Mother Redcaps Care Home Limited

Sandy Banks Care Home

Inspection report

17 Greenside Gardens
Leyland
Lancashire
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Tel: 01772494000

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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

Sandy Banks Nursing Home is located in a residential area of Leyland. The home provides nursing and personal care. It is registered for up to 39 adults, who require help with personal and nursing care needs, including those who are living with dementia and those who have mental health problems.

Accommodation is provided at ground floor level. There are some amenities and public transport links close by. The city of Preston, the market town of Chorley and Bamber Bridge village centre are within easy reach. A small car park is available at the home. However, on road parking is also permitted.

This was the first inspection of Sandy Banks Nursing Home by the Care Quality Commission [CQC], since the current management team took over the management of Sandy Banks Care Home under the new provider's registration in May 2016. Although some improvements are still needed at Sandy Banks, we did note that significant improvements had been made since our last inspection under the previous provider and it is important that improvements continue to be made in order to maintain sustainability.

This inspection was conducted over three days, 30th August 2016, 8th and 9th September 2016. The first day was unannounced, which meant that people did not know we were going. Although the registered manager was off duty on the first day of our inspection he did attend shortly after our arrival, so that he could be fully involved with the inspection process. The home was given short notice of the second and third days of our inspection. The manager was on duty on both these days.

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 of the Health and Social Care Act and associated regulations about how the service is run.

There were sufficient numbers of staff on duty to keep people safe. Staff members were well trained and had good support from the management team. They were confident in reporting any concerns about a person's safety and were competent to deliver the care and support needed by those who lived at Sandy Banks. The recruitment practices adopted by the home were robust. This helped to ensure only suitable people were appointed to work with this vulnerable client group.

Medicines were, in general being well managed. However the application of local creams was not always being recorded on the appropriate charts. We have made a recommendation about this.

During the course of our inspection we toured the premises and found that the environment was well maintained and in general the home was clean and hygienic throughout.

Equipment and systems had been serviced in accordance with the manufacturers' recommendations, to ensure they were safe for use. We saw evidence that a wide range of environmental risk assessments had

been conducted. However, some of these were not up to date. We have made a recommendation about this.

Staff we spoke with were able to discuss the needs of people well and were confident in reporting any concerns they may have had about the welfare of those who lived at Sandy Banks.

Certificates of training showed that a broad range of learning modules were provided for the staff team and those we spoke with provided us with some good examples of learning they had completed. However, the training matrix was not up to date, in order to reflect the current level of training provided. We have made a recommendation about this.

Evidence was available to demonstrate that supervision sessions were conducted for staff, as well as annual appraisals, which enabled them to discuss their work performance and training needs with their line managers.

Although staff were seen to be kind and caring interaction with those who lived at the home could have been better, particularly during meal times. We discussed this with the managers of the home at the time of our inspection and we were confident that they would address our observations. We have made a recommendation about this.

Legal consent had been obtained for some areas of care and treatment. However, this had not been consistent for some restrictive practices, such as the use of bed rails and reclining chairs. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that in some cases relatives had given consent on behalf of those who lived at the home, but there was not always documented evidence available to demonstrate they had the legal authority to do so. We have made a recommendation about this.

Mental capacity assessments had been conducted prior to applications being made to deprive someone of their liberty.

The planning of people's care was based on an assessment of their needs, which was conducted before a placement at the home was arranged, with the exception of emergency admissions, in which case people's needs were assessed shortly after arriving at the home.

We found the plans of care to be, in the main, person centred, providing staff with clear guidance about people's needs and how these were to be best met. However, on occasions some conflicting information was provided in the records we saw. We have made a recommendation about this.

Complaints were being well managed and systems had been implemented to allow the quality of service provided to be assessed and monitored on a regular basis, by obtaining feedback from those who lived at the home, their relatives and staff members, by holding regular meetings and conducting audits. However, the audits we saw were not always clear and up to date. We have made a recommendation about this.

