

Sandhurst Lodge Limited

Sandhurst Lodge

Inspection report

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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

Sandhurst Lodge is a residential care home for five people of varying ages with learning disabilities and mental health conditions. The house is semi-detached with four out of five bedrooms having en-suite facilities. The home has a garden.

At our last inspection we rated the service Good overall with Effective rated requires improvement as staff had not received an annual appraisal. At this inspection we found this issue had been rectified and the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The service had a registered manager. 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run.

People were safe living at Sandhurst Lodge. Risks associated with people's care had been appropriately assessed. Medicines were managed and administered in a safe manner. There were sufficient staff available to ensure people received person centred care. Staff were safely recruited. Systems and processes were in place to ensure people were protected from abuse.

Staff had received regular training, supervision and an annual appraisal to support them to provide effective care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People had choice around what they ate and were supported to maintain good health.

We observed kind and caring interaction between people and staff. People living in the home and their relatives praised the caring nature of the care staff and registered manager. People were supported to increase their independence and maintain strong links with their families. People were involved in planning their care.

Care plans were person centred, detailed and updated as and when people's care needs changed. People were supported to lead active and fulfilling lives and went on regular daytrips. Systems were in place to manage complaints.

People and relatives told us they were happy with the overall service at Sandhurst Lodge. Quality assurance processes were in place to monitor the quality of care delivered. The registered manager worked in

partnership with external health and social care professionals to ensure people's health and social care needs were met.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service has improved to Good. Staff received regular training, supervisions and an annual appraisal.

People were supported to eat and drink. They had a choice of what that wanted to eat.

The service complied with The Mental Capacity Act 2005.

People were supported to maintain good health and were supported to access health professionals.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Sandhurst Lodge

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 3 July 2018 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection, we reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

Throughout the inspection we spoke with four people who used the service. We also observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We spoke with the registered manager and four care staff. We also looked at seven staff files and staff training records.

We looked at three people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including staff meeting minutes as well as health and safety documents and quality audits.

Following the inspection, we received feedback from two relatives.

Is the service safe?

Our findings

People told us they felt safe living at Sandhurst Lodge. One person told us, "Yes I feel safe." A relative told us, "Oh yes, it's the best place he has ever been." During our visit we observed people to be comfortable and happy in the presence of care staff. Safeguarding policies in place ensured that people were kept safe from abuse and avoidable harm. Staff had received training in how to safeguard vulnerable adults and were knowledgeable around what to do should they have concerns, including contacting external organisations such as the local safeguarding authority and CQC.

Risks to people's personal safety had been assessed and plans were in place to minimise risk. Risk assessments were personalised to their needs, gave guidance to staff about the nature of the risk and the steps that could be taken to minimise or mitigate the risk to ensure people's safety. Risk assessments were reviewed on a regular basis and modified if a person's needs had changed. People's identified risks included smoking, self-neglect, diabetes, behaviours that challenged and remaining safe in the community.

People were supported by sufficient staff to meet their individual needs and promote person centred care. We saw that there were three care staff on duty throughout the day in addition to the registered manager. Additional staff were put in place to support people to go out and to attend healthcare appointments.

Pre-employment checks such as references and criminal record checks had been carried out for staff recruited since the last inspection to ensure they were suitable to work with people.

Medicines were managed safely and people received their medicines as prescribed. We checked medicines stocks. We checked the medicines administration records (MAR) for five people and saw these had been completed and signed with no omissions in recording. We saw that codes had been used appropriately and reasons explained when medicines had not been administered. Medicines were stored safely in a locked cabinet. One person was supported to administer their own medicines under the supervision and guidance from care staff. Staff who administered medicines told us that they had received medicines administration training and this was evidenced by certificates in staff training files. An "as required" PRN medicines protocol was also contained within people's care plans and medicines files. We saw that where a PRN medicine had been prescribed, they were administered only when needed and the reasons for doing so were clearly recorded.

Checks were in place to ensure medicines were safely monitored and administered which included daily and weekly stock checks and two staff signing when PRN medicines were administered.

