Care For Your Life Ltd

Sandbeck House Residential Home

Inspection report

77/81 Sandbeck House
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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

We inspected Sandbeck House on 21 June 2016. This was an unannounced inspection. The service provides care and support for up to 38 people. When we undertook our inspection there were 34 people living at the home.

People living at the home were of mixed ages. Some people required more assistance either because of physical illnesses or because they were experiencing difficulties coping with everyday tasks, with some having loss of memory.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection there was no one subject to such an authorisation.

We found that there were sufficient staff to meet the needs of people using the service. The provider had taken into consideration the complex needs of each person to ensure their needs could be met through a 24 hour period.

We found that people's health care needs were assessed, and care planned and delivered in a consistent way through the use of a care plan. People were involved in the planning of their care and had agreed to the care provided. The information and guidance provided to staff in the care plans was clear. Risks associated with people's care needs were assessed and plans put in place to minimise risk in order to keep people safe.

People were treated with kindness and respect.The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home. The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

Staff had taken care in finding out what people wanted from their lives and had supported them in their choices. They had used family and friends as guides to obtain information.

People had a choice of meals, snacks and drinks. Meals could be taken in a dining room, sitting rooms or people's own bedrooms. Staff encouraged people to eat their meals and gave assistance to those that required it.

The provider used safe systems when new staff were recruited. All new staff completed training before working in the home. The staff were aware of their responsibilities to protect people from harm or abuse. They knew the action to take if they were concerned about the welfare of an individual.

People had been consulted about the development of the home and quality checks had been completed to ensure services met people's requirements.

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.

Checks were made to ensure the home was a safe place to live.

Sufficient staff were on duty to meet people's needs.

Staff in the home knew how to recognise and report incidents to protect people from harm.

Medicines were stored safely. Record keeping and stock control of medicines were good.

Is the service effective?

Good

The service was effective.

Staff ensured people had enough to eat and drink to maintain their health and wellbeing.

Staff received suitable training and support to enable them to do their job.

Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 were understood by staff and people's legal rights protected.

Is the service caring?

Good

The service was caring.

People's needs and wishes were respected by staff.

Staff ensured people's dignity was maintained at all times.

Staff respected people's needs to maintain as much independence as possible.

Is the service responsive?

Good

The service was responsive.

People's care was planned and reviewed on a regular basis with them.

Activities were planned into each day and people told us how staff helped them spend their time.

People knew how to make concerns known and felt assured anything raised would be investigated

Is the service well-led?

Good

The service was well-led.

People were relaxed in the company of staff and told us staff were approachable.

Audits were undertaken to measure the delivery of care, treatment and support given to people against current guidance.

People's opinions were sought on the services provided and they felt those opinions were valued when asked.

Sandbeck House Residential 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 21 June 2016 and was unannounced.

The inspection was undertaken by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We also spoke with the local authority who commissioned services from the provider in order to obtain their view on the quality of care provided by the service. We spoke to health and social care professionals during the site visit.

During our inspection, we spoke with seven people who lived at the service, six relatives, three members of the care staff, two members of the domestic and laundry staff, an activities organiser, two cooks, the deputy manager, the registered manager and the owner. We also observed how care and support was provided to

people.

We looked at five people's care plan records and other records related to the running of and the quality of the service. Records included maintenance records, staff files, minutes of meetings and audit reports the registered manager had completed about the services provided.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. Coded push keypads were used for the main doors into the home. We observed visitors and relatives asking staff to let them out of the premises, as only staff knew the code. This kept people feeling safe and secure. A visitor told us, "I prefer this method. No intruders can come in." Relatives told us they felt happy about the security of the building.

Staff had received training in how to maintain the safety of people and were able to explain what constituted abuse and how to report incidents should they occur. They knew the processes which were followed by other agencies and told us they felt confident the registered manager would take the right action to safeguard people.

Accidents and incidents were recorded in the people's care plans. The immediate action staff had taken was clearly written and any advice sought from health and social care professionals was recorded. There was a process in place for reviewing accidents, incidents and safeguarding concerns on a monthly basis. This ensured any changes to practice by staff or changes which had to be made to people's care plans were passed on to staff. Information was passed on to staff at shift handovers and meetings. We saw this in the staff meeting minutes for March 2016.

