

Accommodating Care (Southport) Limited

Sandley Court Care Home

Inspection report

39 Queens Road
Southport
Merseyside
PR9 9EX

Tel: 01704545281
Website: www.sandleycourt.co.uk






Date of inspection visit:
19 February 2018

Date of publication:
09 March 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 19 February 2018.

The last inspection of the home took place in July 2017 when we found breaches of regulations 12 and 17 of the Health and Social Care Act 2008 Regulated Activities (Regulations) 2014.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective, Responsive and Well-Led to at least good.

Sandley Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Sandley Court is registered for a maximum of 23 older people and is owned by Accommodating Care (Southport). The building has been converted from a former house and has an enclosed rear garden and with parking spaces at the front. There is a ramp at the main entrance to assist people with limited mobility. Bedrooms, bathrooms and lounges are situated on the ground and upper floors.

At the time of our inspection there were 22 people living at the home.

During our inspection in July 2017 we identified a breach of regulation because medicines were not safely managed. Following the inspection the provider submitted an action plan which detailed how the necessary improvements would be made and by when. As part of this inspection we checked to see if the improvements had been made and sustained.

The administration of medicines was directed by a new medication policy. The provider had made changes in accordance with their action plan and national guidance and completed regular audits of administration and records. The provider was no longer in breach of regulation in relation to the safe administration of medicines.

During the last inspection we identified a breach of regulation because risk assessments were not sufficiently detailed to instruct staff and keep people safe. We saw evidence that risk assessments had been thoroughly revised since the last inspection. The provider was no longer in breach of regulation in relation to the management of risk.

At the last inspection we identified a breach of regulation because care records were difficult to navigate and contained inaccurate or out of date information. As part of this inspection we checked to see if the necessary improvements had been made and sustained. We looked at six care records and saw that person-centred information and care plans had been re-written and regularly reviewed. Care plans were broken down into morning, daytime, afternoon and night time routines. This made the information easy to

understand. The provider was no longer in breach of regulation relating to record keeping.

At the last inspection we identified a breach of regulation because audits were not extensive and had not always proven effective in identifying issues and areas for improvement. The registered manager completed a series of regular audits including; medicines, care plans and infection control. An area manager provided support to the registered manager and completed their own visits and audits. The provider was no longer in breach of regulation regarding audit processes.

Staff were safely recruited and staffing numbers were adequate to meet the needs of people living at the home. A minimum of three care staff and one senior carer were deployed on each daytime shift. This reduced to three staff overnight.

Staff had completed training in adult safeguarding procedures and were able to explain what action they would take if they suspected abuse or neglect. The home had up to date policies which provided guidance and information to staff regarding adult safeguarding procedures and whistleblowing (reporting concerns to an independent body).

We saw that health and safety checks with regards to the electricity, lifts, gas and water testing were completed in line with legislative requirements.

Following the last inspection we made a recommendation because consent was not always sought and recorded in accordance with the requirements of the Mental Capacity Act 2005 . As part of this inspection we checked to see if the necessary improvements had been made and sustained. We looked at six care records and how consent was recorded within them. It was clear that capacity was assessed and consent sought in relation to decisions about care.

The majority of staff training was recorded as completed after 2016. However, there were a significant number of staff who had not completed training in accordance with the provider's schedule. We made a recommendation regarding this.

There was no evidence that the home had been adapted to better suit the needs of people living with dementia. People living with dementia can maintain more of their independence for longer and experience lower levels of anxiety if décor and signage are used effectively in accordance with best-practice. We made a recommendation regarding this.

People were supported to access healthcare as and when needed. Records of these visits were kept in people's care plans. We saw evidence of people attending appointments with GP's, opticians and specialists.

People spoke positively about the staff and their approach to the provision of care. It was clear from our observations and discussions with staff that they knew people well and were able to respond to their needs in a timely manner.