The home was clean and tidy on the day we visited. Staff had received training in infection control and had personal protective equipment. There were records of recent maintenance checks including gas, fire, water and electrical safety.

Processes were in place to ensure that any accidents or incidents were recorded, investigated and learned from, where necessary.

Is the service effective?

Our findings

When we last inspected, we found that although staff had been supported through regular training and supervisions, not all staff received an annual appraisal. At this inspection, we found that the provider had addressed this issue. Staff told us and records confirmed that staff, where applicable, had received an annual appraisal. The appraisal required staff to evaluate their performance over the previous year and analyse their achievements, strengths and areas where they required additional support. In addition, staff received regular supervisions with the registered or deputy manager.

Staff had the knowledge and skills which enabled them to support people effectively. Staff had completed regular training in areas such as safeguarding adults, medicines administration, end of life, moving and handling, person centred care and first aid. In addition, staff also had training in diabetes and epilepsy to ensure they could meet people's individual health needs. One staff member told us that they had requested a more in-depth first aid training which the provider had arranged. New staff had an induction which included training, shadowing experienced care staff and introductions to the people living at the home.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where a DoLS had been applied for and granted, the DoLS authorisation was recorded in the person's care file. People who were not subject to a DoLS authorisation were supported to develop their independence by holding house keys and being encouraged to go out on their own. For one person, we saw that staff were supporting them to build their confidence to venture further from the home on their own. Care records documented that people had consented to their care plans.

People told us they liked the food provided at the home. One person told us, "Choice! Oh yeah! I have different things each day." We saw that people were asked daily what they would like to have for their meals and their choices were respected. One person had requested a soup with rice based on an African recipe. We saw that the staff member took the details of the request. One staff member told us, "Some days we are cooking five different meals. It's great!"

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. People had access to a GP, optician, dentist and mental health services. Routine health appointments such as diabetes eyesight monitoring were maintained. Care plans detailed records of appointments with health and care professionals. We also saw evidence that following appointments, people's care plans were updated accordingly.

People received effective and coordinated care when they were referred to or moved between services. Hospital passports were in people's care files for when an hospital admission was required.

Staff and management communicated daily regarding people's scheduled activities and health appointments which was documented in a diary and in a daily handover.

The accommodation was designed and adapted to meet people's needs and expectations. There was sufficient communal space to enable people to move about in safety and comfort. People had their own bedrooms that were decorated to their personal tastes, for example a person's favourite football team. People had access to outdoor space and we observed people and staff use the garden area at intervals throughout the day.

At the time of the inspection, people had been living at the service for many years, therefore their pre-admission assessments were not reviewed as part of the inspection. However, it was found that their care needs were reassessed on a regular basis which formed the basis of a comprehensive care plan, which is elaborated on further in the Responsive section of this report.

Is the service caring?

Our findings

People were positive about the care they received. One person told us, "The staff are all nice. All good." A second person told us, "They treat me nicely." A relative told us, "[Staff] love doing their job. They are really nice caring people."

We observed an informal and friendly atmosphere at the home. We observed staff and people engage in lively conversation and enjoy 'banter' with some people calling staff by nicknames. We observed that newly employed staff had built friendly relationships with the people living at the home and knew their care needs and preferences. We observed people enquire after the wellbeing of a staff member who had been unwell and numerous conversations about activities and the house cat. A staff member told us, "This is the only job I had where I walk out smiling. They are lovely people." A second staff member told us, "As staff, this is a very rewarding job, I feel happy coming in here. You can see the difference you make to people's lives."

People were supported to maintain strong links to their families and loved ones. Some of the people living at the home were from another area and were supported by the service once every two weeks to visit their home town and spend time with their families. This was treated as a daytrip and people not visiting family were also supported to go along and went shopping or had lunch. Relatives told us this was very much appreciated as they were unable to regularly travel to the home. A relative told us, "[Person] comes home every fortnight to see us."

