

R G Care Ltd

# Sands Lodge

## Inspection report

15 Kings Road  
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Essex  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Sands Lodge is a residential care home providing personal care without nursing for up to eighteen people with mental health issues. At the time of inspection eighteen people were using the service. The service is set over three levels with large gardens in a residential area.

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

People told us they were happy living at the service. One person said, "The staff are marvellous." Another person said, "The manager is the best, very good."

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had received appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medication was administered by staff who had received training to do so.

The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. 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 support this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for people.

Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff promoted people's independence through encouraging and supporting people to make informed choices.

People and their relatives and advocates were involved in the planning and review of their care. Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner. People were supported to make plans for the end of their life.

The registered manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

Rating at last inspection The last rating for this service was Good (last report published 03/06/2017).

Why we inspected This was a comprehensive inspection.

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

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Sands Lodge

## 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.

#### Inspection team

The inspection team consisted of one inspector. We inspected on 20 November 2019.

#### Service and service type

Sands Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 who was 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

This inspection was unannounced.

#### What we did before the inspection

Before the inspection, the provider completed a Provider Information Return (PIR). We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority. We used all this information to plan our inspection.

During the inspection

We spoke with eight people and observed interactions with staff. We spoke with the registered manager and three care workers. We reviewed three care files, medication records and information held in relation to the running of the service such as audits, survey results, meeting minutes and two staff files.

# 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "I feel safe here, I feel emotionally supported." Another person said, "It is a safe place, the door is locked at night and there are always staff around."
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "I would report anything to my manager, if I was not happy I would take things further and if necessary go to the police or CQC."
- The registered manager clearly displayed safeguarding guidelines for staff to follow if they had a concern and these detailed how staff could report concerns to external authorities. Staff were also aware of 'whistle blowing' policies and knew how to raise concerns with the regional manager or provider.
- Where any concerns had been raised, the registered manager and provider had worked with the local safeguarding team to fully investigate these to ensure people were not at risk.

Assessing risk, safety monitoring and management

- Staff undertook risk assessments to keep people safe. These assessments were person centred and aimed at maintaining people's independence. Assessments identified for example, if people required additional support such as with dietary requirements or mobilising and how any risks should be managed.
- People were cared for in a safe environment. The registered manager completed regular audits of the environment to make sure this remained safe for people. The provider carried out any repairs at the service and employed specialist where required.
- Regular fire evacuation drills took place with people and each person had a personal evacuation plan in place

Staffing and recruitment

- People received care from a consistent staff team who had the skills to deliver high quality care. Staff told us they had a good team and worked well together to support people.
- The registered manager told us they had enough staff to cover shifts and rarely used agency staff.
- The registered manager carried out checks to ensure staff were suitable to work with vulnerable people. These included references, proof of identity and checks of the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. When new staff were interviewed the registered manager sought the opinion and feedback of people during the interview process.

Using medicines safely

- People continued to receive their medicines safely. Staff had received training on how to manage and administer medicines. One member of staff said, "I feel confident when giving medication to people that it is done safely."
- Where people were able to self-medicate there were systems in place to ensure this was managed safely.
- Daily records were maintained by staff showing when people had received their medicines as prescribed. Regular audits were in place to check medication processes.

#### Preventing and controlling infection

- Staff had received training in infection control and had access to personal protective equipment (PPE) such as gloves and aprons.
- The service had cleaning schedules in place and was visibly clean throughout.
- The registered manager had policies in place for staff to follow in the event of an outbreak of an infectious disease.

#### Learning lessons when things go wrong

- The registered manager had systems in place to learn from risks, significant incidents or accidents at the service.
- Staff told us information was shared at meetings and important information was displayed as memos which they signed when they had read them.



# 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

- People's needs were assessed, and care, treatment and support were delivered in line with current legislation and evidence-based guidance that achieved effective outcomes.
- People's choices for care were considered and reviewed regularly with them.

Staff support: induction, training, skills and experience

- Staff told us they felt very supported at the service by the registered manager and provider. One member of staff said, "The management are open to listen and give support." Staff were supported to obtain the knowledge and skills they needed to provide good care.
- The registered manager supported staff with training. One member of staff said, "I am up to date with all my mandatory training and I am just finishing an NVQ level 3."
- New staff were given a full induction to the service and worked alongside experienced members of staff when they first started.
- Staff received regular supervision to discuss their support needs and had yearly appraisals.

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

- People were supported to maintain a healthy diet. Staff monitored people's weight for signs of changes and were necessary referred people for medical assessment.
- Meals were planned with people and although staff cooked the main choice of food for people, where people were able they were encouraged to prepare their own food. People told us they had enough choice over food and enjoyed meals.
- We saw people were actively involved in helping with meal times and made their own sandwiches and snacks if they wished at lunchtime. One person told us how they assisted staff with the food shopping.

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

- Since our last inspection the provider has made some adaptations at the service to meet the needs of people. This had included adding a ramp to help people who now required wheelchairs or walking frames to be able to access the community. A stair lift had also been added to accommodate people being able to access the second-floor rooms.
- People told us how they had been included in making choices over new furniture, carpets and redecoration of their rooms.