When we spoke with staff they demonstrated that they understood people's right to privacy and the need to maintain dignity and choice in the provision of care.

Following the last inspection we made a recommendation because people told us they were not sufficiently stimulated by the activities available. We saw there was a programme of activities displayed. Since the last inspection the provider had employed a dedicated activities' coordinator. People told us that had noticed an improvement.

The registered manager was visible and supportive of staff throughout the inspection. They understood their responsibilities in relation to their registration with the Care Quality Commission and had submitted notifications and referrals to the local authority appropriately.

People who use the home, relatives and staff were actively consulted with and involved in decision-making. The home held regular meetings and issued questionnaires to people living at Sandley Court and their relatives. The results of the most recent survey were predominantly positive.

The ratings from the last inspection were displayed as required.

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.

Medicines were administered safely in accordance with best-practice guidance for care homes.

Risk had been assessed in relation to each person and plans had been updated accordingly.

Staff had been recruited safely and were deployed in sufficient numbers to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not always Effective.

Some staff had not received recent training. The majority of staff were not trained in specialist subjects to meet people's needs.

The environment had not been adapted to meet the needs of people living with dementia.

People were supported to access healthcare services as required.

Is the service caring?

Good ●

The service was Caring.

People spoke positively about staff and the manner in which they provided support. We saw evidence of positive interactions throughout the inspection.

People were encouraged to be as independent as possible.

Relatives and friends were free to visit at any time.

Is the service responsive?

Good ●

The service was Responsive.

Care records had been re-written and contained information about people's histories, likes and dislikes.

The home employed an activities coordinator, and people had access to a range of activities.

People understood how to complain, but no formal complaints had been received since the last inspection.

Is the service well-led?

The service was Well-led.

Improvements had been made in accordance with the provider's action plan.

People spoke positively about the influence of the registered manager.

The home had an extensive set of policies and procedures to instruction and inform staff.

Requires Improvement 

Sandley Court Care Home

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 19 February 2018 and was unannounced.

The inspection was conducted by an adult social care inspector.

Before our inspection visit, we reviewed the information we held about Sandley Court. This included the registered provider's action plan and notifications we had received from the registered provider about incidents that affect the health, safety and welfare of people who used the service. We also accessed the Provider Information Return (PIR) we received following the last inspection. 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 contacted professionals connected with the service and asked for their views. We used all of this information to plan how the inspection should be conducted.

During this inspection we spoke with five people living at the home, a friend of a person living at the home, the registered manager, deputy manager, activities coordinator/carer and a care assistant. We looked at six care plans and associated documentation and four staff recruitment folders. We spent time looking in detail at medication records and other documents relating to the safe running of the home.

Is the service safe?

Our findings

During our inspection in July 2017 we identified a breach of regulation because medicines were not safely managed. Following the inspection the provider submitted an action plan which detailed how the necessary improvements would be made and by when. As part of this inspection we checked to see if the improvements had been made and sustained.

The administration of medicines was directed by a new medication policy which referenced nationally recognised guidance and the Care Quality Commission's regulatory framework. We saw that medicines were stored and administered in accordance with the policy and best-practice guidelines for care homes. Medicines were stored in locked trollies in a dedicated medication room. Medicines that required refrigeration were stored in a specialist medicines' refrigerator within the same room. The temperature of the room and the maximum and minimum temperatures of the refrigerator were checked and recorded regularly. We identified a small number of gaps in the recording of the refrigerator temperatures. This was discussed with the registered manager and deputy manager and appropriate action taken. All of the recorded temperatures were within safe limits.

The majority of medicines were dispensed from blister packs. We spot-checked the blister packs for four people and found that their medicines had been dispensed correctly. Where bottles were in use, the opening and disposal dates were clearly marked on the packaging. This reduced the risk of medicines being used when they had become unsafe. Controlled drugs were stored in a separate lockable cabinet and signed for by two members of staff in accordance with requirements. Controlled drugs are medicines with additional controls in place because of their potential for misuse. We checked the stock levels of two controlled drugs and found them to be accurate.

