

Prime Life Limited

Sandybrook

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Sandybrook is a residential care home that was providing personal care to 25 people aged 65 and over at the time of the inspection.

People's experience of using this service:

- ☐ The service had deteriorated in some domains since our last inspection.
- ☐ The service met the characteristics of requires improvement in four out of the five key questions.
- ☐ We found three breaches of the regulations in relation to recruitment, consent and good governance.
- ☐ Staff were not always recruited safely.
- ☐ The registered manager was not following the principles of the Mental Capacity Act 2005.
- ☐ People were not always assisted to have maximum choice and control of their lives.
- ☐ Risks to people's health and safety were not always managed safely.
- ☐ Care records were not always up to date to reflect people's current health care needs.
- ☐ We have made three recommendations in relation to the management of risks to people's health and well-being, infection control and the storage of some medicines.
- ☐ There were also good practices within the service.
- ☐ People liked living in the service. We observed a homely and friendly atmosphere.
- ☐ People were protected against abuse, neglect and discrimination through good safeguarding processes.
- ☐ Staff we spoke with were positive about their roles and wanting to do their best for people.
- ☐ Staff we spoke with knew people well. They had developed good relationships with people. People who used the service clearly enjoyed the presence and attention from staff.
- ☐ More information is in the full report.

Rating at last inspection: At our last inspection the service was rated good overall. Our last report was published on 10 May 2016.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement: Information relating to the action the provider needs to take can be found at the end of this report.

Follow up: We will continue to monitor the service to ensure that people received safe, high quality care. Further inspections will be planned for future dates. We will follow up on the breaches of regulations and recommendations we have made at our next inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

Requires Improvement ●

Sandybrook

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 checked 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 was conducted on 18 and 19 December 2018.

Inspection team: This inspection was conducted by one adult social care inspector and an expert by experience on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. For the purpose of this inspection, that experience was dementia.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This included support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

On the second day the inspection was conducted by one adult social care inspector.

Service and service type: The service was a care home without nursing.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: The first day of the inspection was unannounced. We told the registered manager we would be returning on the second day.

What we did: Our plan took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local

authority commissioners and safeguarding team, Healthwatch and other professionals who work with the service. We also looked at the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with seven people using the service and five visitors to ask about their experience of the care provided. Due to most people living with a diagnosis of dementia it was not always possible to get a response to our questions.

We spoke with the registered manager, operations manager, senior team leader, two care staff members and the cook. We looked at three people's care records and a selection of medicines and medicines administration records (MARs). We looked at other records including quality monitoring records, two staff recruitment records, training records and records of checks carried out on the premises and equipment.

Details are in the key questions below.

The report includes evidence and information gathered by the inspector and the expert by experience.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes

- Recruitment systems and processes were not always robust. The registered manager was not responsible for the recruitment of staff. This was dealt with by the human resources [HR] department for the company, who directed the registered manager when new employees could commence employment.
- The registered manager did not undertake audits to ensure recruitment systems and processes were effective, and staff employed within the service were deemed safe to work with vulnerable adults.
- People had started working in their roles prior to full and safe recruitment checks [such as disclosure and barring service [DBS] checks] and references being in place. Those who were required to be supervised for a period of 13 weeks [at the request of the HR department for the provider, due to insufficient references and DBS clearance] were not appropriately supervised.
- The provider had failed to ensure robust recruitment systems and processes were in place, placing people who used the service at risk. This was a breach of Regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- All the people we spoke with told us they felt safe living in the service.
- Staff members we spoke with confirmed they had received training in safeguarding and knew their responsibilities to raise concerns.
- Safeguarding and whistleblowing policies and procedures were in place to guide staff in their roles.

Preventing and controlling infection

- None of the en-suite bathrooms had paper towels or waste bins in them. The registered manager told us this was due to the risks some people posed. However, these risks were not assessed on an individual basis.
- One communal bathroom on the ground floor contained a large number of toiletries which could not be identified who they belonged to. The registered manager addressed this during our inspection.
- We recommend consideration is made to best practice guidance in relation to these issues to ensure the risks of cross infection are managed.
- All the people we spoke with and visitors told us they felt the service was clean.
- We observed staff wearing personal protective equipment when necessary. We saw stocks of aprons and gloves throughout the service.

Assessing risk, safety monitoring and management

- Whilst risks to people's health and well-being had been identified, these were not always managed safely. For example, people at risk of choking or with a condition such as diabetes, did not have adequate

measures in place to manage the risks. We asked the registered manager to address the concerns in relation to choking with immediate effect. Whilst the registered manager addressed urgent concerns during the inspection, a full review of people's risks needed to be undertaken to ensure they were safely managed.

- We recommend a full review of people's risks to their health and well-being is conducted to ensure risks are managed safely.

- We looked at fire safety. We found regular checks were undertaken to ensure equipment was safe. However, we found personal emergency evacuation plans [PEEPs] had not been updated when a people's needs had changed. The registered manager dealt with this during our inspection and all PEEPs were updated.