Records showed that since the current management team took over the management of Sandy Banks in May 2016 eleven safeguarding referrals had been made by the home to the local authority. The provider had not always notified the Care Quality Commission about such incidents. However, they had been reported under the correct procedures, in order to safeguard those who lived at the home. We discussed this with the management team at the time of our inspection, who assured us that notifications of such incidents would

be reported to us in the future.

Staff spoken with told us they felt well supported by the registered manager of the home. They described him as being, 'approachable' and 'easy to talk to'.

We found a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the need for consent.

You can see what action we told the provider to take at the back of the full version of this 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

This service was not consistently safe.

People felt safe living at the home. At the time of this inspection there were sufficient staff deployed to meet the needs of those who lived at Sandy Banks. Necessary checks had been conducted before people were employed to work at the home. Therefore, recruitment practices were thorough enough to ensure only suitable staff were appointed to work with this vulnerable client group.

Robust safeguarding protocols were in place and staff were confident in responding appropriately to any concerns or allegations of abuse. People who lived at the home were protected by the emergency plans implemented at Sandy Banks and medications were, in general being well managed, although the application of creams had not always been recorded on the relevant charts.

The premises were safe, clean and hygienic. They were maintained to a good standard. Assessments were conducted to identify areas of risk, although these were not always up to date. Infection control protocols were being followed, so that a safe environment was provided for those who lived at Sandy Banks.

Is the service effective?

Requires Improvement

This service was not consistently effective.

The staff team were well trained and knowledgeable. They completed an induction programme when they started to work at the home, followed by a range of mandatory training modules. Staff were supervised and appraisals were conducted.

We established that mental capacity assessments had been conducted before an application was made to deprive someone of their liberty, for their own safety, or the safety of others.

Consent had not always been obtained prior to care and treatment being delivered and in some cases consent had not been obtained for restrictive practices, such as the use of bedrails and recliner chairs. On occasions consent had been

obtained from relatives, but there was no documented evidence to demonstrate that these people had legal authority to give consent on behalf of those who lived at the home.

The dining experience for people could have been better, in that there was little communication from staff who were assisting people with their meals.

Is the service caring?

Requires Improvement

This service was not consistently caring.

People's privacy was promoted. However, at lunch time we observed some practices which did not always respect people's dignity. Communication by staff who were assisting people with their meals was very limited and consisted of instructions, rather than general conversation. Some people were not responded to in a caring manner.

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

Is the service responsive?

Good

This service was not always responsive.

An assessment of needs was done before a placement was arranged, except for emergency admissions, in which case a needs assessment was conducted shortly following admission to the home.

Written plans of care had been generated from the information gathered during the needs assessment process. The care plans were found to be, in general well written, person centred documents.

Activities were provided on an individual basis and in small groups. The management of risks helped to ensure that strategies were implemented and followed, in order to protect people from harm.

People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised. A system was in place for recording any complaints received.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The service had a quality assurance system in place and records showed that identified problems and opportunities to change things for the better were addressed. As a result, the quality of service provided was continuously monitored. However, conflicting information was sometimes recorded and clear guidance for staff was not always available, in relation to nutritional needs and oral care. For example, a nutritional risk assessment had not been completed for one person and that of another indicated that they had lost weight, but weight records showed that this person had in actual fact gained weight. It is recommended that conflicting information is avoided and guidance for staff is always clearly available.

Staff we spoke with had a good understanding of their roles. They were confident in reporting any concerns and they felt well supported by the managers of the service.

People who lived at Sandy Banks, their relatives and staff members periodically completed satisfaction surveys. This allowed people the opportunity to periodically comment about the service provided. Responses seen were very positive. Audits were conducted, although these were not always up to date.

We looked at the safeguarding records and found that the provider had not always submitted statutory notifications to the Care Quality Commission [CQC] in relation to safeguarding referrals made by the home to the local authority.

Sandy Banks Care 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.