To ensure people's safety was maintained a number of risk assessments were completed and people had been supported to take risks. For example, where people had a history of falls a falls assessment had been completed. Staff had sought the advice of the local NHS falls co-ordinator to ensure the correct equipment was in place for each person. Where necessary permission had been sought for the use of bedrails, to ensure a person was safe in bed. This was recorded in each person's care plan. We observed staff assisting people to use a variety of walking aids throughout the day. Staff gave reassurance and advice to each person on how to walk safely around the building. This was to ensure each person was capable of being as independent as possible.

People had plans in place to support them in case of an emergency. These gave details of how people would respond to a fire alarm and what support they required. For example, those who needed help because they would not remember where the exit doors were in the building. During our visit a fire drill took place. The home's fire officer told us staff had responded better than at the last drill and they were pleased with the result. However, we observed that the main sitting room was left unattended even though people were sitting in that area. The registered manager told us staff would have seen who was in the sitting room, assessed their needs and made an informed decision on whether they could be left. They felt the decision made was the correct one at the time. People and residents told us regular fire drills took place. A plan identified to staff what they should do if utilities and other equipment failed. Staff were aware of how to access this document.

Staff had taken into consideration when writing the care plans of environment risks for some people, especially those with loss of vision. This included ensuring rooms were free of trip hazards from trailing wires and ensuring furniture was in a good state of repair.

We observed that some stair ways had been guarded with stair gates and others not, such as the stairs to the owner's private area. We observed an uneven walk way outside a fire exit door. These was discussed with the owner and remedial action commenced. This ensured that people were safe from falling on the stair ways and tripping on pathways.

People told us their needs were being met and there was sufficient staff available each day. One person said, "Amazingly good." Staff told us that the staffing levels were good. One staff member said, "We can openly discuss staffing levels with the manager and amongst ourselves." Another staff member said, "There is always a lot to do, but we all work as a team." Staff told us that if there were short term staff shortages the registered manager would assist with the personal care and treatment of people who needed it.

The registered manager told us how the staffing level had been calculated, which depended on people's needs and daily requirements. These were completed by a member of the head office staff. These had been discussed with the commissioners of services. Health and social care professionals told us there were always staff available to speak with them and discuss people's needs. Contingency plans were in place for short term staff absences such as sickness and holidays.

We looked at two personnel files of staff. Checks had been made to ensure they were safe to work with people at this service. The files contained details of their initial interview and the job offered to them. There were no current staff vacancies.

People told us they received their medicines and understood why they had been prescribed them. One person said, "I always get them regularly at the same time of the day." This had been explained by GPs and staff within the home. This was recorded in people's care plans. Staff were observed giving advice to people about their medicines. Staff knew which medicines people had been prescribed and when they were due to be taken.

Medicines were kept in a locked area. There was good stock control. Records about people's medicines were accurately completed. Medicines audits we saw were completed regularly. We saw the last audit from May 2016 which highlighted one action which had now been completed. The local pharmacy had completed an audit in February 2016 and this was positive.

We observed medicines being administered at lunchtime and noted appropriate checks were carried out and the administration records were completed. Staff informed each person what each medicine was for and how important it was to take it. They stayed with each person until they had taken their medicines. Staff who administered medicines had received training. Reference material was available in the storage area and staff told us they also used the internet for more detailed information about particular medicines and how it affected people's conditions.

Good

Is the service effective?

Our findings

People we spoke with, and relatives told us they thought the staff were trained and able to meet their, or their family's needs.

A member of staff who had been recently recruited told us the process which had taken place for their employment to commence. They told us about the induction programme that had taken place. This followed the provider's policy for induction of new staff. This included assessments to test their skills in such tasks as manual handling and communicating with people. Details of the induction process were in the staff training files. The registered manager told us that the provider was embracing the principles of the care certificate for all staff. This would give everyone a new base line of information and training and ensure all staff had received a common induction process and core standards to follow.

Staff said they had completed training in topics such as manual handling and infection control. They told us training was always on offer and it helped them understand people's needs better. The training records supported their comments. Staff had also completed training in particular topics such as dementia awareness and challenging behaviour. This ensured the staff had the relevant training to meet people's specific needs at this time.

Staff told us the provider was encouraging them to expand their knowledge by setting up courses on specific topics. This included how to supervise staff and nutritional meals for people with certain medical conditions.

