

Sands Care Morecambe Limited

# The Sands Care Home

## Inspection report

390 Marine Road East  
Morecambe  
Lancashire  
LA4 5AU

Tel: 01524400300

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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

The Sands Care Home is a care home providing accommodation and personal and nursing care to 97 people. There were 97 people living in the home at the time we inspected. The home is arranged in four living units. One unit specialises in supporting people who are living with dementia. The home is arranged over four floors and has a passenger lift to help people access the accommodation on the upper floors.

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

Medicines were not managed safely, and people had not always received their medicines as their doctors had prescribed. There were not always enough staff, with the right skills, to support people. People felt safe. Risks to people's safety had been identified and managed. The provider's recruitment processes ensured new staff were suitable to work in the home. People were protected from the risk of infection. The provider had systems to ensure lessons were learnt and shared. After the inspection they used verbal feedback given to make improvements to the safety of the service.

The systems used to assess the quality of the service were not effective and had not identified some areas where improvements were required. People knew the registered manager. They said she took action if they raised concerns. People said the home was well-managed and they would recommend the service. The provider understood their responsibilities under the duty of candour. The staff worked in partnership with other services to meet people's needs.

Staff employed by the service were trained to provide people's care. The provider used agency staffing to supplement the staff team. Some people raised concerns about the competency of the agency staff. People were supported to eat a balanced diet and to access healthcare services as they required. 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 30 November 2017).

### Why we inspected

The inspection was prompted due to concerns received about areas of care and treatment including medicines. We undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those

key questions were used in calculating the overall rating at this inspection.

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 improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Sands Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Sands Care Home

## 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 Care Act 2014.

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 carried out by two inspectors, a medicines inspector 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.

#### Service and service type

The Sands Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

The first day of this inspection was unannounced. The lead inspector arranged to return to the home on 5 August 2021 to look at additional records.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We contacted the local authority to gather their feedback. The provider was not asked to complete a provider information return

prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with twelve members of staff including the registered manager, deputy manager, nine members of the care team and one member of the ancillary staff team. We also spoke with one of the provider's directors. We spoke with a visiting health care professional.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at eight staff files in relation to recruitment and training. We also reviewed records relating to the management of the service and how the provider and registered manager maintained oversight of the quality of the service. We walked around the home and observed how the staff interacted with people. We contacted seven people who lived in the home and fifteen relatives of people who lived there by telephone, to gather their views of the service.

#### After the inspection

We reviewed additional evidence we had asked the provider to send us.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

### Using medicines safely

- Medicines were not always managed safely, and people did not always receive their medicines as they had been prescribed. Staff had failed to order stock in time and people had missed doses. One person was being administered an antibiotic that was out of date after the course should have been completed.
- Staff did not always follow the manufacturers' instructions, we saw medicines that should be given before food, administered with other medicines at lunchtime which may make the medicine less effective.
- The service used an electronic Medicines Administration Recording system, (eMAR). This was not being used effectively to ensure people received their medicines when they should. We saw that people had missed medicines due to their refusal but did not see any evidence that this was escalated in line with the homes medicines policy to ensure the person was not at risk of harm.
- Staff did not always record when drinks were given or when thickener was added which meant it was not possible to tell if drinks were thickened properly. However, we were provided with evidence to demonstrate that this had been addressed following the inspection. We also saw staff sharing thickener powder for two residents as stock was not available for all people who needed it.
- The home had guides to help staff administer medicines people were prescribed 'when required'. These were accessible in peoples care records but not on the eMAR system at the point of administration as recommended in the homes medicines policy.
- Although the provider had systems to assess the quality and safety of the service, these had not identified all the issues we found with medicines management or people's concerns regarding agency staff competence and staffing levels. We found issues with medicines storage and administration that did not comply with the home medicines policy.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although most people said they were satisfied with how their medicines were given, one person told us they had to remind staff to give them certain medicines and another person said they lacked confidence in some staff. They told us, "When it is an agency staff [member] I have to check that I have got what I should have."
- The provider had identified some of the issues we found regarding management of medicines and had been in the process of taking action to improve how medicines were managed. Following our inspection, the provider addressed the issues around the storage, ordering and recording of medicines.

### Staffing and recruitment

- During our visits to the home there were enough staff to meet people's needs. However, staffing rotas we viewed showed a variance in the number of staff on duty at any one time. We were informed staffing levels were adjusted due to the home having a number of empty beds. The provider used agency staff to fill any shortfalls in staffing levels.
- Some people told us there were enough staff to provide people's support. One person said, "There always seem to be plenty [of staff]." Other people said more staff were needed. One person told us, "They are short staffed, and they can't do everything properly although they really try."
- People told us the staff employed in the home "did their best" to provide good care. One person told us, "I cannot fault the staff, they are brilliant and dedicated." Another person said, "It is a good place where they are trying their best."
- The provider was recruiting additional staff but in the current climate this was proving difficult. The provider employed agency staff to supplement staffing levels. However, despite training and induction two of the 12 people we spoke with told us they lacked confidence in the agency staff.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had been trained in how to identify abuse and how to report concerns. They told us they would be confident to report any concerns to a senior staff member and knew how to raise concerns with external agencies.
- People who lived in the home and their relatives told us they were confident people were safe. One person told us, "I feel safe." A relative said, "I am sure [relative] is safe."

#### Assessing risk, safety monitoring and management

- The provider had identified risks to people's safety and the staff knew how to keep people safe.
- People's care records identified how they could be at risk and the actions for staff to manage or reduce risks. People told us the staff gave them guidance about maintaining their safety. One person said, "They [staff] make sure I am safe." A relative told us, "They [staff] are very safety conscious."
- Staff had completed training in how to provide people's care safely and equipment used in the home was serviced and checked regularly by external contractors to ensure it was safe for people to use.