Medicines administration record (MAR) sheets were used to record the administration of medicines. Each set of MAR sheets was supported by a photograph of the person to aid identification. The records that we saw had been completed correctly. We also saw records to evidence the administration of topical medicines (creams and lotions). Each record included a body map to show staff where to apply the medication. Some people had additional MAR sheets for PRN (as required) medicines. PRN medicines are used to treat short-term pain and other conditions. PRN guidance was sufficient to instruct staff when to administer the medicines. However, we discussed the need to monitor and review information as people's ability to express pain or discomfort changed in the future. For example, if their dementia limited their ability to communicate. We also saw that one PRN medicine had recently been administered for general pain relief when the instructions stated that it was for the relief of lower back pain. A visiting GP was able to confirm that the medicine had been used correctly and changed the instruction on the MAR sheet and PRN protocol.

The provider had made changes in accordance with their action plan and national guidance and completed regular audits of administration and records. The provider was no longer in breach of regulation in relation to the safe administration of medicines.

During the last inspection we identified a breach of regulation because risk assessments were not

sufficiently detailed to instruct staff and keep people safe. As part of this inspection we checked risk assessments to ensure that the necessary improvements had been made and sustained in accordance with the provider's action plan.

We saw evidence that risk assessments had been thoroughly revised since the last inspection. The documents that we saw were detailed and identified a wide range of risks. For example in relation to; pressure sores, mobility, falls, showering, medication, use of bed rails and skin integrity. Each record described control measures (actions to be taken to reduce risk) and provided instructions for staff such as; 'Keep the room free from clutter' and 'remind [person's name] to use the walking frame.' The risk assessments that we saw had been reviewed regularly and appropriate action taken when an increase in risk was identified. For example, one person had been referred to the specialist falls' team following an increase in the frequency of their falls. The provider was no longer in breach of regulation in relation to the management of risk.

People told us they felt safe living at the home. Comments included, "[Safe] Absolutely. There's so many staff about and I have a buzzer. They always come" and "I know I couldn't live at home. I take regular medication. Staff give me my medicines at the same time every day."

Staff were safely recruited and staffing numbers were adequate to meet the needs of people living at the home. A minimum of three care staff and one senior carer were deployed on each daytime shift. This reduced to three staff overnight. Additional staff included a cook, an activities coordinator, a domestic and an administrator. Staff were recruited subject to the receipt of two references and a satisfactory Disclosure and Barring Service (DBS) check. DBS checks are used by employers to help establish if staff are suited to working with vulnerable adults and children. The majority of staff records that we saw contained photographic identification and a full employment history. However, the records were not consistently structured which made it difficult to check if all of the necessary documents were present. For example, in one record the original application form could not be located, while in another the application form was not fully completed. This meant that the provider could not be certain that safe recruitment practice had always been followed. We spoke with the registered manager regarding this concern and were assured that each record would be checked for completeness as a priority.

Staff had completed training in adult safeguarding procedures and were able to explain what action they would take if they suspected abuse or neglect. The home had up to date policies which provided guidance and information to staff regarding adult safeguarding procedures and whistleblowing (reporting concerns to an independent body). Each staff member said that they would not hesitate to whistleblow if necessary. There had been one safeguarding referral since the last inspection.

Accidents and incidents were accurately recorded, sufficiently detailed and included reference to actions taken following accidents and incidents. The registered manager confirmed that they read each accident and incident report to look for any patterns or trends. Some incidents and accidents were discussed at team meetings.

We saw that health and safety checks with regards to the electricity, lifts, gas and water testing were completed in line with legislative requirements. We checked some of these certificates to ensure they were in date. The fire checks had recently been completed on the building, and personal evacuation plans (PEEPS) which were in place for each person were personalised to ensure their individual needs would be taken into account in the event of an evacuation.

