Shaw Healthcare (de Montfort) Limited

Sandalwood Court

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This unannounced inspection took place on 11 January 2016. The service provides support for up to 60 older people who require support with their personal care. At the time of our inspection there were 51 people living at the home.

There was a registered manager in post. A registered manager 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.

People felt safe living in the home and most people were able to receive support when they needed it however improvements were required to ensure consistent staffing levels were in place and people received good quality care in a timely manner at all times.

The staff team worked well together but evidence showed that there were concerns about the

Summary of findings

approachability and accessibility of the management team which also impacted on staff morale. People were supported by staff that had been suitably recruited and adequate checks were made before staff started work. The ethos and values of the home put people at the forefront of the service, and people were given a choice in every aspect of their care.

Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Care records contained individual risk assessments to protect people from identified risks and help keep them safe. They provided information to staff about action to be taken to minimise any risks whilst allowing people to be as independent as possible.

Accidents and incidents were recorded and reviewed and further action was taken to prevent similar incidents reoccurring. People were supported to take their medicines as prescribed and suitable arrangements were in place to dispose of any excess or unused medication.

Staff received suitable training to meet people's needs and this was monitored by the management team to ensure people's training needs were regularly updated. Staff were provided with formal supervision on a monthly basis and received support on a day to day basis from their peers.

People were actively involved in decision about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and appropriate documentation was in place to record the process staff had followed.

People's healthcare needs were regularly reviewed and action taken when concerns had been identified. People were supported to maintain a balanced diet and eat well, and had their nutritional needs met with freshly prepared meals.

Staff treated people with care and compassion and people told us that the staff were very good to them. People were consistently asked for their opinion and feedback whilst they were receiving care from staff to ensure people were comfortable and happy with the care they received.

Staff responded promptly when people became distressed and offered comfort appropriate to each individual. People's dignity and right to privacy was protected by staff and visitors and relatives were made to feel welcome at the home.

People's care and support needs were assessed before people came to live at Sandalwood Court to ensure the service could meet their needs. The assessment and care planning process also considered people's life history which provided staff with the opportunity to have meaningful conversations with people.

People's care plans were reviewed and updated by staff as people's needs changed. People were able to choose to participate in a variety of activities that they enjoyed, and there were opportunities for people to provide their views on the running of the service. Formal complaints were investigated and resolved in a timely manner.

The service encouraged people and their relatives to complete quarterly questionnaires and action was taken to resolve negative comments. Quality assurance systems were in place which reviewed many aspects of the service that people received and the registered managed had developed relationships within the community and healthcare sector to share and promote best practice for people requiring care and support.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Staffing levels were not always consistent and this added pressure on staff to meet everybody's needs.

People felt safe living in the home and recruitment procedures were in place to ensure suitable staff were employed.

Safeguarding systems were in place and understood by staff to keep people safe.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the house and staff. People were happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and people felt that they had been listened too and their views respected.

Is the service responsive?

Good

The service was responsive.

Pre admission assessments were carried out to ensure the service was able to meet people's needs.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their well-being.

Summary of findings

Is the service well-led?

The service was not always well-led.

The staff team worked well together however there were concerns about the approachability and accessibility of the management team.

A registered manager was in post and the ethos and values of the home put people at the forefront of the service.

There were effective quality assurance systems in place which reviewed the service that people received and took action to make improvements when required.

Requires improvement

Sandalwood Court

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 11 January 2016 and was unannounced. The inspection was completed by one inspector.

Before the inspection, 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. The provider returned the PIR and we took this into account when we made judgements in this report.

We also reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with 12 people who used the service, seven members of care staff, three members of the kitchen staff, the activities co-ordinator, the deputy manager, the registered manager and the provider. We spoke with six relatives and two healthcare professionals. We also looked at care plan documentation relating to five people and three staff files.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Requires improvement

Is the service safe?

Our findings

People said that they felt safe living at the home. One person who enjoyed spending time in their bedroom said, "The staff always come and check on me. I feel safe here." Another person said, "If I want any help I press my button and someone comes." People had access to a responsive alarm they could use if they needed staff assistance.