Staff told us a system was in place for formal supervision sessions. They told us that they could approach the registered manager and deputy manager at any time for advice and would receive help. The records showed when supervision sessions had taken place, which was in line with the provider's policy. There was a supervision planner on display showing when the next formal sessions were due. All staff had received at least two formal supervisions since January 2016. The supervision planner also identified who was a probationary member of staff on induction training.

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 found that the provider had

followed the requirements in the DoLS. No applications had been submitted to the local authority. The provider had properly trained and prepared their staff in understanding the requirements of the MCA and DoLS.

Staff told us that where appropriate capacity assessments had been completed with people to test whether they could make decisions for themselves. We saw these in the care plans. They showed the steps which had been taken to make sure people who knew the person and their circumstances had been consulted.

People told us that they liked the food. One person said, "In a morning I have two Weetabix, a fried egg and a slice of toast and marmalade."

Staff knew which people were on special diets and those who needed support with eating and drinking. Staff had recorded people's dietary needs in the care plans such as when a person required a special diet and where they liked to have their meals. The head cook also kept a dietary profile on people in the kitchen area. This included people's likes and dislikes, foods to avoid and the type of diet required. This ensured people received what they liked and what they needed to remain healthy. We saw staff had asked for the assistance of the hospital dietary team in assessing people's dietary needs.

Menus were available and on display within the kitchen area. Some menus were on display in a folder in the dining area, but did not show the current cycle of menus as these were in the process of being changed. The registered manager told us that as the changes were being made gradually, once people had decided which meals they liked, menus would be displayed again. These were also going to be in picture format for those unable to read or understand English and those with dementia.

We observed the lunchtime meal. The dining room was large and each table had tablecloths and napkins, which were changed after each meal time. We observed staff sitting with people who needed help to eat and drink. They spoke kindly to them, maintaining eye contact and informing them what was on the plate or bowl. Staff did not hurry people. Staff took meals to people who preferred to eat in their rooms. They ensured each person was sitting comfortably and had all the utensils and condiments they required. People were offered hot and cold drinks throughout the day.

During the mornings activities we saw staff making fruit cocktails. They told us they were conscious of keeping people hydrated. The morning's drinks trolley also had pieces of fruit such as apple, kiwi and banana which was being offered to people. The whole event was accompanied by suitable music and instruments people could play as part of an activity involving people in keeping up their hydration levels.

We observed staff knocking on doors prior to being given permission to enter a person's room. They asked each person's permission prior to commencing any treatment and respected if they wanted pain relief medication prior to commencement of treatment. We observed staff ensuring people had suitable clothing on when going out of the building.

People told us staff obtained the advice of other health and social care professionals when required. One person said, "I cannot fault the speed that the home get medical help." In the care plans we looked at staff had recorded when they had responded to people's needs and the response. For example, when people's behaviours had changed and when they required health checks such as blood tests for a medical condition. Staff had recorded when people had seen the optician and dentist. Several people had hospital appointments which they had attended. Staff had recorded outcomes of those visits. Staff told us they had a good rapport with other health professionals and felt supported by them when they required assistance. This was affirmed by the health and social care professionals we spoke with before and during the

inspection.

Good

Is the service caring?

Our findings

People told us they liked the staff and felt well cared for by them. One person said, "The personal care is very good." Another person said, "They are lovely girls and boys." A relative said, "So caring."

The people we spoke with told us they were supported to make choices and their preferences were listened to. One person said, "I like my room and staff respect me." Another person said, "If I want to stay up at night it's never too much trouble for them."

People were given choices throughout the day if they wanted to remain in their rooms or bed or where they would like to sit. Some people joined in happily and readily in communal areas. Others declined, but staff respected their choices on what they wanted to do.

All the staff approached people in a kindly manner. They were patient and sensitive to people's needs. For example, one person was worried about the time someone would visit. They were reassured and went away smiling. Another person required assistance to walk. Staff walked slowly with them and gave encouragement when necessary. We also observed people who wanted to mobilise independently, but slowly, being allowed to do.

We observed staff attending to the needs of people throughout the day and testing out the effectiveness of treatment. For example, one person was being encouraged to take some fresh air as they had been in their room for some time. We heard staff speaking with relatives about hospital appointments and home visits, after obtaining people's permission. This was to ensure those who looked after the interests of their family members knew what arrangements had been made. We heard staff discussing with people the effectiveness of some skin medication and asking them how they felt about the treatment. All events and comments we saw staff record in the care plans.

