

Prime Life Limited

Sandybrook

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Sandybrook is a residential care home providing accommodation, care and support for up to 25 people aged 65 and over, most of who were living with dementia. At the time of the inspection, there were 20 people living in the home. Bedrooms comprised of 25 single bedrooms, all of which had en-suite facilities.

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

Systems and processes safeguarded people from the risk of abuse. Staff were confident the management team would act quickly to keep people safe. Systems were in place to ensure lessons were learnt from any incidents and the management team understood their responsibility to be open and honest when something went wrong.

Risks to people's health, safety and wellbeing were managed well. Equipment was safe to use and regularly serviced and maintained. Environmental risks and shortfalls, found at the last inspection, were being addressed with an ongoing improvement plan in place. Staffing levels had improved and safe recruitment systems ensured staff were suitable to work with vulnerable people. The cleanliness of the home had improved, and staff followed safe infection control practices. Additional systems and guidance were in place to reduce the risk of infection during the pandemic. Medicines were managed safely.

The management team and staff had worked hard to address the shortfalls found at the last inspection. The registered manager was aware of the regulations and their responsibilities to meet these. There were effective systems to check the quality of the service and to monitor staff practice with clear evidence improvements had taken place. People's views were sought about the service and acted on. Where possible, people were involved in decisions about their care and support. Care was planned in a person-centred way which helped ensure good outcomes for people. Records were accurate and organised. The service engaged well with external professionals to ensure people received prompt and coordinated care.

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 Inadequate (published 7 January 2020). There were multiple breaches of regulation including continued breaches of the regulations, new breaches and failure to act on previous recommendations. The service was placed in special measures. This meant the service was kept under review and an inspection would be undertaken within six months to ensure significant improvements have been made. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

During this inspection, we found improvements had been made and the provider demonstrated that improvements have been made in Safe and Well-Led. The service is no longer rated as inadequate overall, or in any of the key questions. Therefore, this service is no longer in special measures.

Why we inspected

At our unannounced comprehensive inspection of this service on 12, 13, 14 November 2019, we found breaches of legal requirements in safe, effective, caring, responsive and well-led. Warning notices were served in relation to Regulation 15 – Premises and Equipment, Regulation 17 - Good Governance and Regulation 19 – Fit and Proper Persons Employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was placed in special measures.

We undertook this focused inspection to follow up on whether the warning notices we previously served, had been met. We also checked they had followed their action plan and to confirm they now met legal requirements in Safe and Well-Led. This report only covers our findings in relation to the Key Questions Safe and Well-Led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to 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 Sandybrook on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Sandybrook

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 the Care Quality Commission's (CQC) response to the coronavirus pandemic we looked at the infection control and prevention measures the provider had in place. This helped us identify examples of good practice in infection prevention and control.

Inspection team

The inspection was carried out by one inspector and an assistant inspector.

Service and service type

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

The service had a manager registered with CQC. 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

This inspection was announced. We gave 24 hours' notice of the inspection due to restrictions in place during the COVID pandemic.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and reviewed information from statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law. We also looked at positive comments left on an

independent review site. This information helps support our inspections. We used all this information to plan our inspection.

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.

During the inspection

People in the home were unable to share their views about the service with us. To help us better understand their experiences of the care they received, we observed how staff provided support for them. During the inspection visit, we spoke with the registered manager and two directors of the service.

We looked at some areas of the home and looked at a range of documents and written records including four people's care plans and other associated documentation, four staff recruitment and induction records, staffing rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates and records relating to the auditing and monitoring of service.

After the inspection

We spoke with three relatives and three care staff. We also spoke with a healthcare professional who regularly visited the service. We continued to seek clarification from the provider to confirm evidence found. We looked at records sent to us before and after the inspection.

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 inadequate. At this inspection, this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, the registered manager and provider failed to ensure risks within the environment were identified and managed to ensure people were safe. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- The registered manager and staff assessed and managed risks to people's health, safety and wellbeing. People's care records included guidance for staff about how to provide their care in a safe way.
- Equipment was serviced, clean and maintained in accordance with manufacturers recommendations. Environmental risks and shortfalls, found at the last inspection, were being addressed with an ongoing improvement plan in place.
- Accidents and incidents were being recorded and acted on. The registered manager reviewed the information to determine whether there were any trends or patterns and had taken appropriate action to keep people safe.

