

Hudson (Sandiacre) Limited

Sandiacre Court Care Centre

Inspection report

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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

Sandiacre Court Care Centre is a nursing and residential home. People in care homes receive accommodation and 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 home can accommodate up to 81 people. At the time of our inspection there were 60 people living in the home. The accommodation is arranged over three floors; each floor has their own dinning and lounge areas, with some smaller rooms for relatives or quiet spaces. There is an enclosed accessible garden.

At our last inspection we rated the service 'Good', with the responsive domain rated as requires improvement, at this inspection we saw improvements had been made. The evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had improved to provide responsive care. Peoples care plans reflected preferences and choices which were followed. Areas of interest and stimulation were on offer. People's views had been included and new initiatives developed. There was a complaints policy which was followed and concerns responded to. When people required end of life care it was provided with care and compassion and in line with peoples wishes.

The service continued to provide safe care. People felt supported by staff who knew how to ensure they remained safe from harm. Any risks had been reviewed and measures taken to reduce the risks. There were sufficient staff to support people's needs. Medicines were managed safely by staff who had received training and guidance. Measures were in place to protect people from the risk of infection. When events had occurred improvements were made to reflect learning.

The service continued to provide effective care. Staff received training to support their role and had the opportunity to develop their learning. People had a choice of meals and their dietary needs had been catered for. When people required support from other health care professionals this was obtained. Shared learning from these professionals was used to develop good practice and follow current guidance or standards. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The people told us they continued to receive good care. People had been supported to remain independent and their choices respected. People had established positive relationships and their dignity was respected. Individual needs had been considered, which included supporting peoples spiritual needs.

The service continued to be wellled. There was a registered manager who understood their registration. People's views had been obtained and any areas addressed. The provider continued to make improvements to the home and audits were completed to continually address all areas of the home and care being

provided. Partnerships had been developed and these helped to advance learning in areas of care.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Sandiacre Court Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 March 2018, and was unannounced. The inspection team consisted of two inspectors and a specialist advisor. A specialist advisor is a professional who has expertise in a specific area. Our specialist was a nurse.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We also spoke with the local authority who provided us with their current monitoring information. We used this information to formulate our inspection plan.

We spoke with eleven people who used the service and seven relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas. We spoke with one health care professional and one social care professional. After the inspection we also contacted an occupational therapist by email. Their comments have been included in the report.

We also spoke with four members of care staff, two senior care staff, two nurses, one domestic staff member, the activities coordinator, the deputy and the registered manager. We looked at how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the care records for ten people to see if they were accurate and up to date. Systems the provider had were reviewed to ensure the

quality of the service was continuously monitored and used to drive improvement.

Is the service safe?

Our findings

People told us they felt safe. One person said, "Staff know me well and that makes all the difference in making me feel safe." We saw staff had received training and understood the need to protect people from harm. One staff member said, "We are aware to look for any abuse, including incidents between people. I would report this to the seniors or management." We saw when safeguards had been raised the registered manager had investigated the concerns and worked with the local authority. A social care professional said, "They know the routine paper work and have called for advice about any concerns or incidents."

People's risks had been reviewed. When a risk had been identified measures had been taken to reduce this risk. For example, one person was at risk of falling, we saw they had a bed which lowered close to the floor and they had a sensor mat. Some people had equipment to help them transfer. We saw the least restrictive option had been considered. For example, instead of a hoist, people had been assessed to use a stand aid. We saw stand aids were also used to relieve pressure on people's skin. Other equipment like pressure cushions were in use to reduce the risk of sore skin.

Maintenance of the home was maintained. We saw any repairs had been recorded and the appropriate repairs made. For example, a crack in the floor one of the bathrooms. We saw how lessons had been learnt when an event occurred. The home had received an alert regarding some maintenance checks. The provider took appropriate action by seeking support from the health and safety advisor and the registered manager and maintenance staff had attended a training course to advance their skills. Following the training the provider reviewed their practices and the incident has not reoccurred.

Each person had an emergency evacuation plan. This was to ensure the level of support each person required was documented and staff knew what each person required. We saw this information was available on each floor at the reception point. People told us they had participated in fire drills. The registered manager told us, "We had two in close succession as the first one was not very successful." People had reflected on these in the residents meeting and requested information on the evacuation procedure to be more visible and signage in the corridors to provide directional support. The registered manager told us this would be implemented.

There were sufficient staff to support people's needs. One person told us, "Staff pop in every hour, I am never alone for long." All the relatives we spoke with said, "There is always staff around when we visit." All the staff we spoke with felt there were enough to provide the support people needed. A staff member said, "It's organised here and we all get on with everyone." The registered manager had a dependency tool which reflected the levels of support people required. One staff member told us, "I am supernumerary today. This means I can focus on care plans or be available if needed." The registered manager told us, "It takes the pressure off staff and gives them time to get things up to date, like the care plans and reviews." Staff told us they received a range of checks before they commenced their role. These included references from previous employers and a police check. We saw records which confirmed these checks had been completed.

