

Crown Care VI Limited

# Sandringham Care Home

## Inspection report

Escomb Road  
Bishop Auckland  
County Durham  
DL14 6HT

Tel: 01388660960

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18 February 2020

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

### About the service

Sandringham Care Home is a residential care home providing accommodation and personal and nursing care to 91 people at the time of the inspection. Sandringham Care Home accommodates up to 92 people.

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

People and their relatives told us they were happy with the care and support they received. They spoke highly of the staff team and of the activities that were available to them.

Staff were trained, and the registered manager sought new training to reflect people's needs. Staff were recruited safely. People and staff spoke positively about the registered manager.

We received very positive feedback from people and their relatives regarding the range of activities available to people in the home to protect them from social isolation and keep them engaged. People were supported to have enough to eat and drink and have an enjoyable dining experience.

People had care plans in place and these were written in a person-centred way that included life history, likes and dislikes. Medicines were managed well, administered and recorded accurately keeping people safe. People who received 'when required' medicines had clear instructions in place. Individualised risk assessments were in place. Staff were confident to raise concerns appropriately to safeguard people.

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 supported this practice. Appropriate healthcare professionals were included in people's care and support, as and when this was needed. We received positive feedback from visiting professionals during our inspection.

There were systems in place for communicating with staff, people and their relatives to ensure they were fully informed via meetings and communications. People had good links to the local community through regular access to local services.

People were supported to be independent where they could, their rights were respected and access to advocacy was available.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 1 August 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service 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.

# Sandringham Care Home

## 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

Two inspectors, an assistant inspector, a specialist advisor in nursing and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Sandringham Care Home is a residential care home that provides accommodation and nursing care for older people and people living with dementia.

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

The service had a manager registered with 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spent time with people living at the service. We spoke with four people who used the service, six relatives, the registered manager, area manager, six care staff, the activities co-ordinator and two local authority commissioners.

We reviewed a range of records, included four people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance records.

# 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.

### Staffing and recruitment

- Staff were visible and responded to people during our inspection. We received feedback regarding their responsiveness. People told us, "That's my call bell, yeah. The staff come reasonably quickly."
- The provider ensured safe recruitment procedures were being followed.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I do feel safe. The home has done a lot for me."
- Staff had received safeguarding training and were able to raise any concerns appropriately.
- Where safeguarding concerns had been raised, investigations had taken place and appropriate action was taken.

### Preventing and controlling infection

- The premises were clean and tidy with regular cleaning schedules in place.
- Staff were provided with infection control training, protective gloves and aprons where required.

### Assessing risk, safety monitoring and management

- Regular maintenance checks, risk assessments and repairs were carried out.
- People had individual risk assessments and these were regularly reviewed. Where risks were identified, care plans showed how staff could reduce these risks.
- People had updated personal emergency evacuation plans. A fire risk assessment was in place and fire drills took place regularly.

### Learning lessons when things go wrong

- Accidents and incidents were recorded on an individual basis. These were analysed by the registered manager to look for any patterns or trends to minimise risk of further incidents.

### Using medicines safely

- Medicines were managed safely. People who received 'when required' medicines had clear instructions in place for staff to follow.
- People received regular medicine reviews with their GP and other healthcare professionals.
- Medicine administration records were clear and completed fully. People received their medicines as prescribed, at the right time. One person told us, "Tablets, yes I'm happy with them, I get water to take them with. Yes, I take a stack of tablets."

# 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.

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

- The premises were accessible and maintained to a high standard. The bar area of the home was recently refurbished to be a more accessible space for people to use with drinks and snacks readily available.
- The outside area of the home was accessible, maintained and well used.

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

- People's nutrition and hydration needs were met. People were provided with a varied and nutritionally balanced diet.
- People gave us positive reviews about the food on offer. One person told us, "Food is fine. I'm not a big eater. It's hot when supposed to be."
- The staff were aware of people's dietary needs and kept up to date records.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's preferences, care and health needs were assessed and regularly reviewed by staff.
- Any changes to people's needs were reviewed with them and reflected in their care plan.
- People told us they made their own choices.

