

Homebeech Limited

Sandmartins

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Sandmartins is a residential care home providing accommodation and personal care to up to 40 people, with a range of health care needs, including dementia, in one adapted building. At the time of our inspection there were 24 people using the service.

People's experience of using this service and what we found

Auditing systems had failed to identify issues of concern we found at this inspection. Audits were not effective in driving improvements to ensure people received a good standard of care and support.

Thorough recruitment checks had not always been completed to ensure people received care from new staff who were of good character. Some people's medicines were being used beyond their recommended expiry dates. Information within people's care plans was inconsistent. Auditing systems in relation to medicines and staff competency to administer medicines, were not effective. Systems were not sufficiently robust to prevent and control the risk of infection. Some people felt there was a lack of organised activities to keep them occupied.

People felt safe living at Sandmartins, and any risks had been identified and assessed appropriately. There were enough staff on duty to look after people. People could receive visits from relatives and friends by appointment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had a choice of what they would like to eat at mealtimes and enjoyed the food on offer. They had access to a range of healthcare professionals and services.

People were encouraged to be involved in developing the service and their feedback was obtained through occasional residents' meetings.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 6 March 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We also looked at the actions taken by the provider since the last inspection to see whether improvements had been made. As a result, we undertook a focused inspection to review the key questions of safe, effective and well led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this report.

We carried out an unannounced comprehensive inspection of this service on 20 September 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sandmartins on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicines management, staff recruitment, infection prevention and control and governance systems. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Sandmartins

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by two inspectors.

Service and service type

Sandmartins is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Sandmartins is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 4 May 2022 to help plan the inspection and inform our judgements. We also looked at notifications we received from the provider over the past 12 months. We used all this information to plan our inspection.

During the inspection

We spoke with four people and a relative about their experience of the service. We spoke with the registered manager, the provider's general manager, and three care staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records including four care plans and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Thorough checks were not always completed to show new staff were recruited safely.
- We reviewed staff recruitment records for two staff. Some checks were recorded within recruitment files. However, a Disclosure and Barring Service (DBS) check for one staff member was received a month after they had commenced working. For another member of staff, who commenced employment at the end of June 2022, there was no confirmation that a DBS check had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Records to confirm new staff were recruited safely were not all made available to us on the day of inspection. We asked the management team for confirmation of the DBS check that was unavailable during the inspection and asked them to send us this information, but this was not received.
- After the inspection, we spoke with the registered manager. They confirmed that a DBS check for one member of staff had not been completed, but that the member of staff was not allowed to work on their own. No risk assessment had been completed.

The provider had failed to ensure systems were sufficiently robust to ensure new staff were recruited safely. This is a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulatory Activities) Regulations 2014.

- Some checks relating to recruitment had been completed appropriately. For example, verification of employment history and the obtaining of references.
- There were sufficient, trained staff on duty to meet people's care and support needs.
- During the day, there were six staff on duty and a dependency tool was used to assess how many staff were required. The majority of staff were supplied by an agency and on the day of the inspection, five out of six care staff were agency staff. The same agency was used with regular care staff who knew people well.
- When asked whether they felt there were sufficient staff available, a relative told us, "It can take a while for the front door to be answered. On one Sunday it took half an hour before anyone came. I know there has been a bit of a staff turnover and a lot of the staff aren't British, but they have the quality standards to do the job".

Using medicines safely

- Some aspects of medicines were not managed safely.
- We checked the contents of two medicines trolleys that were used to store medicines securely.

