

JJ and S (Chippenham) Limited

Sandmar

Inspection report

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Wiltshire
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14 January 2019

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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?

Good 

Summary of findings

Overall summary

Sandmar is a care home that offers accommodation and personal care for up to 13 people with mental health care needs. 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.

This inspection took place on the 9 and 14 January 2019 and was unannounced. At the time of the inspection there were 11 people accommodated.

A registered manager was in post. 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 were a range of quality audits undertaken by the owner /manager however they were not always effective. Care plans had been reviewed but there were no set standards for auditing the quality of care plans. For example, ensuring care plans were person centred and monitoring of daily reports. We have made a recommendation to develop audits that assess and monitor the quality of service delivery.

Medicine audits were carried out weekly. Audits for reviewing policies, assessing staff training and infection control the were completed every three months. Where there were shortfalls the action taken was listed.

The views of people and staff were gathered to enable the provider to make improvements. Surveys were used to gather the views of people regarding food, personal care, daily living and the management of the home. People and staff had assessed the home to be good to very good.

Risk management systems were used to assess people's individual level of risk. However, some guidance was not detailed and for others the risk assessments were not reviewed where the level of risk had changed.

Medicine Administration Records (MAR) were completed appropriately. Medicines no longer required were disposed of appropriately.

However, where people had medicines prescribed to be taken "when required" protocols were not always sufficiently detailed.

People told us they made their day to day decisions and who helped them with more complex decisions. Staff were knowledgeable about the principles of the Mental Capacity Act (2005) and there was guidance on display for staff's reference. Mental capacity assessments were in place where needed. There were some restrictions imposed for activities such as smoking and having alcohol. Where people had capacity, agreements were in place for these restrictions. However if the agreements were not upheld they were not

reviewed.

Some people have community treatment orders (CTO) imposed. The care plans were not clear on the conditions, how staff were to support the person and the action to take when the conditions were breached.

Where people had capacity and restrictions were imposed, agreements were in place. For example, not smoking indoors and having alcohol and illegal substances in the building. People signed the agreements and told us about these restrictions. However, these agreements were not reviewed when they were not adhered to.

People were aware they had care plans in place and told us their keyworkers went through their care plans with them. However, some care plans lacked detail on how staff were to support people effectively. At the time of the inspection the care coordinator linked to Sandmar agreed to support the home with developing the care plans.

Although there was a framework for staff to have daily one to one time with people these discussions were not based on pursuing hobbies or supporting people to retain or regain their independence. People told us they mainly watched the TV and the records supported their comments.

People told us they felt safe living at the home and the staff gave them a sense of security. The staff we spoke with knew the types of abuse and to report their concerns. They said they had attended safeguarding adults training to help them recognise the signs of abuse and about reporting concerns.

People we spoke with and relatives praised the staff for their caring manner. We saw some good interactions between people and staff. We observed staff use a calm approach and offer activities when people became distressed. We saw adequate numbers of staff available to support people. People told us the staff responded to their request for support and assistance.

New staff received an induction when they started work at the home. Staff said the training was good and they attended mandatory training set by the provider. Staff had regular one to one meetings with a line manager where they discussed the responsibilities of their role.

People had access to healthcare services as required. Relatives told us they were kept informed about GP visits and about important events. The hospital passports were updated during the inspection to ensure up to date information was included.

The provider and home manager were introducing lessons learnt system which gave the staff opportunities to improve the care delivery to people. The provider and home manager were aware of the challenges and the actions needed to overcome them.

People told us senior managers were approachable and they knew the providers. Staff told us the team worked well together. Staff and professionals said there was a provider presence at the home. There were no complaints received since 2017. The staff received compliments from professionals and relatives.

We found a breach of Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 remains Requires Improvement.

Is the service effective?

Good 

The service remains Good.

Is the service caring?

Good 

The service remains Good.

Is the service responsive?

Requires Improvement 

The service has was not consistently responsive.

Is the service well-led?

Good 

The service remains well led.

Sandmar

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 9 and 14 January 2019 and was unannounced.

Before the inspection we reviewed other information, we held about the service including notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also looked at information in the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was carried out by one inspector. We spoke with four people and two relatives about their views on the quality of the care. We spoke with the providers, home manager, deputy manager and one carer. We also spoke a Local Authority care coordinator present during the inspection. We looked around the premises and observed care practices for part of the day.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included three care plans in detail and specific care plans for a further two people. Other documents reviewed during the inspection included training records, staff duty rosters, policies and procedures and quality monitoring documents

Is the service safe?

Our findings

At the inspection dated August 2016 we rated safe as Requires Improvement. We found that while the issue of smoking indoors had been identified the risk had not been adequately mitigated and was ongoing. Also, hand hygiene was not possible because hand soap was not available in communal toilets or bathrooms. The management team took immediate action to ensure people and staff had appropriate hand washing facilities. However, we have not changed the rating at this inspection because other aspects of safe need to improve.

