

# Care UK Community Partnerships Ltd

# Sandfields

## 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

Sandfields is a residential care home providing personal and nursing care to up to 90 people. The service provides support to older people and people living with a diagnosis of dementia. At the time of our inspection there were 71 people using the service.

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

People were supported by staff who understood how to keep them safe from the risk of abuse. Appropriate safeguarding procedures were in place and staff had been trained in how to protect people from abuse.

People's individual needs were assessed, and clear care plans and risk assessments were in place to help staff support people safely in accordance with their preferences.

Risks relating to the environment had been assessed and there was an effective audit system in place in relation to all areas of the home.

Medicines were managed effectively. Medicines were administered by trained staff and people told us they felt medicines were administered safely.

Staff had been recruited safely. The registered manager had developed the staff rota to ensure that people received consistent care from staff who knew them well.

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.

The registered manager modelled good practice and led by example. Staff and relatives spoke positively about the leadership within the home.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

### Rating at last inspection

The last rating for this service was good (published 30 August 2017).

### Why we inspected

We received concerns in relation to safeguarding and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sandfields on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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 safe.

Details are in our safe findings below.

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

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Sandfields

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Sandfields 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. Sandfields is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 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 12 people who used the service and gathered feedback from 6 relatives and 2 professionals about their experience of the care provided. We spoke with 22 members of staff including the registered manager, deputy manager, regional director, quality development manager, clinical lead, senior lifestyle coordinator, trainer, housekeeper, maintenance person, kitchen assistant, business administrator, 4 care staff, 3 team leaders and 4 unit managers. We also spoke with 2 professionals to gather their feedback about the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included a sample of 8 people's care records, a variety of records relating to the management of the service, including some policies and procedures.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policy and quality assurance records. We sought feedback from 8 relatives and 3 professionals about their experience of the care provided.

# 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm. Staff had attended safeguarding training and understood their responsibilities around reporting concerns. One staff member said, "Safeguarding is strong and I feel like I would be listened to if I raised a concern."
- The provider had a safeguarding tracker in place to monitor and review investigation processes and actions taken when a safeguarding matter had been raised. This helped to ensure that systems and processes to safeguard people from the risk of abuse were reliably followed. The registered manager was strengthening their systems around sharing investigation findings and any lessons learned with relatives.
- Staff were knowledgeable about people's needs and knew how to keep them safe. One relative told us, "[My relative] is as safe as they can make her in terms of risk preparation."

Assessing risk, safety monitoring and management

- Staff used recognised risk assessment tools to manage risk associated with falls and the development of pressure ulcers. Risk assessments in relation to these areas of risk were regularly reviewed and updated as required. Staff ensured the care provided to people in relation to these risks was consistent with best practice guidance.
- Staff understood how to keep people safe. They could describe how often they needed to reposition people to relieve pressure from their skin in order to reduce the risk of pressure ulcers developing. They could also describe what they would do if a person fell to ensure the person were protected from further harm.
- Risk assessments were in place showing how risks associated with the building and environment were managed. Regular health and safety audits and environmental checks were carried out to monitor the safety of the service.
- Emergency plans and individual fire evacuation plans were in place. Staff had good knowledge of the action they needed to take to keep people safe in event of a fire or other emergency.

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. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- Staff were recruited safely. All required checks were made before new staff began working at the home. These included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had created a brochure welcoming overseas nurses to the country when they started work at the home. It clearly set out their core values and expectations, providing new staff with the best possible opportunity to start their new employment successfully.
- Staff received training to ensure they provided effective and safe care to people. There was a digital monitoring system in place to review staff training and identify and respond to any areas of development.
- The staff rota had been developed to allow staff to work the majority of their hours in the same unit. This helped to ensure people received consistent care from staff who knew them well. The registered manager told us they were working to further improve staff consistency by minimising agency staff as far as practically possible.
- The established induction programme supported staff to get to know people's individual needs, wishes and goals. One staff member told us, "My first 2 weeks here was very intense. We were assigned to a [buddy] and then we share our experiences [and reflections] with [the trainer]."