The home was clean and tidy. Staff were trained in infection control and used personal protective equipment (PPE) to reduce risk.

Is the service effective?

Our findings

People spoke positively about the effectiveness of the staff and the provision of food. One person commented, "They [staff] seem to know what they're doing." Regarding the food, people said, "I like everything, but I could ask for anything I wanted" and "The food is very good. They will ask you what you like and offer you alternatives."

At the last inspection we identified a concern because the staff training matrix was not up to date. This meant that some staff may not have been trained in accordance with the provider's requirements. As part of this inspection we looked at staff records and the training matrix provided. The matrix was dated 'February 2018'. New staff were inducted in accordance with the principles of the Care certificate. The Care Certificate requires new staff to complete a programme of learning and have their competency assessed within 12 weeks of starting. Staff spoke positively about their experience of training. Comments included, "The training is great. We've had first aid and moving and handling" and "We update them (training courses) regularly." The majority of other training was recorded as completed after 2016. However, there were a significant number of staff who had not completed training in accordance with the provider's schedule. For example, one person completed health and safety training in 2010 while three others last completed fire safety training in 2011. There was no record of training in specialist subjects such as dementia or diabetes even though people living at the home had been diagnosed with these conditions.

We recommend that the provider completes a thorough review of staff training to ensure that all staff are suitably skilled and knowledgeable to meet the needs of people living at the home.

Some of the people receiving care at Sandley Court were living with dementia, while others had significant mobility difficulties. Equipment had been installed to minimise the restrictions placed on people with mobility difficulties. For example, a passenger lift and stair lifts. However, there was no evidence that the home had been adapted to better suit the needs of people living with dementia. People living with dementia can maintain more of their independence for longer and experience lower levels of anxiety if décor and signage are used effectively in accordance with best-practice. We discussed this with the registered manager. They told us that they were in discussions with the provider regarding adaptations to the environment including plain flooring and improved signage. However, no changes had been made to improve the suitability of the environment for people living with dementia.

We recommend that the provider reviews the environment to ensure that it meets the needs of people living with dementia in accordance with best practice 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

Following the last inspection we made a recommendation because consent was not always sought and recorded in accordance with the requirements of the MCA. As part of this inspection we checked to see if the necessary improvements had been made and sustained. We looked at six care records and how consent was recorded within them. It was clear that capacity was assessed and consent sought in relation to decisions about care. However, information was sometimes difficult to find in the records. We discussed this with the registered manager who acted immediately to ensure that people's consent to various aspects of care was easy to identify within care records.

Applications to deprive people of their liberty had been made appropriately. However, at the time of the inspection the registered manager was awaiting input from the local authority to complete the process. The registered manager maintained a record of the applications and the date when they needed to be reviewed.

Staff received regular supervision and annual appraisal in accordance with the provider's schedule. Staff told us that they felt well-supported and could access additional supervision if required.

The home had recently purchased a new set of policies and procedures which made extensive reference to CQC's inspection methodology. Key policies reflected best-practice approaches and accepted guidance in subjects such as adult safeguarding and the administration of medicines. We spoke with the registered manager and deputy manager about legislation and access to best-practice guidance. They confirmed their understanding of legislation and made a commitment to drive improvement in accordance with best-practice approaches.

People could choose to eat in the dining room or their own bedrooms if they preferred. The home operated a four week rolling menu. People told us that they had plenty of choice if they didn't like the main meal. The menu was nutritionally balanced and offered alternatives that catered for the needs of people who had diabetes. People told us that they were regularly offered tea, coffee and soft drinks throughout the day and could ask staff if they wanted more.

People were supported to access healthcare as and when needed. Records of these visits were kept in people's care plans. We saw evidence of people attending appointments with GP's, opticians and specialists. Staff told us about working closely with district nurses and occupational therapists to improve people's health and wellbeing. In one example, a person living at the home had lost weight because they followed a poor diet. Staff worked with them and a dietician to encourage a more nutritious and varied diet. This had led to an increase in appetite and weight.