This unannounced inspection was carried out over three days during August and September 2016 by two adult social care inspectors from the Care Quality Commission, a pharmacy inspector and an Expert by Experience. An Expert by Experience is someone who has had experience of the kind of service being inspected.

At the time of our inspection there were 16 people who lived at Sandy Banks Nursing Home. We were able to speak with some of them and three of their relatives about the quality of services and facilities provided. We received positive comments from people we spoke with.

We also spoke with six members of staff, the deputy manager and the registered manager of the home. We toured the premises, viewing a selection of private accommodation and all communal areas. We observed the day-to-day activity within the home and we also looked at a wide range of records, including the care files of five people who used the service and the personnel records of two staff members.

We conducted a Short Observational focussed Inspection (SOFI) during our visit to Sandy Banks. This part of our methodology enables us to specifically observe a small number of people over short time frames. This was not to the exclusion of others who lived at the home.

We 'pathway tracked' the care of five people who lived at the home. This enabled us to determine if they received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed. Other records we saw included a variety of policies and procedures, training records, medication records and quality monitoring systems.

Prior to our inspection we reviewed all the information we held about the service, including notifications the provider had sent us about important things that had happened, such as accidents and safeguarding

incidents. We also looked at the information we had received from other sources, such as the local authority and people who used the service.

Requires Improvement

Is the service safe?

Our findings

At the time of this inspection there were 16 people who lived at Sandy Banks, including one person who was receiving 1:1 support during the day time. We looked at the duty rotas and found that there was one member of staff who was responsible for providing the 1:1 support. We spoke with this member of staff and although he was from a care agency, he had good knowledge of this person's needs and was familiar to the individual.

Care files we saw contained a wide range of care assessments, in relation to areas of risk, such as moving and handling, falls, continence, nutrition, pressure care and challenging behaviour. These were supported by action plans as needed, which helped to ensure appropriate support was in place in order to minimise identified risk.

It was evident that there were a good number of skilled and experienced nursing and care staff deployed on each shift, which helped to ensure people's needs were being appropriately met. There was also good ancillary support on duty at the time of our inspection, in the form of two domestics, a chef, a kitchen assistant, an activity co-ordinator, two laundry staff and an administrator. This staff team together provided a good level of service for those who lived at Sandy Banks.

During the course of our inspection we looked at the personnel records of one newly appointed member of staff and one long standing employee. Before people started to work at Sandy Banks a robust recruitment procedure was adopted by the home.

Completed application forms, including health questionnaires and a form of identification had been received. However, one question asked on the application form could have been confusing for applicants. This was discussed with the managers of the home at the time of our inspection, who assured us this would be rectified immediately.

Disclosure and Barring Service (DBS) checks had been conducted, so that the provider could determine if prospective employees were deemed fit to work with vulnerable people. Evidence was available to demonstrate that these had been periodically repeated, to ensure employees remained fit to work with the vulnerable people who lived at Sandy Banks.

Two written references had also been obtained. This helped the provider to ensure that potential staff were of good character and had the skills, qualifications and experience needed for the job for which they had applied.

The interview process consisted of a set of standard questions, which meant that each applicant had the same opportunities. Additional topics for discussion were developed from the individual application forms, so that the interviewers were able to explore any areas further, if needed.

The fire and rescue service had conducted a fire safety inspection in June 2015, which resulted in a minor

breach of the fire regulations. There was evidence that this shortfall had been addressed and that a recent fire risk assessment had been developed. Records showed that equipment and systems within the home had been appropriately serviced to ensure they were fit for use. This helped to keep people safe and free from harm.

We saw that Personal Emergency Evacuation Plans [PEEPS] were available in a 'grab' file. These were detailed and provided staff and the emergency services with clear guidance about how each person would need to be evacuated from the premises, in the event of an emergency situation, such as fire, flood or gas leak.