- Three people's prescribed medicines had run out. For one person, their prescribed eye drops had been used up five days before the inspection and a new bottle of eye drops had not been received. The same person's prescription to treat occasional constipation had not been replaced after it had run out. A second person required barrier cream to protect their skin, but this had been used up six days before the inspection. This put them at risk of skin breakdown.
- We looked at bottles of eye drops that had been prescribed for three people. Six bottles of eye drops were in use although all should have been discarded after 28 days once opened. We saw a member of care staff administer eye drops to one person which had been prescribed on 4 August 2022 and should have been discarded by 2 September. We tried to tell the staff member not to use the eye drops, but they did not appear to understand what we were trying to say. Using out of date eye drops placed these people at risk of the medicine being ineffective or of contracting an eye infection.
- Eye drops and bottles of medicines should be labelled to show when they have been opened. Some of the bottles we checked did not show when they had first been used. Recording dates of opening enables care staff to understand when medicines are safe to use and when they should be disposed of. One bottle of eye drops prescribed on 25 January 2022 had no date of opening. These should have been disposed of six months after opening by July 2022, but were still in use on the day of inspection.
- We spoke with the registered manager and the general manager about the concerns we found with medicines. They told us they would undertake a full audit the next day, but no immediate action was taken at the time of the inspection to remove the out of date medicines from stock.
- There were no records to confirm staff competency to administer medicines had been undertaken, although the registered manager told us observations had taken place.

The provider had failed to ensure all medicines were managed safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed medicines being given to people at lunchtime. This process was completed sensitively by a member of staff who had been trained in the administration of medicines.
- Medication administration records were signed appropriately to show when people had received their medicines.

Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections. There was no procedure to show how visitors were screened for COVID-19. The registered manager relied on visitors to undertake their own tests. There was no guidance on display to indicate that masks should be worn on entering, although a hand sanitiser was available. There was a suitable bin to dispose of face masks by the front door, but we observed used masks had been stuffed in the hedge next to the gate and used masks were also seen on the ground in the front garden.
- We were not assured that the provider's infection prevention and control policy was up to date. There was no up to date policy or procedure available for us to review. The registered manager and provider's general manager said these were being devised.
- We were not assured that the provider was admitting people safely to the service. The registered manager told us that people were admitted to the home directly from hospital. There was no system or policy to show how people were admitted to the home safely, either from hospital or a community setting.
- We were not assured that the provider was responding effectively to risks and signs of infection. There was no up to date policy or procedure to show how the risks or signs of infection should be responded to. The registered manager described the tests that would be undertaken if staff or people showed symptoms of COVID-19, but there was no procedure or policy on this.
- We were somewhat assured that the provider was supporting people living at the service to minimise the

spread of infection. Staff were observed wearing PPE at the home. It was unclear if the home had any planned ways of isolating people if there was an outbreak. There was no policy on this, although the registered manager said people would isolate in their rooms.

- We were somewhat assured that the provider was using PPE effectively and safely. Stocks of PPE were available around the home and staff used PPE correctly. Areas to don and doff PPE were available for staff, but it was not clear whether these were designated areas.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Staff, including agency staff, were trained in infection control. Training included the management of COVID-19. Staff who were more vulnerable to infection from black, Asian or minority ethnic backgrounds (BAME) had not been risk assessed for COVID-19, although staff were supported to have relevant vaccinations.

We have also signposted the provider to resources to develop their approach such as the government guidance on testing people and staff for COVID-19.

The provider had failed to ensure the implementation of robust infection prevention and control systems. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Visiting in care homes

Visitors were by appointment only, although the registered manager told us visiting times were flexible based on relatives' work commitments, for example. Visitors were not required to complete a lateral flow device test; they would have to buy their own tests so testing was optional.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or harm. A relative told us they felt their loved one was safe living at the home.
- Staff completed training about safeguarding and understood what action to take if they had any concerns about people's safety. They demonstrated an understanding of what constituted abuse and the different types of abuse. One staff member said, "Safety of residents is important and my job is to protect residents".
- The registered manager said, "If there was any abuse here, I would investigate it myself, get all the information, then pass it on to my manager. I would also ask for guidance".
- Incidents of abuse or alleged abuse were notified to the local safeguarding authority and to CQC as required.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and managed appropriately. We reviewed risks relating to people's mobility, falls, nutrition and oral health care and information was provided to staff on how to support people safely.
- When incidents occurred, such as people sustaining a fall, these were reported and investigated; measures were taken to prevent reoccurrence.
- Environmental risks were also identified and mitigated. For example, the lift had broken down recently. People were supported by staff to use the stairs safely until the lift was repaired.
- Risks relating to fire safety had been assessed. There were personal emergency evacuation plans for each person living at the home.