Is the service caring?

Our findings

People spoke positively about the staff and their approach to the provision of care. Comments from people living at the home included; "Staff speak to us well and look after us really well. Staff help us spend time together" and "They treat me with respect. I'd soon tell them if they didn't." One person who visited their friend every week said, "The staff are very efficient. They like [name] and [name] likes them."

It was clear from our observations and discussions with staff that they knew people well and were able to respond to their needs in a timely manner. Staff were able to tell us about people's individual traits and preferences. For example, staff explained about people's personal histories and favourite activities without referring to records. Interactions were warm and friendly and it was clear that people living at Sandley Court were relaxed in the company of staff. We saw examples of staff discussing options and alternatives with people and respecting their wishes. For example, one member of staff tried to encourage a person to join in an activity. When the person declined, they encouraged them to shout-out if they changed their mind.

Staff were aware of people's different communication needs and accommodated them appropriately. For example, one person wore a hearing aid. Staff ensured that background noise was minimised and stood directly in front of the person when speaking to help them understand.

People living at the home were encouraged and supported to be as independent as possible. We saw that staff only offered support after encouraging the person to complete the task for themselves. In one example, a person was playing skittles in the lounge. The ball went under their chair. The staff member observed the person and only offered to assist when it was clear that they could not reach the ball safely. In another example, we were told about a person who refused to use a walking frame. The risk of this action was considered and staff were briefed to provide additional observations when the person mobilised rather than restrict their independence.

People living at the home had access to their own room with washing facilities for the provision of personal care if required. The home also had shared bathing and showering facilities. When we spoke with staff they demonstrated that they understood people's right to privacy and the need to maintain dignity and choice in the provision of care.

We spoke with a friend of someone living at the home during the inspection. They told us that they were free to visit at any time. People living at the home confirmed that this was the case. Relatives made use of the communal areas, but could also access people's bedrooms for greater privacy.

The home displayed information about independent advocacy services. We were told that none of the people currently living at the service were using advocacy services. We saw from care records that some people had been supported to access an Independent Mental Capacity Advocate (IMCA) in relation to deprivation of liberty. Other people were able to advocate for themselves or had nominated a family member to act on their behalf.

Is the service responsive?

Our findings

At the last inspection we identified a breach of regulation because care records were difficult to navigate and contained inaccurate or out of date information. As part of this inspection we checked to see if the necessary improvements had been made and sustained.

We looked at six care records and saw that person-centred information and care plans had been re-written and regularly reviewed. Care plans were broken down into morning, daytime, afternoon and night time routines. This made the information easy to understand. Some records were signed as evidence that this had been done with the involvement of the person or their nominated relative. The records that we saw were extensive and provided a good level of detail. For example, one record stated the times that a person preferred to go to bed and get up. It also identified how they wanted their coffee prepared and detailed requirements relating to their faith. In another record a person's favourite foods were listed and their wish to spend time with their spouse was recorded. We checked with the person during the inspection and found them with their spouse as requested. Other requirements for care and support were sufficiently detailed to instruct staff in their duties. The provider was no longer in breach of regulation relating to record keeping.

People told us that they knew how to complain and would not hesitate to do so if they had a problem. Comments included; "I'd speak to one of the senior members of staff, but I'm quite happy here" and I'd be comfortable to speak with the manager."

The complaint's procedure was displayed throughout the home, but we were told that there had been no formal complaints received since the last inspection. The registered manager confirmed that they had an open door policy and addressed any concerns as quickly as possible to reduce people's need to complain. We gave them feedback from one person regarding the timing of supper. They immediately recognised that a similar issue had been highlighted in the most recent survey and instructed staff to make changes to the timing. This pro-active approach to minor concerns demonstrated a commitment to responding to people's needs.

