

Anchor Trust

Sandholme Fold

Inspection report

Sandholme Crescent
Hipperholme
Halifax
West Yorkshire
HX3 8LP

Website: www.anchor.org.uk

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23 April 2018
24 April 2018

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30 May 2018

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

Sandholme Fold is a residential care home for 44 older people and people with dementia.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going 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.

The provider had systems in place to safely manage medicines within the home. All risk assessments, except one in relation to hot drinks and another in relation to bedrails, were in place and kept up to date. The registered manager ensured the missing risk assessments were put in place. People had personal emergency evacuation plans (PEEPs). There were enough staff to meet people's needs.

There was a robust recruitment process in place and staff received appropriate training.

People's care and support was assessed and reviewed on a regular basis. We saw people had access to healthcare professionals.

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.

The provider used 'show plates' of food to help facilitate people's choices. However, the menus were in written format which may make it difficult for people to understand. We made a recommendation for the menus to include pictures.

People's privacy, dignity and independence was respected and promoted.

The provider had systems in place to assess and monitor the quality of the service. There were audits in place for areas such as; the environment, medicines, infection control and training. We made a recommendation that during the provider's auditing of care records they look at a larger sample of care records.

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 remains Good.

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.

Sandholme Fold

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 was a comprehensive inspection. This inspection took place on 23 and 24 April 2018. The inspection was unannounced on the first day and included two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was older people. The second day of inspection was announced and included one adult social care inspector and two pharmacist inspectors.

We reviewed information we held about the service, such as notifications and information from Healthwatch. Healthwatch is an independent consumer champion which gathers information about people's experiences of using health and social care in England. We contacted commissioners, the local authority safeguarding team, the clinical commissioning group and the fire service prior to inspection.

The registered provider had been asked to complete a Provider Information Return (PIR) and they returned this to us prior to the inspection. 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.

During the inspection we spoke with six people who used the service, one person's relative and a visiting healthcare professional. We also spoke with four members of care staff, the housekeeper, the registered manager, the deputy manager and the district manager.

We looked at a variety of documentation including; care documentation for four people, three staff recruitment files, meeting minutes, documents relating to the management of medicines and quality monitoring records. We also observed care practices.

Is the service safe?

Our findings

People told us they felt safe living at Sandholme Fold. One person told us, "It's a very good place there's somebody looking after you. I think there's enough staff it's very good. Medication, it's always on time." Another person said, "The environment means you don't feel frightened we don't feel threatened and we can say what we want."

Staff explained the signs of abuse and what they would do to make sure people were safeguarded. Staff knew who to report any concerns to both within the organisation and to external agencies, such as the CQC.

We saw risk assessments were kept up to date and covered areas such as falls, medicines, smoking and nutrition. A number of people were wearing alarm pendants and many explained they would press this if they needed help. We found two risk assessments were not in place. This was in relation to the use of bedrails and the making of hot drinks. We raised this with the registered manager who ensured these risk assessments were put in place

Personal Emergency Evacuation Plans (PEEPs) were in place and regularly reviewed. However, we found the list of people who were in hospital, which was kept with the PEEPs, was not up to date and there was information which required archiving. This could lead to confusion about who was currently living in the home. The registered manager addressed this matter immediately.

The provider carried out appropriate checks on the premises and equipment to ensure its safety.

Staff recruitment records demonstrated the service was ensuring staff were subject to the appropriate scrutiny. References were obtained and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. We saw staff disciplinary procedures were being followed and appropriate action taken.

The registered manager used a dependency tool as a guide to ensure there were enough staff to meet people's needs. We observed and staff told us there were enough staff to meet people's needs.

Medicines were managed safely within the home. There were appropriate systems in place to order, receive, store, record, administer and dispose of medicines. People received their medicines as prescribed. We informed the registered manager that administration instructions for 'when required' medicines needed to be more detailed. For example, one protocol stated a medicine was 'to be used for pain' without any indication of the type of pain or how this could be recognised. This was rectified during the inspection. Staff received medicines training and had their competency checked. Medicines were audited and any issues found were actioned.

There were appropriate infection control systems in place. The home was very clean and there was a supply of personal protective equipment.

The provider had a system in place for monitoring and reviewing any accidents and incidents. Any issues were discussed at team meetings or at supervision. For example, supporting people with nutrition and hydration.

Is the service effective?

Our findings

People were happy with the care and support provided. One person said, "If you tell them anything they sort it out right straight away." Another told us, "The staff know what they are doing."

People's care and support was assessed and reviewed on a regular basis. We saw people had access to healthcare professionals such as; dieticians, district nurses, dentists and GPs to ensure their needs were met. We spoke with a visiting healthcare professional during inspection. They told us staff were very good at recognising ill health and making appropriate referrals. They commented, "Staff are kind and empathetic. People are happy and well cared for."

Staff received a thorough induction and on-going training to help them deliver safe and high quality care. Staff were supported through regular supervisions.

People we spoke with felt the food could be improved. For example, five people told us their meal was cold. People had raised issues regarding the food through relative and resident meetings. The registered manager was taking action regarding this. Information about each person's specific dietary needs including, allergies, type of crockery needed to eat independently and preferences for food were clearly recorded. People were offered a choice of drinks and meals. Snacks and drinks were available throughout the day. People were provided with appropriate support at meal times and this was discrete. To encourage independence vegetables and gravy were served per table in a tureen and gravy boat.

