

Hudson (Sandiacre) Limited

# Sandiacre Court Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Sandiacre Court Care Centre is a care home providing accommodation for people requiring personal care to up to a maximum 81 people. The service provides support to younger and older adults, people with dementia, people with sensory impairment and people with a physical disability. At the time of our inspection there were 43 people using the service. The accommodation is a purpose built three storey building with communal living, dining and activity areas and private en-suite bedrooms on each floor. At the time of inspection, the top floor was not in use.

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

Improvements had been made in response to the previous inspection and the provider responded immediately to opportunities for improvement identified at this inspection. Following the inspection, the provider gave us assurances the issues identified had been addressed.

People, or their relatives, and staff identified positive changes had taken place recently in the service.

The electronic care record system in use was kept up to date, this ensured staff had current guidance to follow to meet peoples' needs.

Systems were in place to manage environmental hazards to mitigate the risk of harm to people.

People received their medicines as prescribed. Cleaning schedules were implemented to ensure a good standard of hygiene in the home.

There were sufficient numbers of suitable staff available to meet people's needs.

Incidents and accidents were analysed by the provider and lessons were learnt to improve outcomes for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 and update

The last rating for this service was requires improvement (published 25 April 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider take action to ensure equipment was maintained; review risks to people; improve safeguarding processes and provide relevant training for staff. At this inspection we found the provider had developed and implemented an action plan to meet the regulations.

### Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was not always well-led.

Details are in our well-led findings below.

# Sandiacre Court Care Centre

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Sandiacre Court Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sandiacre Court Care Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of care provided. We spoke with eight staff, including housekeeping and care staff, unit managers and the registered manager. We reviewed a range of records. This included four people's care records and numerous medicine records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that people were protected from the risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had implemented systems to maintain safe equipment. Mattresses were regularly checked to make sure these were effective in preventing harm to people's skin.
- People were supported by staff who were trained to meet their needs. Staff understood people's changes in needs and supported them to keep safe. People, or their families if required, were involved in the reviews of risk assessments and care plans.
- Systems were in place to ensure staff knew people's risks and how to help keep them safe. Risk assessments were completed to identify people's risks, the electronic care system prompted staff to keep people safe. Staff attended regular meetings where updates were shared. The care records completed by staff evidenced people's needs were known and met.
- Personal emergency evacuation plans had been reviewed and updated.
- Some documents contained conflicting or out of date information. The impact of this was mitigated as staff had an up to date understanding of people's needs. The provider took immediate action to review and update these documents.
- Systems were in place to monitor safety risks, for example, a daily walkabout was carried out and recorded by the manager. The provider responded to hazards and took action to mitigate risk to people and staff. For example, using wet floor signs in all areas following a near miss incident.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure that people were protected from the risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were supported by staff who were trained to keep them safe. Staff were able to recognise the areas of potential abuse. Staff were confident to report any concerns.
- Systems were in place to help keep people safe. Safeguarding incidents had been recorded and reported as per policy. The provider regularly reviewed incidents to mitigate risk of ongoing harm.
- People felt safe. One person told us, "Staff know how to look after me properly".

Using medicines safely

- People received their medicines as prescribed. Systems were in place to manage medicines safely. People were supported by staff who were trained and competent to administer medicines safely.
- As required (PRN) medicines were available. Staff responded to requests from people for as required medicines to manage their symptoms where appropriate, for example, pain. Staff knew the signs of when PRN should be offered to support people who were unable to request it.
- Further detail was required in PRN protocols to ensure consistent management of conditions, for example, constipation. The provider took immediate action during the inspection to review and update these documents.

Staffing and recruitment

- There were sufficient numbers of suitable staff employed. The number of staff on duty matched the staff rota. The registered manager completed a dependency tool to identify the number of staff required to safely meet the needs of people. The staffing rotas confirmed there were enough staff available on each shift to keep people safe.
- More staff members had been employed following a recent recruitment drive. The most recent new starters were going through their induction where they completed training and observed experienced staff working.
- Staff were recruited safely. Records showed pre-employment checks had been completed prior to staff starting employment. Staff had Disclosure and Barring Service (DBS) checks in place. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.



- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were supported to have meaningful contact with their visitors, both in and out of the home.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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; Continuous learning and improving care

At our last inspection the provider had failed to ensure that systems and processes were in place to drive quality and improvements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had implemented systems to improve the performance of the service and outcomes for people.
- A system for recording maintenance checks had been introduced. This was audited weekly by the registered manager to ensure the home was safe and complied with health and safety guidance.
- The registered manager reviewed incidents to identify any themes or trends. Measures were taken to reduce risks. The registered manager included clinical governance at the monthly staff meeting where incidents, reviews and updates and lessons learned were discussed.
- The provider had committed to increasing staff training opportunities to provide staff with the knowledge they needed to meet people's needs. Staff had completed dementia awareness training.
- Opportunities for ongoing improvements were identified during the inspection, for example, safety compliance issues when the daily checks were not completed; timeliness of daily medicine audit checks to identify and address missed medicine errors; a timely audit of updated care plans to ensure no conflicting information was present in records. The registered manager acknowledged these areas for continued improvement and stated their intention to put actions in place to address these. The provider provided assurances after the inspection these actions had been implemented.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback about the recent changes at the service was consistently positive. People and their relatives knew who to raise any concerns they might have with and were confident these would be addressed satisfactorily.
- Staff felt supported by the manager. Staff meetings were held regularly. One member of staff told us, "I feel

I am listened to; changes have happened, and quality has improved".

- One relative we spoke to told us, "The new manager [name] has made changes which are all good; they are not afraid to say there is a problem and what they are going to do about it."
- The provider sent out satisfaction surveys and arranged meetings for relatives to attend. Actions were taken following these meetings, for example, exploring options for access to the electronic care system and answer machine facilities on each floor. Not all relatives attended meetings or returned surveys.
- Recently appointed activity co-ordinators were working with people to better understand how to engage them taking into account individuals' needs and preferences.

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 ensured we received notifications about important events so we could check suitable investigations had taken place.
- Feedback about the registered manager was consistent from relatives who said they were kept informed of changes and incidents.
- The registered manager acted following incidents to improve outcomes for people, for example, the introduction of the clinical governance record.

Working in partnership with others

- Partnerships had been established with health and social care professionals. The provider worked with stakeholders in relation to the changes to their registration.
- Good relationships with the local frailty team had been developed. People had access to timely medical review and support to meet their needs.
- The provider was working with the local district nurse team to meet people's nursing needs after the recent registration changes.