#### Using medicines safely

- Medicines were stored, administered and disposed of safely. Medication administration records (MAR) were accurately completed electronically, and showed people received their medicines as prescribed.
- Systems were in place to monitor the electronic processes between the home and the pharmacy and make amendments where there were changes to people's medicines.
- Staff were trained to handle medicines in a safe way. They completed appropriate training and had their competencies assessed routinely to make sure their practice was safe. A team leader told us, "During my medication induction I was attached to a senior who showed me everything. After 2 weeks I was assigned to a nurse. It was helpful because concerns were corrected and addressed on the spot. The competency process was very thorough."
- Colleague reflection templates had been completed to support reflective learning following a medication error, occurrence or near miss. This helped to address any competency or training concerns, review the medicines procedure and systems, and minimise the chance of reoccurrence.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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 receiving visits from their friends and family in accordance with government guidance. There were no restrictions in place.

#### Learning lessons when things go wrong

- Measures were in place to monitor practice and make improvements where action was needed.
- The registered manager investigated incidents and shared lessons learned with the whole team and the wider service. They told us, "Every month I do a quality review of trends, themes and lessons learnt. I also use clinical meetings and health and safety meetings as [an opportunity to learn and develop]."
- The management team were open to feedback from people, relatives, staff and professionals. We saw evidence of a strong learning culture and could see that learning actions were implemented as a result of any concerns raised. The trainer told us, "What inspires me most about Sandfields is that if we need to make improvements, we throw everything at it. We are very proactive, and we want to achieve."

# 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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received person centred care and there was a positive culture in the home. Life story books and memory boxes outside people's bedrooms had been filled with information about people's history, character and preferences. One relative said, "[Staff] are incredible, caring, respectful, professional, build good relationships and give individual care."
- The registered manger and deputy manager were open and transparent throughout the inspection and were clearly committed to providing good quality care. The deputy manager said, "[People] are at the heart of everything we do and we always strive to deliver the best care."
- The registered manager set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives. The regional director said, "It's about not being defensive and always looking at what we can put right."

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

- An effective and robust system of quality assurance checks, both at service and provider level helped ensure continuous development and improvement of people's care. We saw that action had been taken where issues had been identified through their internal auditing and monitoring checks.
- Information relating to the running of the home was openly discussed and shared amongst management and staff. This information provided effective governance, accountability and oversight of what was happening in the home, and staff at every level contributed towards future development plans of the service. A unit manager told us, "Management are open and transparent...I feel confident and relaxed to go to management."
- Notifications about specific events had been sent to the Care Quality Commission in line with legal obligations. The registered manager was aware of their legal responsibilities under the duty of candour. They told us, "Duty of candour is so important and so we are always open."
- People, staff and relatives spoke highly of the registered manager and deputy manager. One relative said, "[The registered Manager] clearly takes pride in what she's doing and her no nonsense approach is great. [The deputy manager] is great too."

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

- People and staff were encouraged to practice their faith, and a room had been set up for prayer and reflection.
- People were routinely consulted about key areas of their lives and a 'residents' committee had been developed to enhance people's voice.
- Regular staff meetings took place to ensure information was shared and expected standards were made clear. Staff told us they felt they could approach the registered manager to share any comments or concerns. One staff member said, "Staff meetings take place. I've been to 2 in the last 6 months. Handovers also happen every day and there's paperwork of minutes. . .everyone works well together."
- People were supported to achieve their goals and aspirations. A wishing tree was in place at the service so people could record their wishes and goals. In some cases people had been supported to draw upon previous skills and career experience, and we saw examples of people attending national snooker tournaments, hosting movie nights and attending personal styling appointments in line with their wishes.
- Staff were valued, and their hard work was acknowledged by the management. The regional director said, "We make sure we thank staff and show them they are appreciated."
- Staff had opportunities for development and were nurtured within the organisation. We spoke to a team leader who wanted to work as a nurse in the United Kingdom but had completed their training overseas. They told us the provider was supporting them to gain their professional registration with the Nursing and Midwifery Council (NMC), and said, "When it comes to supporting staff they go above and beyond."

#### Continuous learning and improving care; Working in partnership with others

- The registered manager closely monitored the service people received by conducting a daily walk around audit and using a 'chart checker' system to sample different people and elements of their care such as welfare checks, repositioning charts, food and fluid charts and medication. There was evidence that ongoing spot checks were taking place routinely to ensure the safety and quality of the service.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. The regional director told us they provided ongoing support to management, attended the home monthly and completed a bi-monthly audit. They told us, "At our visit we always review previous actions."
- Healthcare professionals spoke positively about the service and told us how they worked in partnership to achieve good outcomes for people. We spoke with 2 professionals who described the registered managers involvement in a pilot to raise the communication between GP's and care staff to improve care for people with deteriorating health or at the end of their lives.