#### Learning lessons when things go wrong

- The provider had systems to learn and share lessons when incidents occurred. They used verbal feedback given at the end of our first visit to take action to improve the service. They provided evidence of action they had taken to address some of the issues we had identified.

#### Preventing and controlling infection

- We were assured staff were consistently using PPE effectively and safely.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager assessed people's needs and each person had a care plan detailing the support they required. People told us the staff knew them well and knew how to support them. One person told us, "They [staff] know me well and look after all my needs." A relative told us, "They have got to know [family member] quite well and they tailor the care to him."
- A health care professional told us the staff identified if a person's needs changed and made appropriate and timely referrals for specialist support, as people needed.

Staff support: induction, training, skills and experience

- People made positive comments about the permanent staff who worked in the home. Most people said the staff knew them well and were skilled to provide their care. One relative said, "They are very skilled at dementia care."
- The provider employed agency staff to supplement staffing levels in the home. Two of the 12 people we spoke with raised concerns about the competence of the agency staff. However, we were assured the provider made every effort to consistently use the same agency staff who were familiar with the home's systems and procedures, as well as the residents."
- Staff told us they were provided with good training and felt well supported.

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

- Staff gave people the support they needed to eat and drink. Some relatives told us their family member had gained weight and experienced improvement to their health due to the support provided. One relative said, "[Family member] was so ill when she went there and now, she is eating and drinking and says herself that now she can stop worrying." Another relative told us, "[Family member] was booked as end of life care and now she is eating and drinking and enjoying life."
- People expressed mixed views about the meals provided. Some people told us they enjoyed the meals and said the staff regularly offered them drinks. One person said, "I love the food, the kitchen staff make me special salads because it is what I like, and we are offered drinks all the time." Another person said, "It [food] is not as good as it was, but the cook will make me an alternative if I don't fancy what is on offer."
- Some people required staff to monitor their food and fluid intake and we saw staff had recorded the amount of fluids people had taken. Best practice in line with guidance would be to identify specific totals of fluid individuals required each day. We discussed this with the registered manager who was liaising with appropriate services for advice. We were assured the provider had a system for monitoring people's fluid intake.

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

- People told us they were supported to access healthcare services as they needed. One person told us, "I saw the chiropodist just last week, they [service] organise it all." Some people said there had been delays in their being able to access services due to the pandemic.
- The service worked closely with the GP practice to ensure people received the healthcare they needed. A healthcare professional told us the staff identified when people were unwell and contacted them for advice.

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

- The home had been purpose built as a care home. There was a passenger lift and suitable equipment to support people.
- One person told us there were no locks on bedroom doors. The registered manager told us bedroom doors had never been fitted with locks but they could adapt the doors so people could lock them. We discussed involving people who lived in the home about future improvements to their accommodation.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights under the MCA were respected. The staff knew people well and knew how people showed if they agreed to their care. The staff respected the decisions people made about their care and lives.
- Where people needed restrictions on their liberty, to ensure their safety, the registered manager had applied to the local authority for appropriate authorisation under DoLS.

# 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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. At this inspection this key question has deteriorated to requires improvement. This meant the service leadership, management and governance did not always ensure the delivery of safe, high-quality care.

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

- Although the provider had systems to assess the quality and safety of the service, these had not identified all the issues we found with medicines management or people's concerns regarding agency staff competence and staffing levels.

We found no evidence that people had been harmed however, we found the systems to assess the quality of the service were not effective. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager acted on feedback received during the inspection to share issues raised with the staff team and to address some of the concerns we found.
- People told us the home was well-managed. They said they knew the registered manager and could speak to her if they needed. One person said, "I ask the manager if I can come for a chat and time is found for me so no problem."
- Providers of health and social care services are required by law to notify CQC of significant incidents which happen in their services. We found an incident which had not been notified to us, as required. We discussed this with the registered manager during the inspection who took immediate action to address this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us the care provided was person-centred. One person told us, "They work at making us happy and they organise activities for us, exercises sometimes, a barbecue is planned, and we had a fete the other day, such fun!" Another person said, "They are wonderful I didn't know I would be so happy, and the staff can't do enough, I have made so many new friends." A relative told us, "The care is very personal, they never miss a birthday with cake and balloons, and they organise some very good activities."
- People told us they would recommend the service. One person said, "I would recommend the home to anyone it is very good, with happy caring staff." Another person said, I would [recommend the service] the care is excellent and the staff more than helpful."
- Staff told us they felt well supported and provided people with person-centred care.

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

- The provider and registered manager understood their responsibilities under the duty of candour. They were aware of the need to be open and transparent with people if incidents occurred where the duty of candour applied.

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

- The provider had systems to involve people, and those who knew them well, in planning their care and support. People told us the staff knew them well and included them in decisions about their care.
- Relatives told us the provider had ensured open communication with them during the pandemic, to keep them up to date with changes to the service as government guidance changed. One person said, "There was good communication, they had Zoom meetings to inform us whenever there was a change." Another person told us, "Communication at all levels has been very good."
- People told us, if they raised any concerns, action was taken in response to their feedback.

Working in partnership with others

- The registered manager had developed positive relationships with other agencies and services to ensure people received the support they needed.
- Staff contacted other services, including specialist services that supported people, as people's needs changed. This helped to ensure people continued to receive support as they required.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> Medicines were not managed safely and people were placed at risk of harm.
	Regulation 12 (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> The systems used to monitor the service had not been effective to assess and improve the quality and safety of the service.
	Regulation 17 (1) (2) (a) (b) (e)