Learning lessons when things go wrong

- Lessons were learned if things went wrong.
- We discussed a recent incident where a person had gone missing for several hours.
- The registered manager had reminded staff of the importance of regular check-ups around the home. A mock-up incident was organised to see whether staff undertook regular checks, knew where people were and ensured they were safe. As a result of this mock-up incident, staffing levels had been reviewed and, where necessary, appropriate training had been organised.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, the registered manager was not able to provide us with assurances that staff had been sufficiently trained to meet people's specific needs. Staff had also not received support to pursue diplomas in health and social care.

Some training was out of date. Staff had supervision meetings, but it was unclear whether all staff had an appraisal within the previous 12 months. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Dementia, challenging behaviour and mental health training was organised and all staff had completed this training. Opportunities for staff to complete vocational qualifications, such as diplomas in health and social care, were being made available to staff. Staff received supervision twice a year, with an appraisal.
- New staff completed a two day induction with a range of training and records confirmed this.
- Training was delivered online in the main and was up to date. Agency staff profile records confirmed staff had completed training in areas such as fire safety, infection prevention and control, safeguarding and first aid. Some agency staff had completed the Care Certificate, a vocational, health and social care qualification.
- Staff told us they were happy with the training on offer and they could request additional training relevant to their roles during supervision meetings.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed before they came to live at the home.
- The registered manager explained assessments were normally completed over the phone, especially for people who were discharged from hospital.
- Some referrals were made through social workers who provided information which formed the basis of people's care plans.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet and a healthy lifestyle.
- One person described the food as, "Pretty good" and we observed people were offered a choice of meal at

lunchtime. The registered manager told us people were asked for their choices during the morning and these were recorded for the chef to follow.

- We observed eight people having their lunch in the dining room. Staff were friendly and there was a good rapport between people and staff. Staff were attentive to people asking them if they needed any help, such as cutting up food. People were offered alternatives if they were decided they did not like the meal on offer. A choice of drinks was available.
- There were menu plans over a four week cycle and choices were varied and nutritious. The cook had a list of each person's dietary needs and these included any modified diets.
- The cook usually worked in housekeeping and was unsure what training they had completed with regard to diet and nutrition or food hygiene. Nevertheless, the cook knew people's preferences and dietary needs, and any foods that needed to be pureed were prepared separately.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received support from a range of healthcare professionals.
- Records showed visits from district nurses, and eye tests were undertaken by opticians.
- The local medical practice provided an allocated GP who visited the home in person.
- Although referrals for oral healthcare were made, it could take a while before a dentist visited.

Adapting service, design, decoration to meet people's needs

- The home had been adapted to meet people's physical needs, for example, with handrails along corridors and accessible bath equipment.
- The home was clean and adequately furnished. People's rooms were personalised with pictures and photos of importance to them.
- The top floor of the home was not in use at the time of the inspection, so a gate had been placed across the stairs to prevent people from going up there. A risk assessment had been completed for this.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Consent was gained lawfully.
- People's capacity to make specific decisions had been assessed where required. DoLS had been applied for and authorised as needed.
- Where relatives or others appointed had power of attorney to manage people's affairs, these were acknowledged and responded to.
- Staff had completed training on MCA and DoLS and demonstrated their understanding of these topics.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, the registered manager did not consistently assess, monitor and improve the quality of the service. They did not maintain contemporaneous, accurate or completed records in respect of each person. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Actions had been taken following the last inspection and some improvements had been made. However, we found new breaches of Regulation 17 with regard to the auditing of medicines, staff competency to administer medicines, recruitment systems, and consistency of information within care plans. This is the third consecutive breach of this Regulation.