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained. Staff told us they valued the training.
- New employees completed an induction. The Care Certificate training was used for staff who were new to care. They also shadowed more experienced members of staff to get to know people before working with them.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked regularly with external professionals to support and maintain people's health, for example, GPs and specialist nurses.
- Staff supported people to attend health appointments.

Supporting people to live healthier lives, access healthcare services and support

- Referrals were made to healthcare professionals such as dietitians where appropriate in a timely manner.

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

- Health professionals completed capacity assessments to ensure people were supported appropriately to make decisions.
- Staff ensured people were involved in decisions about their care. They understood their role in making decisions in people's best interests.
- Where people did not have capacity to make decisions in an area of their life, they were supported to have maximum choice and control of their lives.
- People were asked to give consent to their care and treatment, where they had capacity, and this was recorded in care files.

# 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

- There was a positive rapport between people, support staff and management.
- People were supported to maintain relationships; they were helped to see relatives and to visit family.
- Staff were trained in dignity and respect. Staff treated people with kindness and respect at all times. Staff had completed training in a new course called 'under the rainbow' that focused on relationships and gender. The registered manager told us, "So far the training is working really well. We need to prepare people for it. To tackle prejudice and educate the older generation regarding relationships and gender choices also."
- People were supported to follow their chosen religion either by visiting their chosen place of worship or from local church representatives who visited the home.

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

- People were supported by a staff team who held regular meetings with them and their family to look at their care plans and discuss any changes needed.
- People were supported to have their say and had independent advocates available to them.
- People told us staff spent time listening and talking to people.

Respecting and promoting people's privacy, dignity and independence

- People were supported to promote their independence. One person told us, "I can go out when I want. I'd tell one of the carers I'm going down the street or out on the bus."
- Staff engaged with people in a dignified way. Private conversations and care were conducted respectfully.
- People were actively supported to achieve independence as much as they wished.

# 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 has remained the same. This meant people's needs were met through good organisation and delivery.

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 take part in a varied range of meaningful activities inside the home and in the community. People gave us positive reviews of the activities on offer.
- The home had an activities coordinator in place who had activity plans for the week and people were joining in and enjoying what was on offer.

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

- The support people received was individual to their needs and was delivered in a person-centred way.
- Staff reviewed care plans regularly.
- Where people had specific health care needs, these were clearly identified and showed how people should be supported.

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.

- Information was available to people in different formats, including easy read and large print. Skype was in place to help people communicate face to face with family members. The staff used technology such as 'Alexa' to help access information from the Internet.

Improving care quality in response to complaints or concerns.

- People could raise concerns or make complaints if they wished to. There was support and information available to help from the staff team.
- The registered manager addressed any concerns raised and recorded them appropriately.

End of life care and support

- Care plan records were completed to include end of life care for people who required them.

# 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.

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

- Audits carried out by management highlighted issues where required and responded to them.
- The provider had made notifications to CQC in relation to significant events that had occurred in the home.

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.

- The registered manager and provider were open with the inspector during the inspection. They took responsibility for any queries found and took action to address these immediately.

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

- The registered manager held staff meetings to discuss relevant information and policy updates. Staff told us they valued these meetings.
- People and their relatives were asked their views on the service through surveys and 'you said, we did' information was available.

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

- The culture at the home was to support people to practice their chosen religions and for staff to understand different cultural beliefs or preferences.

Continuous learning and improving care

- People who used the service spoke positively about the registered manager and regularly went to them for support.
- The registered manager took on board opinions and views of the people who used the service to make improvements to the home such as the redecoration of the bar area that wasn't being used.

Working in partnership with others

- People were supported to be active citizens within their local community by using local services regularly with support.
- The registered manager worked closely with the local community and told us, "Linking with the local

community, access the local church, for lunch club. We are close to Morrisons so people go out regularly go to the pub, trips to the railway museum. A couple go out every week. The community come in, singing for faith group come in and perform too."