Staffing and recruitment

At our last inspection, the registered manager and provider failed to ensure appropriate staffing levels were in place. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staffing levels had been reviewed following the last inspection to ensure people received prompt care and support. Staff told us there were enough staff available to meet people's needs. We observed staff were attentive to people's needs and people received prompt attention.

At our last inspection, the provider had failed to ensure robust recruitment systems and processes were in place, placing people who used the service at risk. This was a continued breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had improved recruitment systems and processes. The relevant pre-employment checks were completed to make sure staff had the right skills and character to work with vulnerable people. We discussed with the registered manager, the importance of always checking people's fitness to undertake the role following an offer of employment. The registered manager agreed to address this.

Using medicines safely

At our last inspection, the registered manager and provider failed to ensure 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered manager and staff followed safe processes to ensure people's medicines were managed safely. Staff were suitably trained to administer medicines and checks on their practice had been carried out.

Preventing and controlling infection

At our last inspection, the registered manager and provider failed to ensure appropriate hygiene standards were maintained. This was a continued breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- All areas of the home were clean and fresh smelling and areas noted at the last inspection had been addressed. We did note an unpleasant odour in the entrance; the registered manager agreed to address this.
- The provider had systems to help prevent the spread of infection and staff had received training in this area. Detailed cleaning schedules were followed.
- Staff followed safe infection control practices. Additional systems and guidance were in place to reduce the risk of infection during the pandemic.
- The provider was using PPE effectively and safely and was accessing testing for people using the service and staff.

Systems and processes to safeguard people from the risk of abuse

- The provider ensured people were protected from the risk of abuse. Staff had access to appropriate policies and procedures and training and understood how to raise any concerns about poor practice. One staff said, "People are safe. I would speak up if they weren't".
- The registered manager and staff were clear about when to report incidents and safeguarding concerns. Staff were confident the registered manager would act quickly to keep people safe if they reported any concerns. Relatives had no concerns about their family members safety.
- Appropriate Deprivation of Liberty Safeguards (DoLS) applications had been made with regards to any restrictions in place; this ensured decisions were taken in people's best interests.

Learning lessons when things go wrong

- The provider had systems to ensure lessons were learnt from any incidents. This included sharing the outcome of incidents with the staff team to further improve the safety of the service.

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 inadequate. At this inspection, this key question has improved to requires improvement.

Whilst this key question has improved and there are no breaches in regulation in relation to how the service is led, the rating is limited to requires improvement as there are breaches of regulation in the other key questions, which were not assessed during this inspection.

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.

At our last inspection, the provider failed to ensure systems and processes were effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service was well-led. The registered manager was visible around the service. The registered manager and staff knew people well and good relationships had developed. Staff were attentive and we observed positive interactions between staff and people living in the home.
- The registered manager and staff encouraged people to make choices and decisions about their care and support. Risks to people's health and well-being were assessed and kept under review; care records reflected people's choices and preferences. Relatives were updated and involved in decisions. This helped ensure good outcomes for people.
- The culture within the service had improved. Staff told us they enjoyed working at the service and felt supported. They understood their individual responsibilities to service delivery. Comments included, "Improvements have been made and it has been difficult time. Some staff have left but everything is better" and "Staff know what they have to do and how to do it; there are checks in place".
- The registered manager and provider understood the duty of candour and their responsibility to be open and honest when something went wrong. Staff said the registered manager was approachable; they were confident the registered manager would take appropriate action to respond to any concerns.

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 provider failed to improve care and managers did not understand quality

performance, risks and regulatory requirements. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Throughout the inspection, the registered manager demonstrated knowledge and understanding with regard to the regulations. The registered manager was supported by senior management and her practice and day to day management of the home were regularly monitored.
- Effective systems to check the quality of the service and to monitor staff practice were in place. Action had been taken to address any shortfalls with clear evidence improvements had taken place.
- Learning and development processes had improved for all staff. Training and supervision sessions were used to ensure learning and improvements took place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were effective communication systems to keep people updated. Relatives confirmed they were kept up to date with any changes. People's views were sought through day to day discussions and regular meetings. Care plans considered people's diverse needs.
- Staff meetings were taking place. Staff confirmed they were listened to and improvements were made. They said, "Communication has improved a lot and we are listened to at staff meetings".
- Management and staff worked in partnership with other agencies including commissioning teams and health and social care professionals. This enabled effective, coordinated care and support for people.