Sandbourne Home (Dorset) Ltd

Sandbourne House

Inspection report

1 Sandecotes Road
Poole
Dorset
BH14 8NT

Tel: 01202742284
Website: www.thepinesgroup.co.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an unannounced comprehensive inspection that took place on 2 and 3 August 2016. It was the first inspection of Sandbourne House since the registration of Sandbourne Home (Dorset) Limited. Sandbourne House previously operated as a partnership under a different registration. The service provides accommodation and personal care for up to eight adults with a learning disability. At the time of the inspection seven people lived at the home.

There was a registered manager at the home at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Overall, people were being well cared for and supported at Sandbourne House.

The registered manager had good systems to make sure that the environment and way people were looked after were safe. Risk assessments had been completed ensuring care was delivered safely with action taken to minimise identified hazards. The premises had also been risk assessed to make that the environment was safe for people.

Staff had been trained in safeguarding adults and were knowledgeable about the types of abuse and how take action if they had concerns.

Accidents and incidents were monitored to look for any trends where action could be taken to reduce chance of their recurrence.

Sufficient staff were employed at the home to meet the needs of people accommodated.

Robust recruitment were followed to make sure that suitable, qualified staff were employed at the home.

Medicines were managed safely.

The staff team were both knowledgeable and suitably trained.

Staff were well supported through supervision sessions with a line manager, and an annual performance review.

Staff and the manager were aware of the requirements of the Mental Capacity Act 2005 and acted in people's best interests where people lacked capacity to consent.

The home was compliant with the Deprivation of Liberty Safeguards, with appropriate referrals being made

to the local authority.

People were provided with a good standard of food and were fully involved in planning menus and what they wanted to eat.

Staff had good morale and knew people's needs. People were treated compassionately.

People's care needs had been thoroughly assessed and care plans put in place to inform staff of how to support people. The plans were person centred, covered all areas of people's needs and were up to date and accurate.

People enjoyed a range of activities that they had chosen.

There were complaint systems in place and people made aware of how to complain.

Should people need to go into hospital, systems were in place to make sure that important information would be passed on so that people could experience continuity of care.

The home was well led. There was a very positive, open culture in the home.

There were systems in place to audit and monitor the quality of service provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff recognised the potential signs of abuse and knew what action to take if they were concerned or worried about someone.

Risks to people were assessed and actions taken to make sure people could do what they wanted to do without the risk of avoidable harm.

Robust recruitment procedures ensured staff employed were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

Staff had the right skills and knowledge to support people effectively.

People's consent was always sought and staff worked within the principles of the Mental Capacity Act 2005.

People were supported to maintain a balanced diet and menus were based around what people liked to eat.

Is the service caring?

Good

The service was caring.

There were positive caring relations between staff and people. People told us they liked the staff who worked at the home.

People were actively supported to express their views so that they had ownership of their home and daily lives.

Is the service responsive?

Good

The service was responsive.

People' received personalised care that met their needs.

Care plans were written from the person's perspective and pictorial aids helped people to understand specific aspects of the plans.

There was a well-publicised complaints system in place.

Is the service well-led?

Good

The service was well-led.

There was an open positive culture that empowered people and supported their independence.

The service had systems in place to make sure the care and support delivered was of a high quality.

Sandbourne House

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 was 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.

Before the inspection, the provider completed a 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.

We reviewed the notifications we had been sent from the service since we carried out our last inspection. The notifications we were sent had not included any substantiated safeguarding allegations. A notification is information about important events which the service is required to send us by law.

This inspection took place on 2 and 3 August 2016 and was unannounced. One inspector carried out the inspection over both days. We met everyone who lived at the home and spoke with some people who were happy to speak with us.

The registered manager and deputy manager assisted us throughout the inspection and we also spoke with two members of staff.

We looked in depth at two people's care and support records, people's medication administration records as well as records relating to the management of the service. These including staffing rotas, staff recruitment and training records, premises maintenance records, a selection of the provider's audits and policies and quality assurance surveys.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home.

There was guidance for staff on safeguarding adults in the office and a format suitable for people living at the home was displayed on their notice board. Staff had the knowledge and confidence to identify safeguarding as they had all received training in this field. Staff could recognise signs of abuse and knew what action to take, including contacting external organisations to raise concerns, if they were worried about someone.