Medicine was managed safely. We observed medicine being given to people, time was taken to explain the

medicine and provide a drink with the tablets. When people had been prescribed 'as required' medicine time was taken to ask people if they required pain relief and the person's decision was respected. We found the stock and storage to be in line with current guidance.

There was a structured approach to ensuring the home was protected from infection. There was a daily team of domestic staff who followed schedules to ensure the home was kept clean. One relative commented, "There is always a lovely lemon smell in a morning, it's always clean." We saw when the home had an outbreak of sickness there was a planned approach to stop the infection transferring to different floors within the home. The registered manager consulted public health and followed guidance in relation to visitors and recorded their in put. Staff had access to aprons and gloves which we saw were used when providing personal care and serving meals. The home had a five star rating from the food standards agency. This is the top rating and shows appropriate systems were in place to ensure hygiene levels in relation to food.

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw assessments that had been completed were decision specific and had been used to reflect areas when the person was unable to make the decision themselves. We saw best interest meetings had been instigated with professionals when a decision was required which had an impact on a person's wellbeing.

We saw some DoLS which had been authorised contained conditions. We found the conditions had been reviewed and followed in accordance with the authorisation. We spoke with staff about MCA and DoLS and all were able to provide an understanding of these requirements.

Staff were provided with training and guidance to support them in their role. One staff member told us, "I have just done my training to do phlebotomy and catheterisation. If I find a course that I would like to do I just have to ask and my manager will usually pay for the training if they think it will help the people here." We saw all the staff had been supported with training. The registered manager had obtained some additional funding which enabled several staff to take on vocational qualifications. When new staff commenced their role they received training in the care certificate. This is a national recognised qualification which covers all aspects of providing care. One staff member told us, "I have done my training and now I am shadowing experienced staff until I feel confident."

Staff received guidance in relation to people's specific long term illnesses, for example, Coeliac or Parkinson's disease. Supporting information was available in the care records. We saw some staff had received insulin training to support people living with diabetics. The staff member told us, "I have been observed by the district nurse on three occasions to ensure I am competent. Now I can do the daily tests."

People told us overall they enjoyed the food. One person said, "Breakfast is the best meal of the day." There was a meal book, which some people used to reflect their comments. One person told us, "The meals vary. I feel it is appropriate to complain if it isn't nice and praise if it is." We discussed the meals and choices with the registered manager they agreed to continue to monitor the choice and meal content that was offered. We observed the midday meal and people were offered choices. To support people's independence different dishes and plates were used. People's weights had been monitored and any concerns had been raised with health care professionals to seek advice. Any advice received had been shared with the staff and the cook so that the correct dietary meal could be prepared.

People's health care needs had been considered. We saw that a range of referrals had been made to health professionals depending on the individual's requirements. For example, some people required support from the GP, chiropodist or other health professionals. We saw that when monitoring of a health condition was required this had been completed. One person told us they were experiencing difficulties with their health needs. We reviewed their records and saw this had been followed up with the specific nurse for that health condition and the guidance had been updated within the care plan and with the staff.

To support some people's care, links with other organisations had been developed. For example the staff had received some support from the Dementia outreach team. The registered manager had contacted them and the team had provided hands on support. One staff member said, "They showed us some good distraction techniques and provided the support when we needed it."

People were able to personalise their space. For example, pictures and furniture which they had brought with them. We saw large items had been fastened to the wall to ensure they remained safe. There was Wi-Fi connection throughout the building and people were able to connect with their own computers and electronic devices. We saw the building adapted to people's different needs. For example, on one floor we saw that sensory lighting had been used to support a calm, warm environment. There was an enclosed garden and we saw people freely accessing this space.

Is the service caring?

Our findings

People had established positive relationships with the staff. One person said, "The staff are excellent, they are all lovely." Another said, "It's first class, I am well looked after." We saw throughout the inspection visit that staff responded to people in a positive way. There was laughter and spontaneous conversations. One relative said, "We have seen our relative so well looked after. This is the only place I would want them to be". Another relative said, "My relative has a good relationship with the staff, it's like when we are not here they have extra daughters." A social care professional said, "I have been impressed with staff, they know people well." Friendships had been promoted and we saw this was often during the meal time. One person said, "I usually sit with the same people, we like to stick together." We saw these friendship groups were promoted.

People had been encouraged to develop their independence skills. For example, people used walking aids to assist them around the home. We saw that staff used a variety of methods to communicate with people. For example, one person was unable to communicate verbally. The staff used a set of picture cards to enable the person to make choices about their daily activity. One staff member said, "It works really well and we feel like they are still having some independence."

Relatives told us they felt welcomed and relaxed at the home. We saw when relatives came; they were known by the staff and made to feel welcome. People's spiritual needs had been considered. There was a strong link with the local church. One person said, "It's very important to me. The staff always make sure I am involved." Some people had prayers in their own room and music stations to support their culture. Others' religion was recorded and respected in relation to any of the religion and any specific aspects which impacted on their person's care.

The staff anticipated people's needs and supported people to maintain their dignity. One person said, "I have total privacy really, staff knock on the door before entering and I have my own ensuite." We saw staff maintained people's dignity when they supported them with personal care. One person said, "Staff are very professional. They preserve confidentiality; you don't hear any gossiping about other people."