People were treated with dignity and respect. Most people tended to their own personal care needs and were supported by staff when they requested assistance or required prompting. People told us that staff were respectful when providing support. People were supported to be independent and learn new life skills such as gardening and food preparation. One person told us, "The best thing is I am a little more independent. There is not so much a routine here. It's the way you live here."

We saw that people could express their views and make choices about their care daily. Throughout the day we observed staff offering choices and asking people what they wanted to do, for example meal choices and activity choices in the afternoon. Care records also documented that people were involved in their care planning and their wishes were documented. For example, one person's care record documented that they preferred to shower at night and another person's care record documented that they liked a particular type of body cream.

Care plans also detailed people's cultural and religious preferences. People were supported to practice a faith should they choose to do so. We observed during the inspection a staff member communicate with a person in a language they were both fluent in.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Comprehensive care plans were in place for people which detailed their care needs and preferences in areas such as mental health support needs and associated behaviours, skin integrity, specific medical conditions, mobility, finances, community access and hobbies and pastimes. For one person, how their mental health condition affected them was detailed clearly in their care plan which was reviewed monthly with updates on any incidents. Guidance was provided to care staff on how to work with the person when they were experiencing a relapse of their symptoms. The care plan detailed the person's level of understanding of their condition, for example, their understanding of why they were prescribed certain medicines. People told us they were aware that they had a care plan and had been involved in planning their care.

People were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. People told us they enjoyed a range of activities at home and went out on a regular basis. On the day of the inspection, we saw that all five people living at the service were supported to go to the local shopping centre. In the weeks preceding the inspection, they had been on a holiday to the seaside. People also went to cinema, ate out, took part in sports and went to local attractions on a regular basis. Feedback from people included, "We went out lots. I am the sat nav. We got lost and I lead them to the caravan" and "We are going out today." A relative told us, "They take him out if he wants to do something. They support him."

Relatives told us they felt confident about raising concerns or complaints regarding the service and had no complaints. Easy read information about safeguarding and how to raise a concern were on display in the home and raising concerns was discussed at regular resident's meetings. No recent complaints had been reported at the service.

The service had systems in place to ensure that people were supported with dignity and respect at the end of their lives. Staff had received training around end of life care. Where appropriate, the service worked with the person and/or their family to gain their views and wishes on how they wished to be supported at the end of their life and afterwards.

Is the service well-led?

Our findings

People told us they were happy living at Sandhurst Lodge and knew that they could contact the registered manager or provider if they had any concerns. One person told us, "We are all happy here with the cat." A second person told us, "Everything is fine here. All good." Feedback from relatives included, "I know the Lodge make sure [Person] is okay. He is happy there" and "They are quite good and they always welcome you."

Staff told us they enjoyed their jobs and felt supported by the registered manager. Comments included, "I absolutely love it. It's run perfectly and the staff couldn't be more helpful" and "To be honest, it's one of the best places I have worked.... It's their home and we encourage them to be independent as possible." There was a homely and informal atmosphere at the service. People appeared happy and relaxed and enjoyed a warm relationship with care staff and the registered manager.

Regular auditing and monitoring of the quality of care was taking place. Quality checks included weekly medicines audits, health and safety checks, monthly care plan and risk assessment reviews and regular supervisions with staff. In addition, the local placing authority carried a recent quality monitoring visit and areas identified for improvement such as missing recruitment and staffing records were rectified.

There were arrangements in place for people, relatives and healthcare professionals to provide feedback. A questionnaire was sent to people, relatives and professionals in January 2018. We saw that the results were positive.

Staff confirmed they attended regular staff meetings and told us they felt able to raise any issues or concerns. Minutes of a recent staff meeting showed medicines management, people's specific health conditions, the upcoming holiday and staffing changes was discussed. Residents meetings took place on a regular basis and topics such as activities, daytrips and special events were discussed.

The service worked in partnership with health and social care professionals to ensure that people's health needs were met and reviewed on a regular basis. The registered manager also worked to advocate for people where there were queries with accessing their funds. A relative told us the service had helped in this regard.