During the course of our inspection we toured the premises and found that significant improvements had been made in the environment. We found that, in general the home was clean and hygienic throughout, except for the flooring in one bathroom, which could have been cleaner, as the joints were dirty. We were told that one member of staff had been appointed as the infection control champion. This helped to ensure that the staff team were kept up to date with any changes in legislation and that cleaning protocols were being followed in day to day practice.

We saw evidence that a wide range of environmental risk assessments had been conducted. However, some of these were not up to date and therefore it is recommended that they be reviewed in order to provide the staff team with current guidance and so that any maintenance work can be completed in a timely manner.

An incident management policy was in place at the home, which covered areas, such as accidents, near misses or dangerous occurrences. Accidents had been recorded appropriately and these documents were retained in line with data protection guidelines, which helped to ensure that any sensitive or personal information was maintained in a confidential manner. Accidents and incidents had been audited each month, so that any recurrent patters could be identified and investigated as soon as possible. Records showed that the home had been responsive to people's safety needs. For example, one person had fallen from their chair, which resulted in a specific assessment being conducted as to the suitability of their seating and a new chair being ordered, which was more suitable for their needs.

One member of staff told us she had been elected as the safeguarding champion for Sandy Banks and attended safeguarding forums every three months. We discussed the safeguarding policy with her and established that she was aware of the correct reporting procedures. However, there was no written information displayed within the home to inform people how they could raise safeguarding concerns, should they feel the need to do so. Staff members we spoke with were aware of the safeguarding procedures and who to contact should they be concerned about the safety of anyone who lived at the home.

Our pharmacist inspector spoke with the two nurses on duty and looked at the way medicines were stored, recorded and administered. The pharmacist who supplied medicines to people who lived at the home came to meet us and demonstrated the electronic records system they provided to the home. We found that medicines were managed safely.

We watched some people being given their medicines after lunch. The nurse administered medicines safely, in a patient and caring manner. Medication administration records [MARs] were electronic and the nurse recorded that the person had taken their medicine on a hand held device. We looked at four current electronic records and the paper copies of the previous month's MARs for eight of the sixteen people who lived the home. The administration records were completed properly and showed that people were given or offered their medicines at the right times.

Protocols [extra written guidelines] were in place for each person prescribed a medicine 'when required'. This meant that staff knew how and when to give this medicine. Two people were sometimes given their medicines covertly [disguised in food or drink]. Assessments had been done to establish whether these people could understand the importance of their medicines and meetings had taken place to decide whether giving medicines covertly was in their best interests. The supplying pharmacist had provided advice on how to disguise the medicine without reducing its effectiveness. When observing medicines administration we saw that the nurse checked whether the person was able to choose to take their medicine at that particular time, before giving it covertly. This showed respect for the person.

Medicated creams were applied by the nurse on duty and they electronically signed the person's MAR. Prescribed emollient creams were applied by carers when they helped people wash and dress. Carers were not signing the paper cream charts kept in people's rooms. This meant there was no record to show people's skin was cared for properly.

The medicine policy contained clear guidance on how medicines should be managed in the home. Nurses employed by the home had recently completed medicines training and had a competency assessment to check they handled medicines safely. Nurses carried out daily and weekly checks [audits] of medicine stocks. Auditing the use of medicines reduces the potential occurrence of medicine errors.

Medicines were stored securely and at the right temperatures. However, the medicine refrigerator was not monitored properly because the maximum and minimum temperatures were not recorded each day. If some medicines are not kept within the temperature range specified by the manufacturer they become less effective or even harmful. Medicines that are controlled drugs [medicines subject to tighter controls because they are liable to misuse] were stored and recorded in the right way. We checked a sample of three controlled drugs and found that stock balances were correct.

It is recommended that a comprehensive record be maintained of all local applications applied and that maximum and minimum temperatures of the medicines refrigerator be recorded daily.

Requires Improvement

Is the service effective?

