislikes."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided in ways which people could understand, including large print and easy read (where pictures were used to aid people's understanding).
- Staff understood how people communicated. They knew how people expressed themselves, so recognised if people were in pain or how they indicated their choices.

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 told us they enjoyed the varied activities taking place. This included coffee mornings, afternoon tea and singers coming into the home to entertain people.
- People had benefitted from receiving weekly visits from pre-school children through a joint project with the Redcar based charity Footprints in the Community. Children and their parents had been matched up

with people who use the service to enjoy and learn from each other.

- One relative told us, "[Person] likes the choir - the children's choir from the local school. There's a sing song for the residents and [person] plays bingo as well. There is a lot that goes on."
- One person had wanted to take their spouse out for a meal, but as they were unwell this was not possible. However, staff had organised a romantic meal for them. The scene was set with a beautifully set table, flowers and soft music playing in the background. Staff served them as if they had been in a restaurant. This was seen to have a positive impact on the couple.

Improving care quality in response to complaints or concerns

- People could share concerns with staff who supported them. People knew how to make a complaint and told us they would be listened to by the management team. Complaints were acted upon in an open and transparent way. The management team used any complaints received as an opportunity to improve the service.

End of life care and support

- Compassionate care was provided at the end of people's lives. People had been asked how they would like to be supported at the end of their lives and wherever possible these preferences were met. We saw many cards of thanks from relatives of people who had received end of life care.
- One letter of thanks said, 'In the time [person] spent at Sandbanks the staff have been fantastic. Always with a kind and cheerful word when anyone entered [person's] room. It was so lovely to see [persons] face brighten each time. Over the last few months [person's] condition has deteriorated and I've been so grateful for the patience and support [person] received and also that given to my family and me. You have a brilliant team at sandbanks.'
- A compliment had been sent from the district nursing team who had observed staff caring for a person. This read, 'I noticed [staffs] professionalism and the palliative care given. They gave holistic care to both the resident and their family and the family commented several times how caring the staff were.'

# 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.

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant the 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; Continuous learning and improving care

- The provider was completing audits to review care records. However, the audits were not robust and did not pick up areas for improvement we identified at the inspection.
  - The management team were skilled and experienced. They were aware of their regulatory responsibilities.
  - Regular management meetings were held where service improvements were discussed and planned.
- People benefited from a management team who were committed to on-going improvements.

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

- The management team and the culture they created effectively supported the delivery of person-centred care.
- People and their relatives were invited to meetings to discuss the quality of the service and care delivered. One person said, "I go to the resident's meetings. We have a new manager, we met her at the meeting."

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 management team demonstrated a commitment to deliver a safe and high-quality service.
- Notifications of significant events such as incidents and accidents have been submitted in a timely manner.
- The principles of the duty of candour were embedded within the management team's practice. They were open and honest in response to any complaints and worked in partnership with others to make improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were consulted on their experiences of the service and could influence improvements.
- Regular staff meetings were held, and staff said they could voice their opinions and make suggestions for improvement.
- The service had good links with the local community. The service was located near to the centre of Redcar, which had a selection of shops, places to eat and places of worship.
- The service worked in partnership with other agencies. The management team had developed and

maintained good links with visiting health and social care professionals.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<b>Risk assessments for people were not always in place.</b>
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	<b>Care records were insufficiently detailed.</b>