- A variety of environmental risk assessments, environmental checks and servicing had been completed.

Staffing levels

- We received mixed responses in relation to staffing levels within the service. Three visitors felt there were enough staff to meet the needs of their family member, however, two visitors did not feel there were enough staff. One visitor commented, "This place is okay but really needs a couple more staff. They don't have enough, and they work hard to compensate. They have a good attitude and they do their best."

- The registered manager for the service worked full time as a member of staff and was included in the staffing numbers. This meant they had to arrange for cover during our inspection to be able to support the process.

- Whilst staff did not appear rushed during our inspection and call bells were answered timely, we found the registered manager had very limited time to ensure the overall governance of the service. We will discuss this further in the well led section of this report.

Using medicines safely

- The storage of medicines was not always safe. We found two bottles of the same eye drops being stored differently. Records did not evidence the correct storage of these and staff did not know the correct storage requirements. Dates eye drops were opened were not consistently being documented.

- We found creams being stored in bedrooms. One person's cream was in another person's bedroom and one cream had no prescription label on. The registered manager told us the creams we found were no longer prescribed.

We recommend the provider considers current best practice guidance in relation to the storage of eye drops and creams.

- We checked a number of medicines administration records [MARs] and found there were no gaps, a photograph of the person for identification and identification of any allergies.

- Controlled drugs were managed safely and in line with legislation.

- Only staff that had completed training could administer medicines and their competency was checked periodically.

Learning lessons when things go wrong

- There was limited evidence of lessons learned. The registered manager told us they had fitted a stair gate as a result of one incident and they told us they had learned from our inspection.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Capacity assessments were only completed in relation to self-medication and financial affairs and were generic. The registered manager told us, they submitted DoLS applications and allowed external professionals to undertake capacity assessments.
- One person's mental capacity checklist we looked at contained another person's name in one section. Another person's had only been partially completed.
- One person's care plan consent form we looked at had been signed by a family member without the correct authority in place. Another person's consent forms were blank.
- There was no evidence of best interest meetings or best interest decisions being made for those people who lacked capacity.
- The provider failed to ensure they were working within the principles of the MCA. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The provider had submitted 25 DoLS applications. Six applications had been authorised and they were awaiting the remainder.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Whilst regular reviews of care records were being completed, these were not always effective as information contained in care files was not always up to date.
- Assessments obtained from other health and social care professionals was not always used to plan effective care for people. For example, we found conflicting information in relation to thickeners. This was addressed during our inspection.
- Care files contained information that confirmed assessments of people's needs were completed prior to them moving into the service. The service had taken action to address concerns if they felt a person was unsuitably placed.

Staff skills, knowledge and experience

- One visitor we spoke with told us, "They seem fully capable to me but I am not really able to judge how good they are. I have no reason to fault them though."
- Staff we spoke with confirmed they had an induction when commencing employment and continued learning through varied courses.
- Staff files and training records confirmed staff received a variety of training that supported them in the delivery of care to people. Training included fire safety, first aid, dementia, infection control, health and safety, moving and handling, safeguarding and MCA and DoLS.
- Staff members received supervisions and appraisals to support them in their roles.

Supporting people to eat and drink enough with choice in a balanced diet

- We asked people who used the service about the meals in the service. Comments we received included, "I enjoy the meals, I don't mind what is on the menu and I have never been hungry or failed to get something I would like" and "I enjoy the meals." One visitor told us, "Mealtimes seem to be pleasant and relaxed and run quite smoothly."
- The service had received a five star, very good rating from the food standards agency.
- People were supported to access a varied diet. A four-week rolling menu included people's individual likes as well as pureed choices.
- We observed a pleasant atmosphere through the lunch period. There was a choice of two hot dishes and desserts. Meals looked appetising and people were offered more if they had finished.

Staff providing consistent, effective, timely care within and across organisations

- We saw timely action had been taken when people required the use of different services. For example, we saw the mental health team had been significantly involved when concerns had been highlighted with suitability of placements.

Supporting people to live healthier lives, access healthcare services and support

- Care records we looked at showed people were referred to the relevant professionals when there was a health need.
- We saw people had access to external health care professionals such as GPs, dentists, opticians and speech and language therapists.

Adapting service, design, decoration to meet people's needs

- One person who used the service told us, "I like my room."
- We saw most bedrooms were personalised and homely. Some had been redecorated and some were still in need of redecoration. Communal lounges and dining areas were bright, comfortable and spacious with a homely feel. People looked relaxed.
- All the people using the service were living with dementia in varying degrees. Consideration had been made to this with the decoration and design of communal areas.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People who used the service gave us positive feedback about the staff. Comments we received included, "The staff are very good and as long as I am left in peace I am quite happy", "We are like a family in here and living here is like home from home. I have good friends to talk to and there is always something going on. Everyone is very good with me and all the staff are lovely" and "The staff are all kind and caring and cheerful like me."
- Visitor's commented, "I find the staff are all good and very caring", "The staff here are brilliant, very helpful and can't do enough for you" and "I just find it a very friendly place to visit as we are always welcome and everyone on the staff is easy to talk to. The residents seem quite happy and you can tell by the way they talk to the staff."
- We observed positive interactions with staff during our inspection. Staff presented as sensitive, kind and caring.
- There were no restrictions for visitors to the service. People could have their family members visit them whenever they wished.
- Staff understood how best to communicate with people, for example, speaking slowly and clearly.
- Staff knew people well, including their preferences, personal histories and backgrounds.

