

Abbeyfield Wirral Extra Care Society Limited

The Robertson Sandie

Home

Inspection report

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03 December 2018

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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 carried out this inspection on 28 November and 03 December 2018. The inspection was unannounced on the first day.

This service was last inspected in March 2016 and was rated Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The Robertson Sandie Home 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.

There were 16 people living in the home at the time we carried out our inspection.

There was an experienced registered manager responsible for the day-to-day management of the service. 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. The registered manager had been working at the service for over 14 years.

We looked at how the service managed its recruitment of new staff and saw that this was done well and all of the required checks were carried out before staff commenced working at the home. The home had difficulty recruiting new staff as they were very clear about the value base that they required people to have to work in the home.

We spoke with five people who lived in the home and all gave positive feedback about the home and the staff who worked in it. They told us that the staff supported people well. We saw that warm, positive relationships with people were apparent and one person described the staff as "all very nice people".

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that people were supported to make their own decisions and their choices were respected.

Staff spoken with and records seen confirmed training had been provided to enable them to support the people with their specific needs. We found staff were knowledgeable about the support needs of people in their care. We observed staff providing support to people throughout our inspection visit. We saw they knew people well and how they liked to be cared for.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were kept safely with appropriate arrangements for storage in place.

Care plans were clearly recorded. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required. We saw that relatives were involved in supporting staff to understand how people wished to be cared for.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff about the service. They also regularly spoke with the people who lived in the home. The service had some reciprocal arrangements with other services locally in case of an emergency.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

The Robertson Sandie 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 28 November and 03 December 2018 and was unannounced on the first day.

The inspection was carried out by one adult social care inspection manager.

During the inspection we spoke with five people who lived in the home. We spoke with the registered manager, senior carer, the chef and two other staff. We looked at care records for four people who lived in the home and recruitment, training and personnel records for three staff members. We also looked at records around how the service was managed including quality audits, records of staff meetings. We also had some feedback from the local authority who told us they had no concerns.

We reviewed the information we held about the home, including the information in the PIR, before we visited the service. We used the information we held about the service to plan our inspection.

Is the service safe?

Our findings

The people who lived in the home told us that they felt safe living there. One person said, "I feel safe and at home here."

We looked round the building and saw that it was very well maintained and decorated to a good standard. We looked at the maintenance records and could see that ongoing checks were continuously made. We looked at records relating to the safety of the building and we had no concerns. We could see that the safety certificates were all in date. We spoke with the manager who showed us that they kept a continuous development plan in place to ensure that the building was kept up to standard. This was a challenge as the building was old and required continuous maintenance work to be undertaken.

We looked at staff recruitment and looked at three files for staff members; two whom had been recruited since our last inspection. We saw that this had been done safely and all of the required checks had been completed prior to new staff commencing work in the home.

We looked at how medication was managed in the home and we saw that this was done well. We saw that many good practice standards were adhered to in relation to people's medicines. We spoke with a senior carer who was in the process of updating medicines protocols for 'as and when needed' medication.

We looked around the home and saw that it was clean. The kitchen had recently been inspected by the Food Standards Agency and had been awarded four stars at the last inspection which was a good score.

We looked at staffing levels and saw that the home was consistently staffed by a committed staff team. We saw that the staff covered the rotas and agency staff were never used so the people living in the home were always supported by staff who knew them well. We saw that the registered manager and the senior carers worked closely with the staff and the people living in the home to ensure that the service ran safely and people received that care that they needed.

We looked at risk assessments and saw that risks were managed well. We looked at the records relating to accidents and incidents and saw that audits were carried out that looked at every event that had occurred and documented them to look for trends and patterns that could minimise future events. We saw that people were monitored very closely for 48 hours following any accident or incident to ensure that they were ok and not suffering from any ill-effects.

We looked at how the home managed safeguarding and saw that the registered manager understood their role and the regulations in relation to keeping people safe from harm. There had been no safeguarding concerns since the last inspection. The staff we spoke with had a clear understanding of their responsibilities to keep people safe.

Is the service effective?

Our findings

We asked people about the food available in the home and they told us that it was good and what they liked to eat. One person said "He knows what I like and what I don't like so I don't worry about the food."

We observed people having lunch during the inspection. The food smelt and looked and tasted appetising and we saw people enjoying it. Staff were not present and this was at the request of the people living in the home. However, we did see that staff unobtrusively observed the meal time to ensure that people were safe and comfortable throughout the meal.

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 with appropriate legal authority. 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.

We saw that the staff had a good understanding of consent and capacity issues and that people were actively encouraged to make their own decisions. We spoke with the registered manager and suggested that they improve the recording mechanisms of decision making in relation to people's ability to consent to the CCTV used in the home.

