Crown Care VI Limited

Sandringham Care Home

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

The inspection took place on 8 November and was unannounced.

Sandringham Care home is a care home with nursing which is registered to provide care for up to 92 older people and young adults who may have mental health, physical disabilities and dementia needs. The home has four separate units over three floors and it adapted for people with dementia.

The home has a registered manager. 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.

People who used the service told us they felt safe and well supported by staff. Staff had received training in safeguarding. We found staff understood what actions to take if they thought people were unsafe.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. Medicines were stored in a safe manner. We witnessed staff administering medicines in a safe and correct way.

The premises were clean and well maintained. We saw that equipment was in place to maintain the health and safety of people and staff, and were checked both by the service and approved contractors when required.

There was a process for managing accidents and incidents to ensure the risks of any accidents re-occurring would be reduced.

Staff employed by the registered provider had undergone a number of recruitment checks to ensure they were suitable to work in the service. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Staff told us they felt well supported by the registered manager and had received support through supervision and appraisal to enable them to care for people.

Individual support plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm.

We found people who used the service and their representatives were regularly asked for their views about the service.

There were quality assurance systems in place to ensure the effective running of the service; however these

were in the process of being updated to provide greater clarity to staff about their roles and responsibilities.

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.

There were sufficient staff on duty to meet the needs of people using the service and staff were recruited safely to meet the needs of the people living at the service.

Staff were clear on what constituted abuse and had a clear understanding of the procedures in place to safeguard vulnerable people and how to raise a safeguarding alert.

There were policies and procedures to ensure people received their medicines safely and medicines were stored appropriately.

The premises were clean and well maintained.

Is the service well-led?

Good

The service was well-led.

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff we spoke with told us they felt able to approach the registered manager and felt safe to report concerns.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions.

Sandringham Care 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 was a focused inspection because we had received concerns about the service. We looked to see if the service was safe and well-led. The inspection visit took place over one day on 8 November 2016. This visit was unannounced which meant the staff and provider did not know we were visiting. Due to the nature of the concerns raised we arrived at the home at 7.00am so that we could speak to night staff and ensure the home was safe and appropriately staffed. The inspection team consisted of three adult social care inspectors, an inspection manager 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. The expert by experience on this inspection had experience of caring for a person with dementia.

Before we visited the service we checked the information we held about this location and the service provider. This included the inspection history, safeguarding notifications and feedback. 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. We reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

Prior to the inspection we contacted the local Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. We also spoke to local commissioners, a senior infection prevention and control nurse and a social worker.

During the inspection we spoke with the registered manager, regional manager and managing director (north east), a unit manager, a clinical lead, two nurses, two senior care staff and four members of care staff. We also spoke to four domestic staff including the housekeeping manager.

We also spoke with eight people who used the service and four relatives and visitors. We spent time observing how staff interacted with people in the home and observed people, for example, taking part in social activities, eating meals and receiving medicines.

We looked at records that related to the day to day running of the service and the care plans and medicine records. We looked at six staff files and checked recruitment records.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home, they told us; "The care assistants and nurses are good; they are always about." and another told us they felt safe because "Someone is here all the time." One person told us they felt safe because, "The bedroom door was always open and staff pop in and out." We spoke with relatives who told us they felt their family members were safe and told us; "There is around the clock care, there is always someone here" and, "I find it difficult living apart, but it helps that [person] is so well looked after and settled." One person told us, "Staff do listen on a whole, but they are busy and I can't stress that enough". Two relatives we spoke to told us that were aware of the key coded entrance to the home and one relative commented that they had seen fire drills taking place; these arrangements helped them to feel that their relatives were safe.

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. Training records showed staff had received safeguarding training. We saw records that demonstrated the service notified the appropriate authorities of any safeguarding concerns and kept records of any action taken. This showed us that staff knew how to recognise and report abuse.

We saw that consent was clearly recorded in people's care files and that lasting power of attorney details were recorded where relevant, showing the person legally authorised to make decisions on the person's behalf. We saw care records for one person who had limited verbal communication that had been assessed as having capacity and guidance for staff to ensure that the person was given the opportunity to voice their wishes and needs. We observed that staff explained what they were doing before starting a care task and gave the person opportunity to consent to the tasks.

During the inspection we observed that the home was calm, staff were able to respond to people's needs in a timely manner and that people were not placed at risk due to understaffing. In response to concerns we received we started the inspection at 7.00am so that we could speak to night staff and observe the home during the night shift. We found that night staff were able to complete tasks in an unhurried way and that people were able to choose when they got up and when they had breakfast. During the day we saw staff interacting with people on a one to one basis and helping people to take part in activities. We saw one staff member noticed someone's was drinking from a heavy pot mug, and they said, "Here, let me get a lighter cup for you." People were also offered more food at every opportunity. This showed us that staff were being attentive to people's support needs.