Our findings

Care files we looked at demonstrated that in most cases people who lived at the home had consented to various areas of support, such as care and treatment, the taking of photographs, care planning, sharing of personal information and the administration of medications. However, this was not consistent in each file we looked at.

Valid consent or where people lacked the capacity to consent, best interest decisions were not always evident in relation to areas of care and support and some restrictive practices, such as the use of bed rails and reclining chairs. For example, the care file for one person, who was nursed in a reclining chair did not demonstrate that valid consent had been obtained for this restrictive practice or that a best interest decision had been made, in order to deprive this person of their liberty to freely mobilise. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Consent was sometimes recorded as given by a family member, who may have had legal authority to give consent on behalf of their relative, but legal documentation, such as Lasting Power of Attorney for health and welfare were not always available to demonstrate this was the case. Therefore, it is recommended that documentation is obtained to demonstrate that those giving consent on behalf of people who live at the home have legal authority to do so.

Records showed that mental capacity assessments had been conducted in relation to specific areas of need and where appropriate, other than in relation to the restrictions mentioned above. Best interest decision meetings had been held. This helped to ensure that any decisions were made in the best interests of the individual concerned.

We established that all those who lived at Sandy Banks at the time of our inspection were deemed to lack capacity to make decisions for themselves. Therefore, Deprivation of Liberty Safeguard (DoLS) authorisations had been applied for, as those who lived at the home would be prevented from leaving the premises unaccompanied, for their own safety. The applications we saw were person centred and informative about the needs of the individuals. We were told that one member of the staff team was the designated as Mental Capacity champion. This helped to ensure that all relevant information about mental capacity was disseminated throughout the staff team and that current legislation was being followed in day to day practice.

We were told that agency staff were utilised at the home although the amount of hours covered by agency workers had significantly decreased in recent months. However, when agency staff were used, these were often the same people, in order to promote continuity of care. This was demonstrated when we had a discussion with one agency nurse, who had been integrated as a regular member of the staff team. The duty rotas we saw confirmed this information to be accurate. This agency nurse had a clear vision about the operation of the home and was able to easily discuss the needs of those who lived there. She told us she thoroughly enjoyed working at Sandy Banks and felt the management team were very supportive and positive about driving up improvements.

Records showed that following acceptance of employment new staff were appointed on a three month probationary period, so that both the provider and the employee could determine suitability for the post. This period included an in-depth induction programme, which covered areas such as, nutrition and diet, communication, record keeping, person centred care, personal care, interaction, code of conduct, documentation, and policies and procedures.

New employees were furnished with a wide range of information to help them to do their job in an efficient and effective way. They were issued with the disciplinary and grievance procedures, job descriptions, specific to individual roles and a contract with associated terms and conditions of employment. This made them fully aware of their responsibilities and what was expected of them whilst working for the organisation.

A wide range of recent training certificates were available on staff files. These included topics, such as moving and handling, end of life care, whistle blowing, managing challenging behaviour, record keeping, fire awareness, health and safety, nutrition, MCA and DoLS, safeguarding, first aid, infection control and food hygiene. Many of these learning modules had also been supported by knowledge checks, which was considered to be good practice.

The managers of the home and some staff members told us about the experiential training days for dementia care, which several employees had attended. They provided us with positive feedback about this course and felt that it helped staff members to understand more about people who lived with dementia.

Staff we spoke with told us of training they had completed, which corresponded with the training certificates we saw. One team leader expanded on mandatory training by telling us she had also completed her management level 3 and had just enrolled for management level 4. She had also undertaken 'Reactor red training', which is assessed by a district nurse and which enables successful students to train other staff members about pressure care and preventative measures.

Staff supervision records were in place, which demonstrated that all staff were informed by letter of their next supervision date. We saw an agenda had been generated for staff supervision sessions, which covered areas, such as training, uniforms, personal issues, health and safety, safeguarding, concerns and complaints and time keeping. This helped to ensure that a structured format for monitoring staff was developed, so that any areas for improvement could be identified and addressed at an early stage. Some supervision sessions included observed practices by the managers of the home. Performance appraisals were also conducted each year, to ensure that those who worked at the home maintained satisfactory standards.