Relatives told us how staff were and had supported them when their family members' lives were drawing to a close. They told us staff had been very comforting to them as well as their family members. They had been kept informed about events and felt included in discussions. Staff were described as empathetic.

Throughout our inspection we saw that staff in the home were able to communicate with the people who lived there. The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they understood. They also gave people the time to express their wishes and respected the decisions they made.

People told us they could have visitors whenever they wished. We saw several signatures in the visitors' book of when people had arrived at the home and saw several people visiting. Staff told us families visited on a regular basis. Relatives told us they were offered refreshment when visiting. This was recorded in the care plans. This ensured people could still have contact with their own families and they in turn had information about their family member. People told us staff would telephone their family members when they wanted to speak with them.

All members of staff were involved in conversations with people and relatives. Each staff member always acknowledged people when walking around the building. Greeting each person with a smile and a comment about the day, asking a person's well-being or engaging in lengthier conversations. We overheard conversations about the weather, laundry needs, the garden and menus, which staff were having with people.

People told us staff treated them with dignity and respect at all times. One person said, "The staff always knock on my door before coming in." A relative told us, "They really do care."

Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care could be supported by staff and the local advocacy service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. We saw details of the local advocacy service on display. There were no local advocates being used by people at the time of our inspection.

Good

Is the service responsive?

Our findings

The people we spoke with gave us positive views about the response times of staff to their needs. They told us staff responded to their needs quickly. One relative said, "There are always staff about. There is never any trouble about finding help." One person told us, "All my needs are being met." People told us staff responded quickly when they used their call bell, day and night.

People told us staff had talked with them about their specific needs. This was in reviews about their care. They told us they were aware staff kept notes about them. People told us they were involved in the care plan process, but if they could not read their notes staff would do this for them. Nationally recognised assessment tools were used for people who had an impaired cognitive ability or other communication difficulties; such as those associated with dementia or were visually impaired. This meant people could understand their care plans.

Staff received a verbal handover of each person's needs each shift change so they could continue to monitor people's care. Staff told us this was an effective method of ensuring care needs of people were passed on and tasks not forgotten. There was also a handover book in use and a communication book in the staff room. Staff told us these were used as reminders to what had been said and useful if they had been on holiday.

People told us staff had the skills and understanding to look after them and knew about their social and cultural diversity, values and beliefs. People told us that staff knew them well and how their beliefs could influence their decisions to receive care and support. Staff knew how to meet people's preferences with suggestions for additional ideas and support. This means people had a sense of wellbeing and quality of life. Staff had used local resources in health and social care, plus the internet to ensure messages were received by people about health and social care matters. Information leaflets were also on display about a variety of topics such as; local health care services and some leaflets on specific illnesses. One person told us, "I like my church involvement and staff ensure I have contact with them." Another person told us of their passion for jigsaws and staff ensured they had access to new ones and could choose them from a catalogue or they went shopping for new ones.

People told us that staff took time each day to discuss their care and treatment and also gave them the opportunity to speak with other health professionals. This was recorded in each care plan. For example being able to see an optician when they required one. People told us medical help from GPs and community nurses were accessed quickly and efficiently by staff. This was also confirmed by the health and social care professionals we spoke with before and during our inspection.

Professionals' visits to the service said it was focused on providing person-centred care. On-going improvement was seen as essential and lessons learnt were past to all staff. Social care professionals we had contact with before the inspection told us staff informed them quickly of any issues. They were confident staff had the knowledge to follow instructions and did so.

We were informed that an activities co-ordinator was employed and we saw them facilitating a number of activities throughout the day. They kept separate records from the care plans. The activities records stated people's general interests, past employment and preferred social activities. For example membership of a monthly luncheon club and different entertainment they enjoyed such as singers. Some people confirmed they liked the luncheon club as it got them out of the home and they enjoyed visiting different eateries. Staff told us the activities records were used to inform relatives of how people's social needs were being met.

There was a designated activities room where people could go at any time to pursue a hobby. We observed one person creating some art work and another completing a jigsaw. Staff were seen to pop into the room to have a discussion with people about their individual projects. There was a variety of materials for people to use and staff told us most hobbies could be accommodated immediately. Walls of the home were decorated with people's art work.