Arrangements were in place for assessing risk. There were assessments for individual risks which included medical conditions such as diabetes and mobility impairments. Individual risks to people were assessed and staff told us action plans were developed on how to minimise the risk. For example, there were arrangements in place where people left the property and didn't return as agreed. Where people presented with behaviours the staff found difficult to manage there was guidance on how to manage these situations. However, a review of the risk assessment which included a debrief of staff did not always take place following an incident of difficult behaviours. Daily notes showed that guidance was not always followed.

There were people who, at times, used difficult behaviours to express their feelings of anxiety and frustrations. The staff had titled a care plan "aggression" for one person which lacked guidance to staff on how to manage difficult behaviours. The triggers and how staff were to respond were not detailed which reduced consistency of approach. We saw records that indicated the actions staff took following someone having an episode of anxious behaviour did not follow the guidance. We discussed two examples when staff had not followed guidance with the manager and deputy manager. We were advised that the management team had investigated the incident and taken appropriate action with the staff involved.

Risk assessments on managing difficult behaviours were not updated when changes in people's behaviour were identified during reviews. In September 2018 the staff had identified changes in behaviours for one person due to medical conditions. However, the risk assessment was not updated.

It was a rule of the home for people not to smoke indoors and where people were able, they signed an agreement to this effect. Smoking facilities were provided outside for people who smoked. The smoking risk assessment did not include the agreements reached with the person not to smoke indoors. One person had signed an agreement for staff to hold in safekeeping their cigarettes and lighter. This person had agreed for staff to check that cigarettes and lighters were handed into the office when they returned from the shops. However, we noted that staff had recorded in October, November and December 2018 that this person was at times smoking in their bedroom and walking indoors with a lit cigarette. The agreement not to smoke inside and to hand in cigarettes for safe keeping was not adhered to. Despite this risk a review of the agreement was not triggered. This put all occupants of the house at risk.

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

People told us the staff administered their medicines and they were knowledgeable about the purpose of the medicines prescribed. While staff had documented when people had requested medicines to be taken as required (PRN) the protocols were not detailed. PRN protocols did not always detail whether PRN medicines were to be offered or if the person was able to request them. Where people had been prescribed multiple options of the same medicines such as pain relief or anti-anxiety medicines, the protocols were not clear on the order staff were to administer these medicines.

Medicine administration records (MAR) were consistently signed to show medicines administered. Where medicines were not administered codes were used to indicate in the MAR the reasons the medicines were not administered. A record of medicines no longer required was maintained which the supplying pharmacist had signed to indicate receipt of the medicines for disposal.

The people we spoke with told us they felt safe living at the home. Two people said having staff on duty at all times gave them a sense of security. Wiltshire safeguarding procedures were on display in the office for reference. The staff we spoke with were able to describe safeguarding procedures. These staff knew the types of abuse and about reporting abuse. The home manager told us there were no ongoing safeguarding.

People we spoke with said there was sufficient numbers of staff on duty. People told us there were staff available to support them as required. The home manager and deputy were in post and covered office hours as well as being "on call" in the evenings and at the weekends. There were two staff on duty and two people had additional staff assigned one to one support at various times of the day. At night there was one staff awake in the premises.

Recruitment was mostly managed safely. Recruitment procedures included pre-employment checks such as, proof of identity, written references on the conduct in previous employment and Disclosure and barring service (DBS) check. This check makes sure staff were suitable to work with adults at risk. At the time of the inspection the manager was following up on references that were not from the most recent employer.

Is the service effective?

Our findings

Before admission to the home people were invited to visit the home and their needs were assessed. During these visits there were discussions about the person's needs and preferences. The 'Admission Assessment' document was completed during the first week of admission. The assessment focused on all areas of need including communication, eating and drinking, personal care and mental health. At the end of the first week the person's support requirements were then determined.

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 told us they made their own decisions. They told us the types of decision they made and who helped them with decision making. One person told us the staff respected their decisions and followed them. The staff training matrix showed staff had attended MCA training.

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). People told us they were no restrictions on their liberty. They said they were able to leave the home independently and without staff support. Staff told us some people preferred to be accompanied in the local community but there were no restrictions imposed on people.

New staff received an induction to prepare them for their role. A new member of staff told us their induction included policies and procedures and the expectations of the role. This member of staff said that where there was online training their knowledge was tested to ensure their understanding. During the induction period this member of staff said they were "teamed up with long standing and experienced staff".

Before the inspection the provider reported on the training they had set as mandatory for the staff to attend. This training included safeguarding of adults, infection control, medication and first aid. Staff told us the training was combined face to face or e-learning which occurred in house. The training records confirmed that staff had attended mandatory training.