A member of the inspection team dined with those who lived at the home. This helped us to establish what meal times were like at Sandy Banks. The menu had been designed on a four weekly rotational basis. This offered a choice of main courses, but not desserts. However, it was evident that people were able to have alternative sweet dishes, should they wish to do so.

We observed staff members to be assisting people with their meals, as was required. Although the meal time we observed was better organised and a safer experience than at the previous inspection, the support provided by staff could have been better.

During the course of our inspection we toured the premises and found the environment to be much improved. It was free from unpleasant odours and clean and hygienic throughout. However, we noted that the hand towels in one communal bathroom were out of reach and two waste bins in another bathroom blocked access to the toilet and wash hand basin. The floors, in general were noted to be 'sticky' in many

areas. However, this had been identified by the manager of the home and was in the process of being addressed. The environment was well maintained and we noted a maintenance book to be readily available for staff to enter any areas which needed attention.

The surroundings had been adapted in order to make them more dementia friendly and to provide more stimulation for those who lived at the home. The external grounds were noted to be secure with sturdy garden furniture. The gardens provided pleasant areas for people to sit during the warmer weather.

Requires Improvement

Is the service caring?

Our findings

One of the inspection team spoke with a family member by telephone. This relative told us, "It used to be like a zoo, a scarey place. It was noisy and everyone was shouting. It's a thousand times better now than it was. However, my relative was always well looked after. I am very grateful for what the staff have done and how they have looked after her. She was very poorly and very thin. They [the staff] turned her around. I am happy with the care she gets. Her privacy and dignity is always respected."

We spoke with one family who told us that visitors were welcome at any time and confirmed that they had stayed overnight because their loved one was nearing the end of their life. The service user had been supported to receive Sacrement of the sick by a local priest. This demonstrated that people's last wishes were respected and religious needs were being appropriately met.

Information was readily available about the use of local advocacy services. We looked at the plan of care for one person, who had complex medical needs and found that an advocate had been accessed for this individual. An advocate is an independent person, who speaks on behalf of someone who is unable to make decisions for them-selves. Records showed that this person was assisted to attend mass at the local church and was supported to view pictures of her family's home in Canada by using Google Earth.

There was a detailed policy in place at the home, which clearly outlined the need for respecting people's privacy and dignity and the care files we saw included the importance of ensuring this was followed in day to day practice, particularly during the provision of personal care.

There was not much general conversation with people who lived at the home during lunch time. Communication by staff members was mainly instructions for people to open their mouth or to have a drink. A staff member asked one person they were assisting with their meal if they thought the food was good, to which they replied, 'No'. The staff member then asked if they wanted more, but then got up and left to go and assist someone else without waiting for an answer. Another staff member continued to feed one person despite them saying they did not like the food. This person began to cry. The staff member responded by saying, "Oh no. What's wrong?" Then the staff member got up and left the person without waiting for a reply. It is recommended that the managers of the home assess the management of meal times to ensure people are able to enjoy a pleasant dining experience.

Good

Is the service responsive?

Our findings

We were told by the management team that the plans of care had recently been improved and updated, which helped to ensure the care and support of people was appropriately planned. At the time of our inspection the staff we spoke with were able to discuss people's needs well. We established that the person who was receiving 1:1 support was able to select the staff member he wished to provide his 1:1 care and was able to change support workers whenever he wished.

We 'pathway tracked' the care and support of six people who lived at the home, not to the exclusion of others. 'Pathway tracking' is a system we use, which helps us to determine if people's assessed needs are being appropriately met.

