

Prestige Care (Redcar SM) Limited

Sand Banks 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

This inspection was unannounced and took place on 23 March and 7 April 2016. The staff and registered provider did not know that we would be visiting.

Sand Banks Care Centre is a residential care home that can accommodate up to 77 people. The service can provide nursing care but at present is not delivering this form of care. At the time of our inspection there were 22 people living at the home.

There had been no registered manager in post since October 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 provider had appointed managers following the departure of the last registered manager but they had not stayed in post. The operations manager was attempting to recruit to this post and in the interim they were completing the process to become the registered manager. They were at the final stage of this process.

People were happy and felt safe. We found that a range of stimulating and engaging activities were provided at the home. People told us staff worked with them and supported them to continue to lead fulfilling lifestyles. People were supported to recognise the impact any memory loss had on their ability to go out independently and they told us that they needed staff support. People felt they would receive support from staff when needed.

People's care plans were tailored for them as individuals and created with their family and social worker's involvement. People were cared for by staff who knew them really well and understood how to support them. We observed that staff had developed very positive relationships with the people who used the service. The interactions between people and staff were jovial and supportive. Staff were kind and respectful and we saw that they were aware of how to respect people's privacy and dignity. Staff also sensitively supported people to deal with their personal care needs.

Staff were very well supported and had the benefit of a programme of training that enabled them to provide the care and support people needed. Staff were all clear that they worked as a team and for the benefit of the people living at Sand Banks Care Centre. Their comments and feedback are used towards the continuous improvement of the service.

The management team investigated even the smallest concern. We saw that they thoroughly looked at the concern and took prompt action to resolve them. They freely admitted where they had made mistakes and were very open and honest with people who raised issues.

The staff had a clear understanding of safeguarding and ensured that action was taken if concerns arose about the way people were supported. The registered provider had found that on initially opening there had

been problems setting up an effective nursing service so following a full review made the decision to cease providing this service until the home was more established. We found that over recent months the operational manager and management team had made sure the home improved and visiting professionals now found that the care delivery was effective and appropriate.

People who used the service and the staff we spoke with told us that there were enough staff on duty to meet people's needs. The management team closely considered people's needs and for the 22 people using the service there was two senior carers and four care staff on duty during the day and two senior carer and three care staff on duty overnight.

Where people had difficulty making decisions we saw that staff gently worked with them to work out what they felt was best. Staff understood the requirements of the Mental Capacity Act 2005 and had appropriately requested Deprivation of Liberty Safeguard (DoLS) authorisations.

We reviewed the systems for the management of medicines and found that people received their medicines safely. Medicines were closely managed and this ensured people received their medication exactly as prescribed.

People told us they were offered plenty to eat and we observed staff to assist individuals to have sufficient healthy food and drinks to ensure that their nutritional needs were met. A generous catering budget was provided. The cook also provided a range of fortified meals for people who needed extra calories to ensure they maintained their weight.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

The service had a strong leadership presence with management team who had a clear vision about the direction of the service. They were committed and passionate about the people they supported and were constantly looking for ways to improve. Thorough and frequent quality assurance processes and audits ensured that all care and support was delivered in the safest and most effective way possible. The operational manager actively sought review from external agencies.

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 ●

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to senior staff.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

People's risks were monitored and managed appropriately with the least restrictive option always considered

People lived in a clean and well maintained home with environmental risks managed appropriately.

People's medicines were managed safely and audited regularly

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

Staff felt supported by their colleagues and the registered manager and staff worked as a team.

People's consent was sought at all times. Staff followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty.

People were provided with a choice of nutritious food.

People's on-going healthcare needs were managed and monitored.

Is the service caring?

Good ●

The service was caring.

Staff knew people really well and used this knowledge to care for them and support them in achieving their goals.

People felt listened to and their views were taken into account and helped to shape the service.

Staff were considerate of people's feeling at all times and always treated people with the greatest respect and dignity

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were produced, which identified how to meet each person's needs. These plans were tailored to meet each person's individual requirements and reviewed on a regular basis.

We saw people were encouraged and supported to take part in activities a wide range of activities.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be looked into and reviewed in a timely way.

Is the service well-led?

Good ●

The service was well-led.

People benefitted from a service which had a strong management team.

People's views were sought and acted upon. Relatives' views were sought.

Robust and frequent quality assurance processes ensured the safety, high quality and effectiveness of the service.

External reviews found the home was consistently improving.

Sand Banks 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 registered 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.