Supporting people to express their views and be involved in making decisions about their care

- During our inspection we observed people being offered choices. For example, where they wanted to sit, what they wanted to eat or what activities they could partake in.
- The service had access to an advocacy service to support people who used the service. Advocacy seeks to ensure that people are able to have their voice heard on issues that were important to them.
- The information contained in people's care records about their histories and backgrounds, showed the person and their family had been consulted with.

Respecting and promoting people's privacy, dignity and independence

- Confidential information was being stored securely and in line with The General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.
- People who used the service were treated with dignity and respect. We saw staff knocked on doors before entering bedrooms and bathrooms.
- Staff promoted people's independence and encouraged them to do things for themselves.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were not always met. Regulations may or may not have been met.

Personalised care

- Care plans were not always up to date or reflective of people's changing needs. For example, one person's care plan showed they had a pressure ulcer however a body map did not reflect this. The registered manager informed us this had healed, and no further treatment was necessary. Records did not reflect this.
- Whilst care plans were recorded as being reviewed, we found these reviews were not robust. For example, one person's care plans had been reviewed a number of times since July 2018 and documented no changes, however, their health condition had deteriorated, and care plans did not reflect the changes.
- Despite care plans and care records not being up to date, in the main people were receiving care and support to meet their needs.
- We looked at what activities were offered to people using the service. One person who used the service told us, "I do enjoy the activities and talking to my friends."
- One visitor told us, "Last Saturday there was a Christmas party involving all the residents and a superb buffet. The party lasted about two hours and the cook really impressed everyone. In the summer they have afternoon tea outside and do many of the activities out there. It is a pleasure coming here and I can visit anytime with no problems."
- We saw people were stimulated throughout the day through various activities to prevent boredom.
- We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. The registered manager confirmed larger print, braille and easy read formats were accessible to them and head office could access any other requirements.

Improving care quality in response to complaints or concerns

- We asked people who used the service if they had needed to make a complaint. One person told us, "I am very happy here and I have no complaints at all."
- The service had a complaints policy and procedure in place.
- There was a 'manager's surgery' held every Tuesday and Thursday when people who used the service, relatives or external professionals could speak to the registered manager, including about concerns/complaints.
- Records we looked at showed the service had not received any complaints.

End of life care and support

- No one was receiving end of life care and support at the time of our inspection. However, detailed end of

life care plans were in place for all people using the service. These contained information on people's wishes at the end of their life to support staff.

- End of life policies and procedures were in place, which were accessible to staff.
- Seven out of 14 staff had completed training in end of life.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Records relating to the care and treatment of people who used the service were not always accurate, up to date or complete. This posed a risk of people receiving inappropriate support and has been evidenced throughout this report.
- Policies and procedures were not always available to support staff in care delivery.
- The provider had failed to ensure systems and processes were effective. These matters are a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- Quality assurance processes and systems in place were not sufficiently robust to identify the issues we found during this inspection. For example, an infection control audit confirmed paper towels and waste bins were in place in all bedrooms. However, none of the bedrooms contained either of these items.
- Quality assurance audits were not in place for recruitment, personnel files, service user files, kitchen or training; some of which were areas where we identified concerns during our inspection.
- The provider had failed to ensure systems and processes were effective. These matters are a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service was not consistently well led. The registered manager worked full time within the staffing numbers in the service. This meant they were not given sufficient time to undertake their role as registered manager. This was evident and consistent with the concerns we found during this inspection; also, another member of staff had to be brought in to work to release the registered manager so they could partake in the inspection.
- We have identified two breaches of the regulations in other domains within this report and have made three recommendations. Had the registered manager not taken immediate action to address some more serious concerns we found during our inspection, there would have been further breaches.

Engaging and involving people using the service, the public and staff

- One visitor told us, "I have not been asked for any feedback or asked to fill in a satisfaction questionnaire so far." All the visitors told us that management were approachable.
- Records we looked at showed staff meetings were being held.
- Meetings for people who used the service were conducted. Minutes of these were available.

- Surveys were given to people who used the service and their family members. The results of these surveys were analysed and action plans developed.
- The service had received thank you cards which contained numerous positive comments from family members about the service and staff members.

Working in partnership with others

- Evidence we looked at demonstrated the service consistently worked in partnership with the wider professional team. Records noted the involvement of GP, mental health teams, social workers and commissioners of people's care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to ensure they were working within the principles of the MCA.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure systems and processes were effective.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure robust recruitment systems and processes were in place, placing people who used the service at risk.