We found that in most cases people's needs had been assessed before a placement at the home was arranged. This helped to ensure that the staff team were confident they could provide the care and support which people needed. The needs assessment for one person had been conducted shortly after admission to the home. This was due to the individual being admitted under emergency procedures. We noted that the home's emergency admission policy had been followed to ensure that this person's needs were appropriately assessed and that the staff team were confident they were able to deliver the care and support required. Detailed information had also been obtained from those previously involved in supporting this individual. This helped to ensure that all areas of need were covered.

The plans of care we saw demonstrated that in some cases people had been involved in planning their own care and support or that of their loved ones. However, where people were unable to be fully involved in the care planning process, the managers of the home had written to families to invite them to care plan reviews. We noted that a key worker system was in place at the home. This helped to ensure that people developed a good relationship with those providing their care and support. A dependency assessment had been conducted and a record was retained of any relevant medical information, such as known allergies or situations which could cause anxiety.

Each care file we saw contained a detailed document entitled, 'About me', which were well written, person centred records and covered areas such as, activities of daily living, mobility, eating and drinking, interests, sleep, personal care, communication and safety. Risk assessments were conducted for moving and handling and all information recorded was incorporated appropriately within the plans of care, providing the staff team with clear guidance about people's assessed needs and preferences.

We found the plans of care to be, in general well written, person centred documents, which provided the staff team with clear guidance about peoples' assessed needs and how these were to be best met. Their likes and dislikes had been recorded well and it was evident that people were supported to maintain their interests whilst they lived at Sandy Banks. Records we saw outlined an overview of daily events. This helped the staff team to keep up to date with current circumstances.

Records showed that a wide range of community professionals were involved with the care and support of

those who lived at the home and that multi-disciplinary team meetings were held, which involved medical staff, care staff, specialists and families. This helped to ensure that people's health and social care needs were being appropriately met and that people were able to make decisions about the care and treatment they received.

We were told by those we spoke with that the activity co-ordinator was effective in her job. People spoke highly of her and some described the activities provided, which corresponded with records we saw. The diary of in-house activities included sing songs, making ice cream and milk shakes, outings in the summer, barbeques, playing skittles and discussing newspaper articles. On the day of our inspection we saw some people enjoying a game of skittles. Cinema afternoons were a regular feature for those who lived at Sandy Banks. Films were shown on a movie screen with popcorn being readily available from a vending machine. This created the atmosphere of a visit to the cinema.

A detailed policy was in place, which outlined the correct procedure to follow, should anyone wish to make a complaint. This included time frames, which people should expect for the various stages of the complaints procedure and also contact details for the relevant authorities. A system was in place for the recording and monitoring of any complaints received. The last complaint recorded was six months previously. This entry outlined the nature of the complaint, action taken, outcome of the investigation and the response sent to the complainant. It was also evident that external authorities were contacted, as deemed necessary, such as the safeguarding team, local authority and the police.

Requires Improvement

Is the service well-led?

Our findings

At the time of this inspection the registered manager was on annual leave. The deputy manager was in charge of the home during his absence. However, he arrived soon after our inspection commenced, as he wished to be involved in the inspection process and wanted to ensure we had easy access to everything we needed. One of the company Directors also attended the inspection for the first two full days. The management team were very co-operative during our inspection and they produced all the records and documents we requested in a timely manner. The management team were very aware of people's assessed needs, which was pleasing to see. We observed some positive interactions between the management team and those who lived at the home.

We found that significant improvements had been made in assessing and monitoring the quality of service provided under the new management structure. One member of staff told us, "The manager is absolutely brilliant. He is so supportive." This person then gave us some good examples of the support she had received whilst working at the home.

A wide range of audits had been implemented, which included infection control, levels of staff knowledge, bed rails, hoists and slings, the environment, care plans, staff personnel records, health and safety and laundry services. Although these were supported with action plans outlining how any identified shortfalls were to be addressed, they were not always current. The care plan audit for one person with complex needs was supported by an action plan. However, some of these actions had not been addressed and it was not always clear about care interventions or restrictive practices which had been implemented, in accordance with the plan of care. Therefore, it is recommended that all audits are clear and are kept up to date, so that a structured monitoring system is maintained.