We completed this unannounced inspection of Sand Banks Care Centre on 23 March and 7 April 2016. On the first day of the inspection the team consisted of an adult social care inspector and two specialist advisors, one of whom was a nurse and the other an occupational therapist.

We received and reviewed a registered provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we also reviewed all the information we held about the home. This information included the statutory notifications that the provider had sent to the Care Quality Commission and reports from local authority contract monitoring visits and the fire Authority.

During the visit we spoke with seven people who used the service and three relatives. We spoke with the operations manager, quality assurance manager, deputy manager, two senior carers, three care assistants, the receptionist, the maintenance person, domestic staff and the cook.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We looked around the service and went into some people's bedrooms, all of the bathrooms and the communal areas. We observed how staff engaged with people during activities.

We looked at six people's care records, four recruitment records and the staff training records, as well as records relating to the management of the service. We were also given documents relating to people's views of the home, policies, training and the business plan.

Is the service safe?

Our findings

We asked people who used the service and relatives what they thought about the home and staff. People told us they were very pleased to be living at the home and found the staff were kind. Relatives told us they found staff were very kind. They told us that they thought the staff provided care that met people's needs and kept individuals safe.

People said "The staff are lovely and kind" And, "They staff make me feel at ease and I can't praise them enough." And, "We have it good here."

Relatives said, "We find the staff are very helpful and make sure my relative has everything they need." And, "The staff really look after us really well."

People who were identified to be at risk had appropriate plans of care in place in areas such as managing pressure area care. Charts were used to document change of position and food and hydration were clearly and accurately maintained. The records reflected the care we observed being given. This meant people were protected against the risk of harm because the registered provider had suitable arrangements in place. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis.

Staff were able to clearly outline the steps they would take if they felt they witnessed abuse and we found these were in line with expected practice. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to senior managers and knew how to take it further if need be.

The operational manager and deputy manager were strong advocates for people and ensured people were protected. Recently they had picked up from small cues a person had given that the behaviour of visitors was inappropriate. They assisted this person to put measures in place to ensure they and their partner were not exploited.

We found information about people's needs had been used to determine the number of staff needed to support people safely. Through our observations, review of the rotas and discussions with people and staff members, we found that there were enough staff with the right experience and training to meet the needs of the people who used the service. Two senior carers and four care staff member were on duty during the day and two senior carers and three care staff were on duty overnight. In addition to this the operational manager, deputy manager and quality assurance manager provided cover during the week. They also provided on-call cover and we heard that they were available at all hours of the day and night. Additional support staff were on duty during the day such as activity coordinators, an administrator, maintenance person, catering, domestic and laundry staff.

We looked at the recruitment records for four staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw evidence to show they had attended interview and obtained information from referees. A Disclosure and Barring

Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and to minimise the risk of unsuitable people working with vulnerable adults.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency. Staff were also able to explain how they would record incidents and accidents. A qualified first aider was on duty throughout the 24 hour period.

We found that prior to this management team coming into place in October 2015 this had not been the case. Since coming into post the team had rectified all the gaps within the recruitment and training processes and had made sure all of the relevant documentation was in place.

Accidents and incidents were managed appropriately. The management team discussed how they analysed incidents to determine trends. They outlined how they had used this to assist them to look at staff deployment, which had led to reduction in accidents. We saw that where accidents had occurred they had been fully recorded and appropriate remedial action taken.

All areas we observed were very clean and had a pleasant odour. We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. Ample stocks of cleaning material were available. We saw that the domestic staff had access to all the necessary control of substances hazardous to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We also found that fire drills were completed every six months for day staff and every three months for night staff and refresher training was undertaken annually. This frequency was in line with that required in the fire regulations.

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and the portable appliance testing (PAT) were scheduled to be tested. The registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We found that there were appropriate arrangements in place for obtaining medicines, checking these on receipt into the home and storing them. We looked through the medication administration records (MAR's), all the medicines had been administered and recorded correctly. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered.

Adequate stocks of medicines were securely maintained to allow continuity of treatment. Information was

available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. All staff who administered medicines had been trained and had completed competency checks to ensure they could safely handle medicines.

Is the service effective?

Our findings

The people and relatives we spoke with told us they thought the staff were good and had ability to provide a service, which met their needs. All of the people we spoke with told us they had confidence in the staff's abilities to provide a good service. The people we spoke with told us they found that the staff made sure the home worked to meet their individual needs and to reach their goals.