Risks in caring and supporting people had been assessed and action taken to ensure people could live full and active lives as safely as possible. For example, assisting people manage their finances or accessing the community safely.

The premises had also been risk assessed to minimise the potential of any hazard to cause harm to people. For example, the registered manager had carried out an infection control risk assessment of the laundry arrangement, as the washing machines could not be accessed without passing through the kitchen. A procedure had been put in place, whereby laundering of people's clothes would be done at times when food was not being prepared. Window restrictors were fitted to windows above the ground floor to prevent accidents and thermostatic mixer valves were installed on hot water outlets to protect people from scalding water. Portable electrical equipment had been tested to make sure it was safe to use. Radiators were not covered as these had been assessed as not posing a risk to people.

Where any accidents or incidents occurred the manager had a system to make sure these were investigated and analysed for patterns or trends to reduce the risk of harm recurring.

Personal evacuation plans, to be followed in the event of fire, had been completed for each person and were recorded in people's files.

At the time of inspection the following staffing levels were in place: two or three members of staff on duty between 8am and 9pm (depending on needs of people) and during the night time period one awake member of staff on duty. Staff we spoke with felt this level of staffing was appropriate and met people's needs.

The home had a core of staff who had worked for a long time at the home with some having worked there for over ten years. This provided good continuity of care for people, some of whom had also lived at the home for many years. Where new staff had been recruited robust recruitment procedures had been followed and all the required checks had been carried out. Required records were collated on staff recruitment files and included: a photograph of the staff member concerned, proof of their identity, two written references, a health declaration and a full employment history with gaps in employment explained and reasons given for ceasing work when working in care. A check had also been made with the Disclosure and Barring Service to make sure people were suitable to work with people in a care setting.

The registered manager had systems in place to make sure that medicines were managed safely.

There was a system for ordering medicines required and to check medicines received from the pharmacist. Records showed that people had received medicines as required by staff who had been trained in safe medication administration. These staff had also had their competency assessed. There were protocols in place for people who had 'as required' medicines prescribed and body maps and records for any skin care creams prescribed.

The home had adequate storage facilities for all medicines and medicines were stored appropriately. There was a small fridge for storing medicines that required refrigeration and a record was maintained of the maximum and minimum range of temperatures to ensure correct temperature storage was maintained.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to make sure people received effective care. One member of staff told us, "The manager is on top of our training and I have done loads over the years."

Staff told us they felt supported through informal day to day guidance and by formal supervision meetings. There was also a system in place to make sure each staff member had an annual appraisal.

Staff told us there was a good training programme that equipped them with appropriate knowledge and skills for them to feel confident and competent in their role. Training covered a variety of areas including manual handling, food safety, health and safety and first aid, nutrition, record keeping and infection control. On the first day of inspection training in The Mental Capacity Act 2005 (MCA) was being provided and training in medicines administration, manual handling and positive behaviour support was booked for the months ahead. There was a system in place to make sure staff received refresher training or updates as and when these were required. Because some people living at the home had a dual diagnosis of a learning difficulty and mental illness, it was agreed that staff would be provided with basic mental health awareness training to better understand people's conditions.

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.

Staff sought people's consent including offering choices before they helped or supported them. People made their own decisions and we saw that staff supported people with their choices. Where people lacked capacity to make a specific decision, mental capacity assessments and best interests decisions were in place and recorded in people's files; for example, where a person was not able to consent to breast screening and health appointments or understanding the need for medicines they required.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the manager who had made the appropriate applications and had a system in place to alert them when they needed to review whether a further application was required. At the time of inspection no one had a condition attached to an authorisation. Overall, the system ensured that people's rights were protected.

A pictorial menu board in the dining room showed people the mealtime options for the week ahead. They had chosen these meals and together with staff had assisted with shopping. The registered manager had investigated all meal choices for potential allergens so that people could not be served meals where ingredients could cause them harm. People we spoke with said they were happy with the meals provided at the home and the mealtimes over the two days of the inspection were positive experiences for people.

People were weighed regularly and their nutritional needs assessed to that they could be supported should they either need to lose or gain weight. Records were also maintained of what meals people had eaten.

People were supported, when required, to see a range of health and social care professionals. Records showed people had seen a range of professional such as their GP, nurses, opticians and dentists. People had also been supported to access more specialist services such as speech and language and occupational therapists, and hospital consultants where they needed to.