There were systems in place to support staff with meeting their roles and responsibilities. A member of staff said that during their induction period, one to one supervision with their line manager was monthly. This staff member said that at the one to one supervision they discussed Health and Safety, their role and responsibilities and training needs. The training and appraisal matrix provided showed that staff participated in an annual appraisal and one to one supervision meetings were regularly held with their line manager.

People told us the meals were "ok" and there were alternatives to the main menu. People had access to the

kitchen and made their own refreshments and breakfast. During the tour of the premises we noted that in some bedrooms people had fridges and tea making facilities. A member of staff said that people made decisions about the meals. They told us people participated in meal preparation and stated, "We have a book in the kitchen. We ask people about the meal and offer an alternative to the meals. We try and accommodate as much as we can." Another member of staff said menus were developed during house meetings. This member of staff said, "People are able to request an alternative to meals offered. For example, one person who is a vegetarian and was served the vegetarian option to Sheppard's Pie.

The menu on display showed for breakfast there was a choice of cereals and toast, the main meal was at lunchtime and a lighter meal was served at tea time. There was fresh fruit available to people and in the kitchen we saw a variety of fresh vegetables, tinned and frozen food.

People were supported with their ongoing healthcare. People told us it was their choice for staff to accompany them on hospital appointments. Relatives told us they were kept informed about GP visits and about important events. Staff documented outcome of healthcare visits. Hospital passports were updated during the inspection to ensure people's prescribed medicines was current and detailed.

Is the service caring?

Our findings

People told us the staff were caring. They said there were sufficient staff available to provide assistance as needed. Two relatives told us "I have a lot of good things to say about the staff".

The manager told us how they ensured staff were caring towards people. Staff practice was observed and feedback from people was gathered during one to one time and during house meetings. These discussions focused on the effectiveness of the care delivered by staff.

The staff we spoke with told us how they developed positive relationships with people. A member of staff said, "Everything you do, people are always given the choice. It's part of the job reassuring people." Another member of staff said they showed a willingness to help and were available. [They] develop positive relationships by being understanding and kind.

The staff told us how they ensured they knew people's preferences. They said they read care plans, spent time with people and liaised with family and outside agencies such as care coordinators.

We saw good interactions between people and staff. Staff used a calm approach when people showed signs of frustration or used repetitive behaviour when they became anxious. A member of staff told us how they supported people, showing empathy and compassion. For example, when one person was fearful they made attempts to de-escalate situations. They said that when discussing situations with people they would say "I know you don't like ... lets go and have a fag [cigarette] then give [person] a few minutes. Hopefully what has triggered the incident has passed". Another member of staff said they showed compassion by being "proactive and listening to people" also by having a good understanding of people's preferences.

When people came to the office we saw the management team give their attention to people and invited them to sit in the office with them. When people became distressed staff showed compassion and understanding. They spoke to people in a calm way and distracted their attention.

People told us they attended house meetings. The minutes of the meeting held on 28 December 2018 showed eight people had attended. An agenda item at the meeting was "worry monster" where staff helped people dispel concerns and where activities were also discussed.

People told us their rights were respected. Staff told us they knocked on bedroom doors before entering. A member of staff said where people don't respond to their knock they would knock again. This member of staff said they "don't intrude". Where people received telephone calls they gave the person privacy and moved away.

People were aware of the rules for living at Sandmar. One person told us there were rules on "smoking indoors, no drugs and alcohol in the premises". People told us there were no restrictions on their visitors. Relatives told us the staff made them feel welcome whenever they visited. Two relatives told us they were invited to the Christmas party. A relative said all family members were invited and they joined the Christmas party. This relative said they enjoyed watching their family member dancing.

Is the service responsive?

Our findings

People were involved in the planning of their care and knew care plans had been developed in order to meet their needs. Care plans were signed by the person to indicate their agreement. One person told us their keyworker (staff assigned to specific people) "went through their care plans with them." This person told us where there were differences of opinion with the care plan they approached the home manager to resolve their concerns.

Some care plans showed aspects of person centred approach but for some people their care plans needed more clarity and detail about their preferences. For example, how their care needs were to be met. Care plans were sectioned into need, objectives, plan of action and perception of the problem or need.

For others people the care plans detailed their preferences. The overview summaries included people's family networks and relationships. Their medical history and their mental health needs were also listed in the summary. The eating and drinking care plan for one person described likes and dislikes, their medical condition and how this was controlled with diet and medicines. There was also a person centred action plan for staff to involve the person with menu planning and to offer alternatives when requested in order to ensure their preferences were met.