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

- People's healthcare needs were considered and supported by staff. One person said, "The staff come with me to appointments."
- Staff worked closely with other health professionals such as district nurses, GPs and mental health professionals. People received reviews from health professionals and were supported to have yearly flu vaccinations if they wished.
- In records we saw staff monitored people's health needs and assisted them to attend specialist appointments.

#### 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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in MCA and DoLS. Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities.
- One person told us, "Staff can guide us, but we make our own choices."
- Appropriate applications had been made to the local authority for DoLS assessments. The registered manager supported people to access advocates when appropriate, these are independent people who support people to ensure their rights and best interests are being protected. This told us people's rights were being protected.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they had good relationships with staff and were treated with kindness. One person said, "Staff treat me very well, they are kind and funny. We have a laugh together."
- People told us they all got on well together living at the service. One person said, "We all look out for each other and help each other." We saw there was a sense of community at the service between people and staff.
- Staff respected people as individuals, equality and diversity needs were identified to ensure individual preferences and needs were being met.

Supporting people to express their views and be involved in making decisions about their care

- We saw staff had good relationships with people and knew them well. Each person had a named key worker to support them individually. One person told us, "I meet with my key worker every month and we go through my care plan."
- Everybody we spoke with was able to tell us who their key worker was and how they helped them. Another person said, "I like going out with my keyworker [staff name], we go shopping or for a coffee."
- People told us they could talk to staff or to the registered manager and felt involved in their care and support needs.

Respecting and promoting people's privacy, dignity and independence

- Staff knew people well including their preferences for care and their personal histories. People were supported as individuals to enhance their quality of life, this included respecting their age, sexual orientation, cultural and religious needs.
- People showed us how they had personalised their rooms and told us staff had helped them with this.
- Some people shared rooms and told us they were happy with this arrangement. Two people we spoke with said, "We like sharing together we help each other and keep each other company, sometimes we watch television together. We don't like the dark so have a lamp on."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Before people came to live at the service a full assessment was completed to ensure their needs could be met.
- Care plans were person centred and included information on people's background, hobbies and interests, likes and dislikes and preferences on how they wished to receive their care and support.
- Care plans were regularly reviewed with people to ensure staff had the most up to date and relevant information to support them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported with their communication needs including the use of large print and pictures to gain their feedback.
- Staff supported people to access opticians and eye appointments where necessary.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow interests and activities they enjoyed in the local community. On the day of inspection seven people had gone on a trip out along the seafront and were having breakfast out. When they returned people told us how much they enjoyed the trip out. Another person who was out for the morning told us, "I have been to church this morning to play scrabble."
- We saw people were supported to follow the activities they enjoyed and everyone at the service was active in the community. One person said, "Three of us go to college together, I enjoy doing craft there."
- People were supported to access holidays and staff helped people to save and budget for holidays. Whilst speaking with one person they told us of the holidays they had enjoyed and how they had booked to go away again soon.
- People were supported to maintain relationships with their friends and families and to spend time with them at the service and in the community.
- The registered manager told us they arranged events at the service and raised money to fund some of the costs of trips and activities.

Improving care quality in response to complaints or concerns

- There was a complaints system in place which was accessible for everyone. People told us if they had any issues they would talk to the registered manager.

#### End of life care and support

- There was no one at end of life currently being supported at the service. Staff had discussed with people and recorded their preferences of what they would wish to happen at the end of their life considering their cultural and spiritual needs.

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff placed people at the centre of the service. All care delivered was person centred and aimed to promote people's happiness and independence. One member of staff said, "We want to make sure we look after people's well being and support them to maintain their independence."
- There was a positive and inclusive culture. People told us how they supported each other and participated in meaningful activities such as, making drinks for each other or helping with laying tables and cleaning tasks. We saw staff and people had good relationships and there was a happy atmosphere at the service.

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

- There was a positive management structure in place which was open and transparent. Staff told us they felt very supported by the registered manager, regional manager and provider. One member of staff said, "The support is very good from all of the management not just about work but with personal issues to."
- People benefited from a consistent staff team that worked together and understood their roles and responsibilities. Staff told us they worked well together as a team to support people. They had handover meetings every day and had staff meetings which included discussing people's care needs and progress.
- The registered manager and provider understood their responsibility under duty of candour to be open and honest if things go wrong.

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

- People were actively involved in improving the service they received. The registered manager met with people regularly to discuss the running of the service and to get people's feedback. We saw from minutes of meetings they discussed with people such subjects as activities, going to college, trips out and holidays.
- People were also asked for their opinions and feedback using questionnaires. We saw the registered manager analysed the responses and gave feedback to people with any changes or actions that would be implemented from the questionnaires. The registered manager told us the main themes were around improving decorations and obtaining new furniture we saw this had been implemented.
- The registered manager had made many links in the community, so that people could be fully inclusive in activities held locally, such as at clubs, colleges and churches.

Continuous learning and improving care; Working in partnership with others

- The registered manager had quality assurance processes in place. Regular audits were completed on all aspects of the service giving the registered manager and provider a good oversight.
- The regional manager also completed checks and audits to ensure they were performing in line with regulations and to drive continual improvements.
- The registered manager supported staff to continuously learn and develop their skills. This included supporting staff to obtain nationally recognised qualifications
- Staff worked in partnership with other healthcare professionals such as GPs and mental health professionals to ensure people's needs were met and they had positive outcomes whilst living at the service.