The adaptation, design and decoration of premises was appropriate. There was a well maintained garden area and people were supported to use the outside space.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found the provider was meeting the requirements of the MCA and DoLS. Staff had received training in this area and had knowledge of the requirements of the Act. Although we found where there were conditions attached to DoLS these were met, the registered manager did not have an overview which meant there may be a risk these could be overlooked. The registered manager told us she would ensure an overview document was put in place.

The service did not use physical restraint. Staff were clear they would not use restraint and explained how they would reassure people and distract them.

Is the service caring?

Our findings

People told us the staff were caring. One person said, "I go to bed when I want and get up when I want. The staff don't hassle me." Another person told us, "They are very nice people they employ here; they all know your name." Another person commented, "The staff are wonderful they really are. If you need anything they are there. We are all looked after. They do knock on doors they are good. We have resident meetings when we discuss things like what to eat and it happens." One relative commented, "They are very kind and have all been lovely."

We observed people were treated with kindness and respect. We saw positive interactions between care staff and people. For example, we saw staff remained patient and provided reassurance to a person who required continual assistance with their mobility.

People's beliefs, religious and cultural needs were discussed and documented. For example, one person liked to attend the church service if it was in the lounge but not within their room.

Care records documented people were involved in their care, support and treatment. People had access to advocates when needed. The home had 'show plates' of food to help facilitate people's food choices.

People's privacy, dignity and independence was respected and promoted. We observed staff being caring and they spoke about people with compassion and kindness. Staff gave good examples of how they encouraged people to be independent. For example, offering people a choice of clothes; putting toothpaste on a toothbrush and enabling the person to brush their teeth; running the sink and leaving a flannel for the person to use.

Is the service responsive?

Our findings

People told us there were things for them to do. They could choose whether they wished to join in. One person said, "I'm not the sort who does join in. We have been on trips out." Another person commented, "I don't like games but I do enjoy quizzes. There is a good library."

People contributed to their care planning and were involved in reviews. Care plans were in place for areas such as; medicines, mobility, nutrition, personal care, sleep, communication, emotional wellbeing, religion and social activities. People had an end of life care plan in place which provided information on their funeral arrangements and wishes. There was a person-centred approach to care. For example, one person who was unable to sleep continued to be assisted to smoke outside.

Staff told us there were things for people to do. One member of staff said, "People have activities and things to do. People can choose what to do and whether to join in." We observed activities being held throughout the inspection. A religious service was held regularly in the home for people who wished to attend. Staff at the home had been involved with a project at Bradford University to get people moving, whether walking or using their upper body whilst sat in a chair. The 'Move More Champions' promoted this to help improve people's wellbeing.

Information on activities was provided in a way people could understand. There was a noticeboard with daily activities displayed. This was pictorial to make it easier for people with memory issues to understand. However, we noted people were provided with hard backed menus to look at but these were typed. We recommend the provider improves the menus to include pictures.

The provider had an up to date complaints policy displayed within the home. We saw complaints were logged, investigated and the outcome communicated to the individual. Thank you cards had been sent from a number of people thanking staff for the 'good' care their relative received.

Is the service well-led?

Our findings

At the time of inspection there was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

People were complimentary about the running of the home. One person commented, "I can recommend it here. It's homely and everyone is very kind."

The provider had systems in place to assess and monitor the quality of the service. There were audits in place for areas such as; the environment, infection control, medicines, training, care records and dining room experience. The care record audits consisted of a minimum of a five per cent check every month. We recommend that a larger sample is looked at each month to ensure every care record is audited on a more regular basis. This would ensure any issues identified are addressed in a timely manner. The registered manager looked for complaint trends which resulted in a change to the catering within the home. However there was no specific complaints audit. The registered manager told us this would be put in place.

The district manager carried out monthly audits and ensured any action that had been identified was completed. They also held regular 'Home manager' meetings which enabled registered managers from some of the provider's other homes to share learning.

The provider had a compliance team who analysed accident/incidents and safeguarding matters. The registered manager appropriately reported and investigated incidents. However, we noted one isolated incident where a potential safeguarding concern regarding a person sustaining two skin tears had not been sufficiently investigated. The registered manager told us the incident forms had been left in the handover file and had therefore not come to their attention. The registered manager fully investigated the matter during our inspection and provided the information to the local authority, who were satisfied with the outcome.

Staff told us they felt supported and where they provided feedback on the service this was listened to and actioned. One member of staff said, "I would move my mum in here tomorrow." Another member of staff told us, "We work well as a team. I'd be happy for a family member to live here."

Links had been developed between the home and the local community. Pupils from a local school were working with people who lived at the home to create a patio area.

Views on the quality of the service were obtained and acted on through service user, relative and staff surveys. Resident meetings discussed areas such as; catering, activities and housekeeping. Staff meetings discussed areas including; activities, care reviews and training.

The registered manager worked in partnership with other agencies. For example, we received positive feedback from the local authority regarding how staff managed infection control procedures.