Agreements were in place where people had capacity to make decision. We noted a formal letter was sent to one person detailing the agreement about their behaviour. The document stated what was considered to be unacceptable behaviour and that the consequence of some behaviours may lead to a termination of placement. This letter was signed by the home manager. There was no guidance on how the person was to be supported to improve their behaviour. Some agreements in place were not always part of the care plan. This meant the guidance was not developed on all the information available about the identified need.

The mental health care plan for one person gave staff guidance to report unusual behaviours. However, care plans lacked detail on the signs of deteriorating mental health.

People with community treatment orders (CTO) were living at the home. The care plans for one person with conditions that included maintaining contact with family, undertaking activities and taking medicine needed more guidance on the actions staff were to take when orders were breached. People were aware of the CTO in place. One person said a condition of their CTO was to take their medicines

People told us how they occupied themselves during the day. One person said they watched television, they attended house meeting but preferred not to participate in other activities. They said there was "bingo and arts and crafts." Another person said there were some activities such as bingo and at times they played pool. People had daily one to one opportunities and in the activities book each person's preferred activities were listed. For example, discussions about independent living and community trips. The reports of the activities mainly detailed that people watched TV or visits to the shops. During the inspection we observed people were offered opportunities to join outings and trips. While there was a framework of meaningful activities for people the recording of activities and comments indicated the majority of time was spent watching

television.

Peoples characteristics under the Equality Act were respected. For example, religion. One person told us they were offered the opportunity to prepare cultural meals.

Some people had made advanced decisions. The registered manager was requesting information from people about their end of life wishes to deliver a caring environment during this period. The information focused on funeral arrangements, religion, lifesaving wishes and the people to be contacted in the event of the person's death.

People told us who they would approach with complaints. Two relatives told us they would approach the management team. Staff said complaints and concerns were passed to the management team. A member of staff said, "the owners and managers are approachable." Another member of staff said a complaints procedure was in place. This member of staff said they ensured staff listened "to what people have to say. Complaints are documented and investigated and everything is done to resolve the problem." There were no complaints received since 2017. The staff received three compliments about the care and treatment delivered to people.

Is the service well-led?

Our findings

There were a range of quality audits undertaken by the owner/ registered manager. The quality of the care plans had not been assessed against a set standard instead the audit listed the care plans that were reviewed. During the inspection we saw that some records needed to be more closely monitored. For example, when staff had not followed guidance further investigations were necessary from management team.

We recommend that the service seek support on developing audits that assess and monitor the quality of service delivery.

Medicine audits were weekly and where there were shortfalls identified the actions taken were detailed. At the three monthly audits policies were reviewed, staff training was assessed and personal protective equipment was checked. Where there were shortfalls the action taken was listed. For example, the first aid audit was reviewed and updated.

A registered and home manager were in post. The home manager told us their role included the daily running of the home, staffing and ensuring people were safe. The home manager said their leadership style was an "open door policy which seems to work well. Staff and people feel able to approach [the manager]".

The registered and home manager were aware of the challenges and the actions needed to overcome them. The registered manager said the challenges were based on changing staff's attitude, and recruitment. They went on to say, retention was an issue for the first time. The registered manager told us staffing had an impact on the sustainability of the home.

The home and registered managers said there was learning from events. A lesson learnt book was introduced on how to best approach specific situations. This learning was then discussed with staff during handovers.

People told us there was a provider presence and during the inspection we observed good interaction between them. Staff told us they felt valued by the management team. The staff said the team was "brilliant" and worked closely. A member of staff said, "The management is not separated from the team. [We] work well together." Another member of staff said, "The team is lovely. Couldn't ask for better management. The owners are nice. Its relaxed its good." The registered manager said the values of the home included "Strive to promote independence of people. Encourage people to be involved in the planning of their care. Encouraging staff to be part of developing the service."

Staff received feedback from the management team to enable them to take the required action. The team meeting dated December 2018 focused on medicines systems, annual leave and the keyworker role. Staff told us there were managers meetings and team meetings which they attended.

People were supported to be part of the community. The registered manager told us neighbours were

invited to join some events such as BBQ and Christmas party. One person attends Monday and Wednesday club where people can meet up with peers. There were visits from the community police to raise people's awareness.

The views of people were gathered through house meetings and surveys which helped to shape and improve services people received. The views of people on meals, personal care, daily living and management of the home were gathered. There were seven questionnaire responses received and people rated the service good in all areas. The staff views were also gathered using the questionnaires based on the same questions and ten staff rated all areas very good to good.

A care manager was present during the inspection gave us feedback about the service. This care manager said there were several placements they commissioned which were "very successful". This care manager said that although some people were not always motivated to participate in everyday life there were people that could be helped to do "more for themselves". The care manager discussed with the provider the support they will provide to develop person centred approach.

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 Regulation 12 (a), (b) and (g) Risk assessments were not always followed by staff. Risk assessments were not always updated following reviews. Where people were administered with when required medicines the protocols were no clear their administration.