We looked at the support that staff received and saw that it was good. All staff received training when it was due and records were regularly updated. We saw that staff had regular access to training so that they could safely meet the needs of the people that they were supporting. We saw training was sourced to meet specific needs of the people living in the home such as Dementia training.

We saw lots of evidence throughout the inspection that the service worked closely with other local services to ensure that people's needs were met and that any changes in people's health needs were picked up quickly and referrals made to the appropriate support.

Is the service caring?

Our findings

Everyone we spoke with told us they received a good quality of care and told us the care staff treated them in a kind and caring way. We saw that staff were very professional in their approach but very kind and gentle as well. One person told us "I like it so much here. Everyone is very kind."

The care staff understood how to respect people's privacy and dignity. People who used the service told us the staff always ensured their privacy and dignity were maintained while they were receiving personal care. We saw staff knocking on doors prior to entering and maintaining people's dignity when it was necessary.

We saw that the staff were very skilled in supporting people who lived with dementia and the challenges that this presented. We observed staff on a number of occasions throughout the inspection reassuring people who were confused and disorientated.

There were people living in the home that had different religious beliefs and these were respected and supported. Three different local churches visited the home and provided services for people. A Communion service was held in the home every Tuesday for anyone who wished to take part. Every Sunday, either the activities coordinator or a staff member facilitated hymn singing for everyone who chose to attend.

We saw that people's rights to confidentiality were maintained. All of the records were stored safely and in accordance with requirements.

People we spoke with told us they would speak to the staff if they needed support to express their views or to make important decisions about their care or lives. The registered manager had details of local advocacy services and had contacted the local 'Age UK' branch when support was needed.

Is the service responsive?

Our findings

People told us the service was responsive to their needs and wishes and that they went on outings. One person told us about the "Light Cinema" that they had attended (local dementia friendly film showing) and they said that they were "treated like Kings and Queens."

The care plan files we looked at were person-centred, very detailed and informative, regularly reviewed and reflected the needs of the people living at the home. The files contained relevant information about the individual, such as their background, communication methods, health, emotional, and physical health needs. The files also contained clear information about people's routines throughout the day and their preferences about how to do things. Risks were clearly identified and responded to safely.

We saw that the home provided lots of activities for people to take part in if they wished to. An activities coordinator was employed and worked for five days each week and the staff also facilitated activities. There were often outside entertainers brought into the home and we saw some of these advertised during the inspection. Activities were provided on one to one basis and in group settings.

A hairdresser went to the home every Wednesday and had been going for many years and knew the people who lived there very well. We met with the hairdresser and saw them chatting with people as they enjoyed having their hair done. A number of people expressed to us how important Wednesday's were to them as they looked forward to having their hair done.

The registered manager had a procedure for receiving and responding to complaints about the service. People we spoke with said they would raise any concerns with the registered manager. They said they were confident the registered manager would act to resolve any concerns they raised. There had been no formal complaints since the last inspection. The registered manager thought that they resolved issues before they became complaints as they provided themselves on maintaining good communication with people and their relatives.

The service supported people to the end of their life and staff had received training in specialist end of life care. The home was accredited with "Six Steps to Success" – The North West end of life care programme for care homes.

Is the service well-led?

Our findings

People told us this was a good home and said they would recommend it. They told us that the manager and staff team were reliable and "got things done".

The registered manager told us that they had a positive relationship with the registered provider and they offered their support when needed. The provider was a registered charity and was managed by a committee that the registered manager met with regularly.

The registered manager attended the local Registered Manager's Network. These can be attended by any care service manager or delegated member of staff. The meetings are a forum that care services can attend to build relationships with other care providers in their local area. It also has guest speakers who provide updates on changes to legislation and good practice guidance. The registered manager for this service attended regularly and utilised the learning to make improvements in the home.

We saw that the registered manager and senior care staff observed staff while they supported people to check care was being provided as planned and that the staff provided support safely and respected people's rights. The registered manager regularly worked "on the floor" so they could fully understand any difficulties that staff were experiencing as well as to observe staff performance. This was particularly in relation to training requirements as the registered manager personally provided a lot of the staff training in the home and maintained their continued professional development to do so.

Services registered with us must notify us of significant events that happen such as allegations of abuse or serious injuries related to the care they provide. This is so we can check appropriate actions have been taken. The registered manager of the service understood the incidents that had to be reported to us and had completed notifications when they were required.

We looked at a number of quality assurance processes in the home and saw that these were managed well. The audits looked for patterns and trends in accidents, incidents and safeguarding concerns and actions were taken to avoid repeat incidences. We saw that the building maintenance was managed closely and medication management was very closely monitored.

The manager was receptive to our feedback and demonstrated that they worked collaboratively with the provider and outside sources of help, including other local care homes, to make improvements to the service.