People said, "The staff really make us feel important." And "There is always someone around" And, "I have never found it a problem or had to wait."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager.

We found that the staff understood of the Mental Capacity Act 2005 (MCA) and what actions they would need to take to ensure the home adhered to the code of practice. The care records we reviewed contained assessments of the person's capacity to make decisions. We found that in line with the MCA code of practice assessments were only completed when evidence suggested a person might lack capacity. Care records also described the efforts that had been made to establish the least restrictive environment.

When people had been assessed as being unable to make complex decisions there were records to confirm that discussions had taken place with the person's family, external health and social work professionals and senior members of staff. This showed any decisions made on the person's behalf were done after consideration of what would be in their best interests. Best interest decisions were clearly recorded in relation to care and support, finance, administering medicines and going out amongst others.

At the time of the inspection, we found that where appropriate people were subject to a Deprivation of Liberty Safeguards (DoLS) orders. Staff we spoke with had a good understanding of DoLS and why they needed to seek these authorisations. We found that they had recognised that people may have disabilities but were able to retain the capacity to make decisions about their care. The deputy manager also kept a

record of when the DoLS expired and were aware they may need to do further assessments and re-apply for another authorisation. The staff were aware of the person's right to contest the DoLS and apply to the Court of Protection for a review of this order.

We spoke with people who were not subject to DoLS authorisations and found these people were fully aware of their need to live in this type of service and that they needed the support from staff to complete everyday tasks.

All the staff we spoke with told us that they were supported in accessing a variety of training and learning opportunities. All the staff we spoke with were able to list a variety of training that they had received over the last year such as moving and handling, infection control, meeting people's nutritional needs and safeguarding. Staff told us they felt able to approach the management team if they felt they had additional training needs and were confident this would be arranged. We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts.

The operational manager had introduced the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. New starters had started to complete this certificate.

Staff we spoke with during the inspection told us they had regularly received supervision sessions. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. The home had not been open a year but staff told us that plans were already being put in place to make sure they had an annual appraisal. We saw records to confirm that supervision were taking place. These had been put in place by the management team because they had found prior to them coming into post supervisions had not been occurring.

The written records of the people using the service reflected that the staff had a good knowledge and understanding of people's care needs. We saw that the assessment forms were completed for people and these provided a comprehensive range of information about individual's needs.

We saw that MUST tools, which are used to monitor whether people's weight were within healthy ranges were being accurately completed. The home had been selected by the local dieticians to complete a nutritional pilot. Each week the staff submitted people's weights to the dieticians who then worked closely with the home to ensure people's weight was managed. The pilot had led to quicker referrals to speech and language therapists as well as people being enabled to effectively manage their weight.

People received appropriate assistance to eat in both the dining room and in their own rooms. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. The cook told us that the registered provider gave them a very ample budget and this was much better than the ones they had in other care homes. They explained that the registered provider expected food to be of a high quality.

We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. We saw that since the last inspection the registered provider had taken action to ensure staff contacted other healthcare professionals as soon as people's needs changed or where they needed additional expertise such as contacting tissue viability nurses. People were regularly seen by their treating teams and when concerns arose staff made contact with relevant healthcare professionals.

Is the service caring?

Our findings

The people we spoke with said they were happy with the care provided at the home. They told us that staff respected them and were considerate. People found that all of the staff were kind. Relatives told us they thought the care being received was very good.

People said "They are all gentle and kind. Even the handyman takes an interest in how you are" And. "I can't think of anything they could do to make the home any better."

We saw that staff were caring and compassionate when working with the people who used the service. Staff we spoke with described with great passion their desire to deliver high quality support for people. We found the staff were warm and friendly. All of the staff talked about the ethos of the home being to place the people who used the service at the centre of the service.

The management team and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told us that this was a fundamental part of their role. We saw that staff knocked on people's bedroom doors and waited to be invited in before opening the door.

People were seen to be given opportunities to make decisions and choices during the day, for example, what activities to join and we saw that one person routinely went out and about as and when they pleased. The care plans also included information about personal choices such as whether someone preferred a shower or bath. The care staff told us they accessed the care plans to find information about each individual and always ensured that they took the time to read the care plans of new people.

The environment was designed to support people's privacy and dignity. People's bedrooms had personal items within them. All the bedrooms we went into contained personal items that belonged to the person such as photographs, pictures (both wall mounted and displayed on surfaces), furniture and lamps. The management team were working to develop a totally dementia friendly environment on the units and we discussed actions that could be taken to achieve this goal.