There was a small area where people could meet. This had a shop. People told us they were encouraged by staff to invite family and friends to the meeting area and we saw this being used during our inspection. The registered manager told us the red post box within the home was emptied frequently and staff then posted the letters for people in a Royal Mail box. People liked this method of sending mail to each other or to family and friends.

We observed notices around the home to guide people who might have memory loss; either on their bedroom doors or to guide the way to other areas such as the dining room. We observed staff directing people to those areas. The registered manager told us the smoking area was going to be reviewed as currently it was being used for other purposes. Only one person currently used that facility.

People were actively encouraged to give their views and raise compliments, concerns or complaints. People's feedback was valued and concerns discussed in an open and transparent way. People told us they were happy to make a complaint if necessary and felt their views would be respected. Each person knew how to make a complaint. People told us they felt any complaint would be thoroughly investigated and the records confirmed this. We saw the complaints procedure on display. The complaints log detailed the formal complaints the manager had dealt with since our last visit. It recorded the details of the investigations and the outcomes for the complainant. Lessons learnt from the cases had been passed to staff at their meetings in 2015 and 2016.

The compliments book was very full and gave many positive comments about the care which had been delivered to individuals. Some thank you cards for care recently delivered were on display.

Good

Is the service well-led?

Our findings

There was a registered manager in post. People told us they could express their views to the registered manager and deputy manager and felt their opinions were valued in the running of the home. One person said, "Everyone is lovely and you really feel the managers care." Another person said, "Nothing is too much trouble, they know what they are doing and do it well."

The head office staff had sent out questionnaires to people. This was titled "An owner's own audit for service users". The results received were very positive and people told us they had completed questionnaires. The results were displayed on a notice board. Residents and relatives told us they had the opportunity to attend group meetings with the registered manager and other staff. We saw the minutes of meetings for April 2016 and May 2016 where a number of topics were discussed; such as VE day celebrations and entertainers. People had been given opportunity at the end of the meeting to ask questions and the responses recorded.

On the home's website there was a lot of information about the home. This included a calendar of events, residents meetings, dates of entertainers visiting the home and dates of a luncheon club. There was a lot of information for relatives about the running of the home. This was particularly helpful for relatives and people seeking to find a suitable care home environment.

Staff told us they worked well as a team and felt supported by the registered manager, deputy manager and senior staff. One staff member said, "I love it here." Another staff member said, "I like the whole atmosphere of the home and everyone is so nice and friendly." Staff who had not worked in the care industry before taking up employment at this home told us how well they had been supported by the registered manager and other staff. One staff member said, "It was a steep learning curve, but they gave me the opportunity to work here."

Staff told us staff meetings were held. They said the meetings were used to keep them informed of the plans for the home and new ways of working. We saw the minutes of the staff meeting for March 2016 and April 2016. The meetings had a variety of topics which staff had discussed, such as; personal hygiene needs, handover between shifts and times people liked to get up. This ensured staff were kept up to date with events. Staff told us they felt included in the running of the home. The minutes of meetings showed staff were given time to express their views, with explanations given, if possible, or suggests for moving forward.

The registered manager, deputy manager and owner were seen walking around the home. They knew the names of all the people, relatives and visitors. They gave support to staff when asked and checked on people's needs. The registered manager and deputy manager were visible throughout the day showing compassion and respect to people and assisting staff when they needed help.

There was evidence to show the registered manager had completed audits to test the quality of the service. These included medicines, care plans and infection control. Where actions were required these had been clearly identified and signed when completed. Any changes of practice required by staff were highlighted in staff meetings, in the communication book and shift handovers so staff were aware if lessons had to be

learnt.

There were a number of information boards around the home. They included one about activities, one for infection control and one for general information; such as the complaints policy and CQC registration certificate. However, some of the notices were placed very high up on the boards and people in wheelchairs found it difficult to read some articles. The registered manager immediately changed the boards around. There was a suggestion box available, which staff told us they encouraged people to use.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The registered manager understood their responsibilities and knew of other resources they could use for advice, such as the internet and local multi-agencies. This home is part of a small company so the registered manager had the opportunity of meeting with other home's managers, area staff and head office staff on a regular basis. This was welcomed by the registered manager as extra resources for advice and support.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.