The service required improvement to the staffing levels. Most people told us that there were enough staff to keep them safe however one person contacted us and explained that there were occasions that people had to wait for their food due to the number of staff that were available to assist them. Another person told us that staff did not frequently check on them in their bedroom to check they were safe, or if they needed anything. Some relatives felt comfortable with the staffing levels however three of the six relatives we spoke with expressed concerns that they did not feel there were adequate staff, particularly at night and weekends. One relative told us that there had been instances when their relative's medication had been delayed due to a lack of staff. Four members of staff told us that there were several occasions that despite the registered manager requesting additional resources, some shifts could not be fully staffed. Staff told us this put them under increased pressure to ensure everyone had their needs met and were kept safe. We observed that there were occasions that people that required support to mobilise were left unattended in the communal areas for more than five minutes, particularly in the upstairs unit where people may have limited abilities to request support. On more than one occasion people were left with a music CD skipping and causing an irritating sound until staff returned to the area. During the inspection it was confirmed by the registered manager that there were occasions that not all shifts were fully staffed but that the staffing levels that had been maintained were sufficient to keep people safe and provide them with the care they required. The registered manager stated that the service used bank and agency staff in an attempt to cover all the shifts and the service was currently recruiting additional staff. However the current staffing arrangements did not provide a person-centred approach to meeting people's needs at all times.

There were appropriate recruitment practices in place. The provider obtained employment references and completed criminal background checks on staff with the Disclosure and Barring Service (DBS) before staff started work or assisted people with their personal care. The service also completed numeracy and literacy assessments of staff to ensure they could competently understand and update people's care records.

People were supported by a staff group that knew how to recognise when people were at risk of harm and what action they would need to take to keep people safe and to report concerns. This was because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider's safeguarding policy set out the responsibility of staff to report abuse and explained the procedures they needed to follow. Staff understood their responsibilities and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. The provider had submitted safeguarding referrals where necessary and this demonstrated their knowledge of the safeguarding process.

Comprehensive risk assessments were in place to identify areas where people needed additional support to keep people safe. For example, risk assessments had been completed regarding the administration of medicines, and whether people were able to have their own key to their bedroom. We saw that people at risk of falls had risk assessments in place and these were regularly reviewed or updated when necessary.

Accidents and incidents were recorded and reviewed. Staff recorded all incidents of concern, and understood the requirement to inform a senior member of staff if an incident occurred. One member of staff said, "If there is an incident I would deal with it, or ask for help from a senior member of staff, but I would always record it." The registered manager reviewed all incidents and assessed if there were any trends or actions that needed to be taken as a preventative measure to avoid any similar incidents occurring. For example, following one person's recent fall the registered manager had requested a further mental health assessment as the person had displayed increased symptoms of dementia.

There were appropriate arrangements in place for the management of medicines. People said that they usually got their medicine on time. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. We observed staff explain

Requires improvement

Is the service safe?

to people what their medicines were for and give people adequate time to take them comfortably. Staff confirmed the disposal arrangements with the pharmacist for any unused or out of date medicines.

People lived in an environment that was safe. There was a system in place to ensure the safety of the premises as the service employed maintenance staff and regular checks were made to the environment. We also saw that people had emergency evacuations plans in place so staff would understand the support people required in an emergency situation.

Good

Is the service effective?

Our findings

People received support from staff that had received training which enabled them to understand the needs of the people they were supporting. People told us they had no concerns with how the staff supported them and delivered their care, and were gentle and professional in their approach. Staff received an induction and mandatory training which included safeguarding and infection control. Additional training relevant to the needs of people were also included such as diabetes and dementia training. Staff that had received the additional training commented on how helpful it had been to support people with these needs. For example, staff supported people in their current beliefs which may not be consistent with their true situation. In this regard, people were supported to look after dolls which they believed to be babies, and sit at an indoor bus stop to wait for their bus. The service had a good training programme in place to support staff with dementia training which reflected on staff understanding and training needs but was only available to staff that had completed their basic training. The management team monitored people's training needs and ensured people were kept up to date and refreshed on all aspects of mandatory training.

Staff had the guidance and support from their staffing peers when they needed it on a day to day basis and the registered manager provided advice and support when staff requested it, particularly during a significant event or in aspects of care that staff were unclear about the best way forward. For example, one member of staff described some concerns about supporting one person to mobilise and the registered manager had shown staff an alternative way to assist the person. Staff received regular one to one supervision meetings and appraisals which they told us were effective and provided an opportunity to discuss their development.

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 decisions 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. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. The management team and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom and the management team were waiting for the formal assessments to take place by the appropriate professionals.

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care. They were supported by appropriate polices and guidance and were aware of the need to involve relevant professionals and others in best interest and mental capacity assessments if necessary.