Good

Is the service caring?

Our findings

People told us staff were caring and kind. Throughout both days of our inspection people appeared happy and contented, looking relaxed and at ease with the staff.
Returned surveys from relatives were positive about the care provided in the home. Examples of comments included; "I feel that xxxx is very happy and well-looked after at Sandbourne House", "A wonderful home, I can't fault it. Xxxx is very happy and has a wonderful life. All staff are very kind and caring", and, "We are very happy with the way that xxxx has been received and welcomed at Sandbourne House. You have been very patient with great success."

Staff knew about people's individual skills, abilities and preferences and this was backed up with detailed guidance in people's care plans about how people should be supported. For example, information was recorded about seating preferences for meals, personal care, times of rising in the morning and times for settling down to bed and activities.

People's dignity was respected by staff. A dignity Champion had recently been elected to oversee and work with the staff team to ensure that people's dignity was promoted. We noted that staff knocked on people's bedroom door whilst we were shown around the home. Dignity and privacy was an integral and important component part of induction for new members of staff.

Sandbourne House has an open house policy for relatives and friends to visit. They were also welcome for dinner during visits or could join in on outings or get involved with activities.

People's spiritual needs were respected and supported. For example, one person was supported to carry on attending their local church some way from the home as they had attended this church for many years.

People's bedrooms were personalised and decorated to their taste reflecting people's own interests and choices.

Good

Is the service responsive?

Our findings

The registered manager or a senior member of staff assessed people's needs before they moved into the home to establish if these could be met. Should a person decide to move to the home, a gradual introduction and moving in process would be arranged to make sure the home was suitable for the person and also for the people already living at the home.

On moving to the home further more in depth assessments would be carried out and used to develop care support plans. Relatives were also invited to contribute information so that a full picture of the person was provided.

Each person's plan of care had been reviewed monthly or as the person's needs changed. The plans had been updated to reflect any changes to ensure continuity of their care and support. As some people had a dual diagnosis of a learning disability and also a mental illness, it was agreed that mental health care plans would be developed to provide information such as, relapse indicators to inform staff if the person was becoming mentally unwell.

Staff told us that there were good handover procedures at the beginning of each shift so that they knew about changes.

Each person had the opportunity to be occupied both in the home and in the community. People had access to activities that were important to them and had individual activity plans. For example, people had gone swimming, music clubs, attended local social groups and a beach hut buffet had been arranged. In the dining room, there was an 'interest tree' where people were encouraged to pin 'leaves' of ideas for activities and events.

A complaints policy and procedure was available in a pictorial form and displayed in the home, making sure people knew of how to complain. One person told us that they would be happy to speak to staff or management if they felt unhappy with anything. There were no on-going complaints at the time of the inspection. The registered manager kept a log of informal concerns to ensure all actions taken by the service were clear and robust.

Good

Is the service well-led?

Our findings

Most people had lived at the home for many years, the 'newest' person having moved into the home over a year before. They told us they were happy living at the home and there was a calm relaxed ambience at Sandbourne House throughout the inspection. There was also a long serving staff team who were very positive about the home and how it was run in the interest of the people who lived there. They told us that management would always listen and there was an open door policy.

The registered provider also took an active role in the management of the home, regularly visiting the home and preparing a report following these visits.

All of the staff we spoke with knew how to whistle blow and raise concerns. They were confident that any issues they raised would be addressed.

At residents' meetings, minutes showed that people were fully involved in day to day running of home, discussing what they wanted to eat, what activities they wanted to arrange and issues that effected them in the home. Team meetings minutes that showed staff were kept fully informed and had the opportunity of discussing how the home was managed and run.

People's records were up to date and organised in a way that made information easy to access.

There were well-developed quality assurance systems in place to monitor the quality of service being delivered and the running of the home. These included audits such as medication, infection control, accidents, incidents and care planning.

Quality assurance surveys had been sent to people, staff, relatives and professionals affiliated with the home. The registered manager had analysed all returned surveys and collated the results, all of which were very positive.

The registered manager had notified CQC of significant events, such as deaths, serious injuries and applications to deprive people of their liberty under the Deprivation of Liberty Safeguards. We use such information to monitor the service and ensure they respond appropriately to keep people safe.