Is the service responsive?

Our findings

People were provided with care and support that was tailored to meet their specific needs.

We saw that staff promptly responded to any indications that people were experiencing problems or their care needs had changed.

Care records were well-written. They clearly detailed each person's needs and were very informative. As people's needs changed their assessments were updated, as were the support plans and risk assessments. During the inspection we spoke with staff who were extremely knowledgeable about the support people received. They could readily outline what support plans were in place, for example meeting people's nutritional needs and for communication and the goals of each plan.

We saw that people were engaged in a variety of activities. From our discussion with the staff and people we found that the activities were tailored to each person.

People told us the range of activities they enjoyed and we heard about a recent entertainer's visit. People told us they had found it a very enjoyable experience. We saw photographs from the event and could see that everyone was laughing and smiling.

People said, "The activities are good fun and staff always trying to make each day special." And. "We are never bored here and all the staff are thinking up new ways to entertain us."

People were also very complimentary about the maintenance person and how he was very responsive to their requests. We observed that they fixed pictures up in people's rooms and checked with people that these were at the right height. They also quickly responded to a request to look at why someone's television did not work.

Staff were able to explain what to do if they received a complaint but commented that they rarely received complaints. The registered manager showed us the complaints policy which was in the office on all floors. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action.

We spoke with relatives and people who used the service who told us that if they were unhappy they would not hesitate in speaking with the managers. They told us although they had not needed to make a formal complaint, any little niggles they had were addressed straight away and this gave them confidence that any problems would be resolved.

We saw that last year a number of concerns had been raised and the nominated individual had thoroughly investigated all of the issues. Following their investigation the decision was made to stop providing nursing care until the home was working effectively and delivering a good quality service.

Is the service well-led?

Our findings

The people and relatives we spoke with were very complimentary about the home and how it was run. People told us that home did not feel like a care home and they all worked together as one team. People told us the culture of the home was very person-centred.

People said, "It is an excellent service" And, "There are absolutely no faults here." And, "I can't commend them enough." And, "The care is superb."

There had been no registered manager in post since October 2015. The registered provider had appointed managers following the departure of the last registered manager but they had not stayed in post. The operational manager was attempting to recruit to this post and in the interim they were completing the process to become the registered manager. They were at the final stage of this process.

The home had the benefit of strong, focused leadership. The operational manager was supported by a deputy manager and quality assurance manager as well as two senior carers on each shift. The staff said that they had an excellent relationship with the management team and they were comfortable about being able to challenge each other's practice as needed. A member of staff said "The team has been working hard to make sure the home improved and runs well, I think we are getting there."

Staff told us the registered manager truly valued them as well as the people using the service. We found that the management team had encouraged staff to be innovative and this had led to one staff member creating a new template for recording observations. The staff member told us that the managers had thought their template was good and so had introduced it as a new template. We found this had motivated staff to think of other improvements.

All of the staff we spoke with felt valued and respected by the management team. They told us it was a pleasure to come to work they were happy to pick up extra shifts. The area manager told us the staff team were so supportive and surprised them with their dedication.

We found the whole team expressed the view that they were there for the people. People told us that they found that the maintenance, domestic staff, catering staff, the receptionist and care staff would go the extra to make sure people were content.

The management team said they were extremely well supported by the registered provider. They told us that the registered provider gave them the autonomy to operate the home and never had problems providing additional staffing or buying items they needed.

The management team held regular discussions with the people who used the service, relatives and staff, which provided a forum for people to share their views. Questionnaires were sent out to people and their relatives every six months, and resident and relative meetings were held. Records confirmed that a wide range of topics were discussed at these, for example food and activities. The operational manager analysed

the feedback from questionnaires to identify areas highlighted where improvements could be made.

The quality, safety and effectiveness of the service was monitored by a wide variety of quality assurance processes and audits. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The service had a monthly monitoring visit from the operational manager who reported their findings to the registered provider.

The management team audited all of the processes and records relating to the care and support of people within the home. This included health and safety, infection control, mealtime experience, medicine management and people's care plans. Action plans had been developed from the audits and these results had been used to drive improvements. For example an audit of an aspect of medication showed that treatment room was too small and in response the registered provider had created new storage areas, which allowed the treatment room to be expanded.

The staff we spoke with had a pride in the home that they work in. One member of staff said, "I love working here." All the staff members we spoke with described that they felt part of a big team and found the operational manager and deputy manager supported them to deliver the best level of care possible.