People's healthcare needs were safely met by experienced staff and referrals to specialists had been made to ensure that people received specialist treatment and advice when they needed it. One person said, "I haven't been poorly for a long time but I know they would get a doctor for me if I needed one." One person had arrived at the home with involvement from the Speech and Language Therapy (SALT) team. The person confirmed that the staff followed the advice they had been given and monitored the progress that the person was making in this regard. This meant that people were able to receive ongoing monitoring of their health. One healthcare professional that frequently visited the home told us, "Staff are good at listening to our advice and take on board how people should be supported. Overall I don't have any concerns about the quality of care people receive here."

People were supported to maintain a balanced diet and eat well. People told us they enjoyed their food and they always had enough to eat. One person told us the food was good and said "I never leave anything on my plate and I can always ask for more." People were given a choice of meals and if there was nothing on offer that they wanted the kitchen staff were happy to make up something different. Staff supported people to eat their meals in a timely way, and did not rush people that liked to take their time to eat.

Good

Is the service effective?

People's weights were regularly monitored when this had been identified as a concern to ensure that people remained within a healthy range. People who were underweight were given additional nutritional support to help improve their weight, for example by giving them fortified milkshakes. Kitchen staff were knowledgeable about people's dietary needs and how food needed to be presented, for example, people with swallowing difficulties had their hard food such as meat pureed.

Good

Is the service caring?

Our findings

Staff were upbeat and friendly and showed care and compassion whilst supporting people. People told us that the staff treated them well and that the staff were kind. One person said, "They're [the staff] a good bunch." Another person told us "The staff are all lovely." Staff engaged with people with humour and fun whilst completing their care responsibilities. People were supported in a kind and caring way and involved them as much as possible in their day to day choices and arrangements.

People were asked for their feedback by staff whilst staff were supporting them with their care, to make sure they were happy with the care they were receiving. For example, when one person needed to use a hoist to transfer from a chair into a wheelchair staff asked the person if this would be ok, and checked throughout the process with the person that they were comfortable; staff offered reassurance that the transfer wouldn't take long.

Staff responded promptly to people that became distressed and offered comfort in a way they required. For example, staff reassured people with a gentle hand rub when people became confused and they responded positively to this. People living with dementia were supported by staff in an appropriate manner. For example when one person became confused and concerned that they needed to go home, staff sensitively offered consistent reassurance and distracted them to talk about other subjects they had an interest in.

People's dignity and right to privacy was protected by staff. People told us that when they received assistance with their personal care staff shut the doors and shut the curtains. We saw that staff knocked on people's doors before they entered and staff were able to describe how they maintained people's modesty and dignity whilst they supported people to have a wash and get dressed.

People were encouraged to express their views and to make their own choices. People told us they were able to choose what time they got up in the morning or went to bed at night, and how they spent their time. One person said, "I prefer to have a lie in in the mornings and it's fine." Another person told us, "They [the staff] ask me what I want to do – where I want to go or where I want to sit." One relative told us that their loved one preferred to sleep throughout the day and be awake at night. They told us that staff were accommodating and ensured they got suitable meals at a time they wanted them. Another relative told us they felt people were given adequate choices and explained that their relative preferred to spend time in their bedroom but staff always asked them if they wanted to spend time in the communal areas for a change. Staff also gave examples of offering choices to people, for example one member of staff explained that they asked people what they wanted to wear each day and displayed a variety of options for them to make their choices if they were unsure or unable to communicate. We also observed staff asking people if they wanted the radio or television on and respected people's wishes once they had made a decision. People we spoke with did not have any involvement with an advocate to support them to make their own choices, however we saw that the service user guide contained guidance about how people could request this support if they required.

Visitors and relatives commented that they felt very welcome at the home and were able to be involved in the care and support their loved one received. One person preferred to have support from their family for some aspects of their personal care and they were enabled to be involved with this. One visitor told us, "I always feel I can come anytime. I'm always made to feel welcome."

Good

Is the service responsive?

Our findings

People's care and support needs were assessed before they came to live at Sandalwood Court by a member of the management team to determine if the service could meet their needs. The registered manager confirmed that people's dependency levels and staffing levels were considered to ensure the service could meet their needs before they moved in. One person and their relative told us they were very happy with the pre-admission procedure which involved them explaining to staff the care and support the person required, and how they liked to receive it. The person confirmed that since their relative had moved in the service "…more than adequately meets [name] needs." The person told us that staff listened to what they wanted and they were happy with the care and support they received.

The assessment and care planning process also considered people's past. People were encouraged to complete a life map detailing memorable holidays, jobs, important people in their lives and previous interests. Staff were knowledgeable about people's backgrounds and we saw staff use this information to engage some people in conversations. For example, staff encouraged people to reminisce about memories they had from their previous employment whilst they spent time relaxing in a chair.