- Systems to measure and monitor the service overall were not sufficiently robust to ensure people received a consistent, high standard of care.
- The system for the recruitment of staff did not ensure all checks had been completed to ensure new staff were of good character and safe to work in a care setting.
- Medicines audits had been completed but were not effective. In a weekly medicines audit dated 12 September 2022, it noted that the dates of opening had been written on medicines where needed. We found several incidences where medicines had been opened, but no date of opening had been recorded on the medicine. The audit showed that expiry dates of medicines had been checked by 'nominated persons'. However, we found several medicines that had not been removed from use, although they were beyond the manufacturer's recommended expiry dates.
- Staff who had been trained to administer medicines told us they were observed in practice, but their competency in this regard had not been recorded. There were no records to show that agency staff had completed medicines competency assessments.
- There was a lack of oversight with regard to the prevention of infection and control.
- Information within some people's care plans was recorded inconsistently. For example, one person lived with diabetes, but there was no information or guidance for staff on their electronic care plan about their condition. However, we did find information about this person's diabetes within another version of their care plan which was kept as a hard copy. Personal information about people had been recorded on printed copies of their care plans but was not transferred to their electronic care plan. Staff did not have easy access to the hard copies which were locked in the registered manager's office. However, it was clear from

our conversations with staff that they knew people well and how to support them.

The provider had failed to implement effective governance systems to monitor the quality and safety of the service provided. This is a continuing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection, the general manager explained that the electronic care planning system may not have been updated correctly. They said that there had been an issue at other care settings of the provider, when staff reviewed and updated information within electronic care plans, they may have inadvertently deleted all the preceding information. This issue was being investigated further to prevent similar mistakes from occurring.
- We reviewed audits relating to handover between shifts, accidents and incidents, laundry and kitchen audits and maintenance checks; these were effective in identifying any actions required.
- The registered manager understood their responsibilities and regulatory requirements. Notifications they were required to send to us by law had been received. The rating awarded at the last inspection was shown on the provider's website and was on display at the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- In the main, people received personalised care. One person said, "I like it here" and another, "The staff are quite pleasant and helpful". Four people felt there was a lack of activities, with comments such as, "It's a bit tedious", and "Boring". One person said there used to be seats in the garden, but these had been removed. (The registered manager said they were due to be replaced.) Outings were not available to people, unless with their relatives or friends.
- The general manager told us there were plans to recruit an activities co-ordinator, but recruitment into a number of posts at the home had been slow.
- The registered manager described personal care as, "You have to go by what people want, not what I want or anyone else wants. For example, if they had a particular routine, then that is personal to them".
- During a recent incident when a person had gone missing, the registered manager had understood and acted in line with duty of candour. They had spoken with the person's relatives about what had occurred and been open and transparent throughout. An apology was made to the person's family and staff training had been arranged as a consequence to prevent a similar incident from happening again.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were involved in developing the service and their feedback was obtained through residents' meetings and surveys.
- A relative spoke highly of the registered manager and described them as, "Knows everything about everyone and remembers it". They added, "It's about what Mum wants. It's about her living her life in her last days the way she wants. There is good communication. I pop [named registered manager] an email and she will reply".
- Compliments were recorded. A relative had written, 'Thank you very much for looking after Mum so well', and from another, 'Thank you for all the love and care you gave over the years. Also a big thank you too for the scrummy meals'.
- The registered manager understood equality and diversity and explained how they treated everyone equally. They provided examples of members of staff who required adjustments to be made because of their cultural beliefs.

Working in partnership with others

- The service worked with a range of health and social care professionals, and local authorities, including commissioning and contracts teams.
- Weekly commercial meetings took place across the provider's services. These were an opportunity to discuss pre-assessments for people, agency usage, recruitment and people's care and support needs.