Following the last inspection we made a recommendation because people told us they were not sufficiently stimulated by the activities available. We saw there was a programme of activities displayed. Since the last inspection the provider had employed a dedicated activities' coordinator. People's care plans contained photographs of people engaging in activities with staff at the home and with their families. We saw on the day of our inspection there was a game of skittles that had been arranged. Other people were watching television or listening to the radio. We observed the activities' coordinator trying to engage people in activities with some success, but it was clear that some people were not interested. The photographs in people's care records and displayed in the reception area provided evidence that people participated in a variety of activities including; crafts, entertainers and themed events. One person told us, "I've got a list of activities. I like dominoes and watching the television."

The care records that we saw contained information to be used in planning for end of life care. We saw information about people's faith and their decisions to refuse cardio pulmonary resuscitation (CPR).

However, the information was recorded in different parts of the care record. We discussed the absence of a specific care plan for end of life with the registered manager. They said that some people had declined to discuss their requirements and wishes, but it would be developed for those that were receptive to the idea.

Records at Sandley Court showed evidence of adaptation to meet the communication needs of people with visual impairment. For example, in relation to the production of large print documents. However, there was no consistent approach or consideration of people's needs in relation to accessible information.

Is the service well-led?

Our findings

A registered manager was in post. They had been appointed following the last inspection and had been working with the provider to complete the action plan. The ratings from the last inspection were displayed as required.

At the last inspection we identified a breach of regulation because audits were not extensive and had not always proven effective in identifying issues and areas for improvement. As part of this inspection we checked to see if the necessary improvements had been made and sustained in accordance with the provider's action plan.

The registered manager completed a series of regular audits including; medicines, care plans and infection control. An area manager provided support to the registered manager and completed their own visits and audits. Audits completed since the last inspection were not structured and had not proven effective in assessing compliance with safety and quality standards. For example, they did not report on staff training or the suitability of the environment. However, they reported change and improvements in safety and quality in accordance with the provider's action plan. For example, the registered manager re-located their office to provide better facilities for the storage of medicines and a new care plan template had been agreed and implemented. Following the inspection we spoke with the registered manager who confirmed that a more structured approach to auditing was being developed in conjunction with the area manager to ensure that safety, quality and regulatory requirements were given greater priority. The provider was no longer in breach of regulation regarding audit processes.

People living at Sandley Court and staff provided positive feedback regarding the registered manager and their impact on the home. One member of staff said, "We have team meetings and can put ideas forward. The laundry was raised at a meeting and things changed." While someone else told us, "I get the chance to sit down and talk to [registered manager]."

We spoke with the registered manager and deputy manager about the vision for the home. They told us that the vision was passed on from the owner and had a focus on good quality, person-centred care. This was reflected in the service user guide and statement of purpose that we saw. The registered manager demonstrated professionalism and maturity when responding to questions or requests for information. They clearly understood the home and the needs of people living at Sandley Court.

The registered manager was visible and supportive of staff throughout the inspection. They understood their responsibilities in relation to their registration with the Care Quality Commission and had submitted notifications and referrals to the local authority appropriately. The registered manager was able to explain the governance framework and their role within it. The governance framework was appropriate for the size of the provider.

People who use the home, relatives and staff were actively consulted with and involved in decision-making. The home held regular meetings and issued questionnaires to people living at Sandley Court and their

relatives. The results of the most recent survey were predominantly positive. Evidence from recent staff meetings demonstrated that staff were kept informed of developments and encouraged to make suggestions to improve practice. For example, in relation to the duties undertaken by night staff. The home used an extensive set of policies and procedures to instruct and inform staff regarding safe practice and quality standards.

The home worked in partnership with health and social care services to improve outcomes for people living at Sandley Court. We saw evidence of regular communication and joint working in care records. For example, staff had worked closely with commissioners to ensure that a person was supported move to Sandley Court because their spouse lived there.