People's care plans were reviewed regularly as people's needs changed and people's preferences were recorded and respected. People told us that staff offered them choices on a daily basis, for example, whether they wished to have a bath, shower or body wash and respected their decision. People were supported to dress how they liked and to maintain their personal care. One relative said, "[Name] always looks well when I come in."

People were able to choose to participate in a variety of activities. The home employed an activities co-ordinator who offered various activities for people to join in. One relative commented, "The activities are brilliant – the activities lady has been like a revolution here. They took [name] to the pantomime – she loved it." Activities included lively entertainment such as music bingo and more relaxing activities which included baking. The activities co-ordinator confirmed that they used people's reactions and feedback to the activities to decide what activities would be offered. Further work was underway to develop supporting more people who did not enjoy group activities, for example by offering hand massages and an opportunity to reminisce about their past.

There were arrangements in place to gather the views of people that lived at the home. People were invited to attend monthly residents meetings and they were able to give feedback on the service. For example people were able to request changes to the food they were offered, or activities they would to try. People told us they felt listened to and when they made requests they were usually met. We saw that people's requests were followed up at the subsequent meeting and people provided positive feedback about the changes they had requested, for example their food options.

People said they had no complaints about the service. People had access to a service user guide which contained information about how people could make a complaint however people understood that if they were concerned about anything they would talk to a member of staff. Several relatives told us if they were dissatisfied with anything they would talk to the registered manager and depending on the issue, most concerns had been resolved quickly. We looked at complaints that had been received and saw they had been investigated and resolved promptly.

Requires improvement

Is the service well-led?

Our findings

Staff worked well as a team and relied on each other to ensure people had the support they required however staff and relatives told us they felt there could be improvements to the involvement of the management team, with staff and relatives commenting that they did not feel the management were always approachable or accessible. Five members of staff commented that there were times that they did not feel valued and that staff morale was low, particularly when there were staff shortages. The management team were aware of the concerns regarding staff shortages and were working towards making improvements but this had been a difficult task which had not been resolved to a satisfactory outcome for all. People, their relatives and staff also commented about some positive changes that had been made, for example, the introduction of an activities co-ordinator by the registered manager had "been like a breath of fresh air" one person said.

The ethos and values of the home put people's choice at the forefront of the care and support they received and this was clear to see throughout the home. People were involved in the service and no assumptions were made on behalf of people. People were given a choice in everything they did and were given support to become as independent as possible. Staff were familiar with the philosophy of the service and the part they played in delivering the service to people, and did so effectively within their own capabilities.

People and their relatives had regular opportunities to provide feedback on the service via quarterly questionnaires. We saw evidence that when people or their relatives had responded negatively action had been taken to resolve people's concern. For example, the relative's survey identified that people did not feel they were provided with adequate refreshments whilst they visited their relative. As a result staff had been instructed to encourage relatives to help themselves to refreshments within the communal areas, and signs were on display to reinforce this message.

Staff were provided with an opportunity to be involved in the service and provide feedback during staff meetings. These were held on a monthly basis with the registered manager and information about changes to the service or improvements that needed to be made were discussed with staff. Some staff felt more confident than others to raise concerns but generally agreed that when concerns were raised the management team worked with staff to resolve them.

Policies and procedures provided accurate information and provided staff with detailed guidance about what to do whenever they were unsure. For example the safeguarding policy explained the definition of abuse and what staff should do to report any concerns.

Quality assurance systems were in place which reviewed people's care plans, medication, catering arrangements and the environment. Action plans had been created to make improvements and the majority of these were followed through and the appropriate action had been taken to make the required improvements. For example, one audit had highlighted that staff had not been totalling the fluids that people had been having to identify if there were concerns or trends. We noticed that there were improvements in this area and all the care plans we looked at that required fluid monitoring had been totalled at the end of each day.

The service had links with other key organisations to help develop the standards of care. For example the service joined up with other organisations including the ambulance service and local doctor's surgeries on a quarterly basis to understand trends and concerns and share best practice to help improve the standards of care for everybody. The registered manager told us they found this is a useful forum to understand how care standards could be improved.

The registered manager had also been looking at ways to develop their community links, particularly for people who may need support but did not require full time care. For example the service was in the process of organising a coffee morning with the Alzheimer's Society to invite people into the home. This would benefit members of the local community, the service development and care on a wider scale to understand how care at Sandalwood Court was provided. The provider was keen to develop and share best practice within all the homes and meetings with the other registered managers provided a forum for the services to do this.