The Statement of Purpose covered areas, such as the aims and objectives of the home, a brief description of the location and the facilities available to those who lived at Sandy Banks.

Conflicting information was sometimes recorded in the care files and clear guidance for staff was not always available, in relation to nutritional needs and oral care. For example, a nutritional risk assessment had not been completed for one person and that of another indicated that they had lost weight, but weight records showed that this person had in actual fact gained weight. It is recommended that conflicting information is avoided and guidance for staff is always clearly available.

A variety of meetings had been recorded, which were held at regular intervals. This allowed information to be disseminated to the relevant people and encouraged open forum discussions. Meetings involved those who lived at the home, their relatives and staff members. Clinical governance subgroups also met at intervals in order to discuss quality improvements. Plans were in place to extend the area of meetings, to include directors and some external professionals, as experts in their fields to share their expertise with the staff team at Sandy Banks.

Surveys for those who lived at the home, their relatives and staff members had recently been conducted.

The results were published in a bar chart format for easy reference. This enabled the provider to gather people's views about the quality of service provided.

A system had been adopted, which provided evidence in accordance with the five CQC questions; Is the service safe? Is the service effective? Is the service caring? Is the service responsive? And Is the service well-led? The evidence stored in each of these five areas related to each domain.

There were a wide range of policies and procedures available, which were in the process of being reviewed and updated, in order to reflect accurate information about the new provider, current legislation and good practice guidance.

A business continuity plan was in place at Sandy Banks, which provided staff with clear guidance about what action they needed to take in the event of an emergency situation, such as a fire, flood, power failure or loss of water.

Records showed that since the current management team took over the management of Sandy Banks in May 2016 eleven safeguarding referrals had been made by the home to the local authority. The provider had not always notified the Care Quality Commission about such incidents. However, they had been reported under the correct procedures, in order to safeguard those who lived at the home. We discussed this with the management team at the time of our inspection, who assured us that notifications of such incidents would be reported to us in the future. We have addressed this with the provider separate to this report.

One relative told us that the registered manager and deputy manager were very approachable. She said, "The home is clean and the food is excellent. All the staff are lovely. It is an excellent place now. The management team are really trying very hard. There have been huge improvements."

We spoke with both agency staff who were on duty at the time of our inspection. They had both worked at the home on a regular basis, which provided good continuity of care for those who lived at the home. They were both aware of the assessed needs of people and were able to anticipate their needs well. One of them told us that she had received an initial induction by the registered manager of the home. She told us that those who lived at Sandy Banks were safe at the home now, but were not safe previously, because of several people who displayed challenging behaviour.

Staff members we spoke with were happy to work at the home. We noticed a significant improvement in staff morale and team work. We were told that an incentive for staff had been recently implemented in the form of, 'Employee of the month' award for both day staff and night staff. Comments we received from staff members we spoke with included, "The staffing levels are good. People are looked after very well. There is lots of staff training provided and there is now a stable staff team, which is beneficial to the residents"; "The meals are very good. The managers are very supportive. The activities co-ordinator is very good and she interacts very well with the residents. Staff now have time to sit and have a chat with the residents"; "Everyone encourages each other. The staff morale is great. I love working here"; "I am very happy now. Things are much improved"; "The people here are safe now. Everything is much better. It is like a different place."

Notices in the staff room showed that a wide range of staff training was scheduled for forthcoming months. This programme included infection control, food safety, challenging behaviour and incontinence. However, it is recommended that the training matrix be updated, as this did not always reflect the training staff had completed, in accordance with certificates of training within staff members personnel records.

Comments we received from two long standing members of staff included, "Things have settled down a lot. Things are better than they were. The registered manager is approachable. Staff morale has picked up. We can just knock on the manager's door if we need to speak with him", "It's fantastic now. The atmosphere was bad, but now it is marvellous."

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 Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Consent to care and treatment had not always been obtained.