Is the service responsive?

Our findings

There was a complaints policy. This was displayed in the reception of the home. People told us they knew how to raise a complaint. We saw that when complaints had been raised they had been responded to in line with the provider's policy. We saw the complaints had been responded to with an apology and formal response to the concerns raised. We saw the registered manager had also introduced a book to record any small concerns which may occur whilst the senior person manages the 'on call' phone. The 'on-call' phone is used for support outside the service 9.00am to 5.00pm. These are then reviewed and addressed.

People and those important had been consulted about the care they received. One relative said, "When my relative came here, staff asked me loads of questions about them to get some in-depth detail of what sort of person they are and their life. It included religious needs and foods choices. People's information identified all aspects about their preferences and life history. Each person had completed a Life story using a nationally recognised booklet, 'This is Me'. This provided staff with information about the person's life before they came to the home. The care plans were detailed and had been reviewed each month or when a person's needs had changed. One relative said, "We have a review every three months."

Information could be provided to people in a format they could understand to enable them to make informed choices and decisions, this was in the form of a service guide. The registered manager told us, "If required we can provide the information in different formats. No one has requested this presently."

A new initiative had been embraced by the activities person called, 'Fit as a Fiddle.' This is an exercise programme which can be done sitting or standing. This programme aims to promote people to remain active and continue to use their muscles. We observed this activity taking place. One person said, "They have made a difference already." One staff member said, "This initiative had been good and people enjoy it. I have been surprised by those who have joined in. Even the staff are joining in." We saw planned activities were displayed in the reception of the home and on each floor. Some people went out to clubs and other people with family members. There was an open café area in the reception of the home which we saw was used by families to enjoy refreshments and time together.

When required people were supported to make decisions about their end of life needs. We saw when people received this level of care, their wishes had been considered. For example, remained in their chosen room and received the nursing support as required. Their pain relief had been discussed and medicine was available to support levels of pain management. One relative said, "[Name] does not ask for pain relief, but the staff know by their face and then they make sure they get the nurses to provide it." Family members had been welcomed to visit and stay to suit the person's wishes. One relative said, "We are kept up to date on the things happening in the home and the activities person does someone to one with them."

Is the service well-led?

Our findings

SandiacreCourt Care Centre had a registered manager. This is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager understood their registration and had ensured we had been notified of any events or incidents which had occurred at the home. The home had displayed the previous rating at the home and on the provider's website.

People told us they enjoyed living at the home. One person said, "I do enjoy being here, I'm quite content and happy." Another person said, "If I have to live somewhere, it's probably the best you will find." The registered manager told us they completed care shifts, one relative said, "They do the care shifts, it means they know every person and are sensitive to their needs."

All the staff we spoke with felt supported. Nurses we spoke with said, "I have received excellent support from the manager to maintain my nurse registration." Nurses are required to re-validate their nursing registration every three years. They have to demonstrate their practice remains safe and effective. We saw the registered manager had prepared packs for the them to support this process. Staff told us they received supervision to support their role. One staff member said, "We cover the role, training, all sorts of things its open. I feel supported." Another staff member said, "I get help whenever I need it. I can approach my manager at any time including anything personal.

Staff had regular meetings so they could be informed of developments and changes in the home. The provider also visited the home. One staff member told us, "We wanted a specialist shower chair for people who are in bed and are unable to sit up and they got that straight away." The registered manager also felt supported by the provider and had regular support from the providers other locations.

Meetings were held monthly for people who use the service to enable them to provide their feedback on areas of the home and the care they receive. In a recent meeting it was requested display boards to show the planned activities. We saw these had been provided. Another request was glass jugs for juice on the tables. These jugs had been purchased, however people found them to be too heavy. The registered manager was looking into an alternative.

The registered manager completed a wide range of audits on a structured basis. For example, some audits were completed monthly, others in line with required regulatory requirements. When an audit reflected an area of concern this was identified on an action plan so that it could be addressed. For example, meals experience identified the cook was not present to receive feedback, the registered manager told us they would be addressing this. The audit in relation to falls led to the development of some partnership working.

The home had recently contacted the local Age UK to take part in the 'Pimp my Zimmer' initiative. This has

been a national programme which looks to decorate the persons walking aid, so that people recognise their aid and use it. Feedback from the project has shown it reduces falls. Linked to this the registered manager has contacted the falls team about providing staff with training in this area. They told us, "All these things will help reduce people falling and raise our awareness." The occupational therapist linked to the project told us, "The manager was enthusiastic about the training that we could offer and we are arranging to get it booked in."

In the PIR the provider told us they were developing a new electronic care planning system. This was still being developed. The registered manager told us, "The developers have visited and discussed with us what we need the system to do. Now we are waiting so we can test it." They told us, "The audits are also going on the system, which will mean we can access them from an iPad and use that to go around the building and complete the audits. Plus the addition of being able to draw off a range of reports to support the quality management." This showed that the provider continued to consider developments to make improvements to the home and care being provided.