Staff told us that generally they felt staffing was sufficient but this could vary depending on people's needs. One staff member told us, "Yes I feel we have enough staff. Nights are more difficult. We are fine unless someone is sick, but we tend to pick up extra shifts so we don't have to use agency as that's much better for people." Staff told us that bank staff were also available and if agency staff were used these were staff who were familiar with the home and the people using the service. Staff also told us more staff were being recruited and were due to commence employment meaning the home would have a full staff team of care staff. We spoke to three staff members who had worked in the home for more than four years and told us

that there was consistency in the staff team with many members of staff having worked in the home for several years. One staff member told us, "The staff team here are excellent, we are a great bunch." We also saw that a dependency tool was used to assess how many staff were needed on each shift.

We looked at six staff files and saw the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We also saw proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates.

People who used the service and relatives told us people were given medicines at the correct times. One person told us, that staff would remind her to take her medicines and another told us, "Seniors give medication, the girls are not allowed to give it." We saw that systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately, in-line with guidance issued by the National Institute for Health and Clinical Excellence (NICE). This included the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse and are subject to additional legal requirements in relation to their safe management. We saw people's individual medicines records contained their photograph, allergy information, relevant contact numbers, medicine information and people's preferences regarding how they liked to take their medicines. Photographs were not dated and we discussed with the registered manager that it would be good practice to date these to ensure the photograph is a current and true likeness. Medicine administration records (MAR) were in place for each person who used the service. The MAR file included a specimen signature and initial sheet for members of staff who administered medicines.

We watched staff administer medicines. Staff carefully explained what there were doing and asked the person's permission to give them their medicines. We saw that staff administering medications had received training and had their competency assessed. MARs were completed with codes used for when medicines had been refused or given as required. There were separate record sheets for non-dosette boxed medicines, the clinical lead told us; "We did a full audit last month and found these medicines were not being well recorded and stock was all over the place. We introduced this to prompt people and to let them know we are monitoring things. We'll review it again next month." This showed the service was acting where improvements were needed. Staff told us temperature records they were checked daily and recorded on the home's computer system, and we saw the records to demonstrate these were being recorded. This meant that the quality of medicines was not compromised, as they had been stored under required conditions.

The registered manager was responsible for conducting medicines audits, to check that medicines were being administered safely and appropriately. Where audits had identified errors these had been rechecked by the registered manager to ensure they were correct. We found that medicines were being managed appropriately and people were getting their medicines when they needed them.

There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances. We also saw records that equipment such as bath hoists were checked regularly to ensure they were working safely. We saw that people had Personal Emergency Evacuation Plans (PEEPS) on file which were person centred, for example on PEEPS stated, "[Person] is easily agitated and doesn't like loud noises". This showed us that there was clear guidance about people for staff to use in an emergency.

Any accidents and incidents were detailed in people's individual care files and were monitored by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

We saw people's care files explained how to keep them safe and risk assessments had been developed where risks had been identified. We looked at care records for two people who were at risk of falls and saw mobility care plans were in place and described in detail the person's mobility needs, for example, "Uses walking frame but can be unsteady.", "Can get disorientated." and "Requires occasional guidance and assistance when transferring."

Mobility and falls risk assessments were in place and included the level of risk, an action plan to reduce the risk and the outcome, for example, we saw one person had been provided with a new, smaller bed so they had more space to mobilise in their bedroom. They had also been provided with a pressure mat, placed beside their bed in case of any falls out of bed, and their bedroom floor had been "de-cluttered". We saw that behavioural management strategy plans were in place when required that described triggers for behaviour as well as guidance for staff to follow around interventions. Fluid charts were being completed and showed that people were being offered regular drinks, but these did not always show how much people should be aiming to drink in a day. This was discussed with the registered manager who agreed these charts would be updated to give a target amount of fluid. This meant that risks were being identified and plans put in place to mitigate the risks.

People and relatives we spoke to told us they thought the home was kept clean and tidy, for example, one relative told us that the home was "Well kept." We looked around the home and found that all areas were clean, well presented and free from odours. We saw records that showed that staff undertook regular cleaning, including deep cleaning when required. A staff member we spoke with told us towels were changed daily and mattresses and pressure relieving equipment were cleaned weekly. Bedrooms were individualised, some had carpets and some had laminated flooring, and there were no trip hazards apparent. The registered manager completed regular checks of the home to ensure the home was clean and safe.

NHS County Durham and Darlington Clinical Commissioning Group's Infection Prevention and Control Team had completed an audit in the home on 27 April 2016 and there were some outstanding actions at the time of this visit. The registered Manager showed us an action plan with updates on all the actions identified. The registered manager told us they believed they were now meeting the requirements of the audit.

Personal protective equipment (PPE), paper towels and liquid soap were available throughout the home and hand washing guides were placed on walls above sinks. We also witnessed care staff using PPE appropriately, for example when dispensing medicines and delivering personal care. Staff were able to tell us correctly about the type of PPE to be used and when it should be used.

Good

Is the service well-led?

Our findings

At the time of our inspection, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The manager had been registered at this home, under this registration, with CQC since 8 June 2015.

People who used the service and their relatives told us that there was a positive atmosphere in the home and that they thought that staff and the registered manager were approachable. One person told us, "Camaraderie between staff and residents is great". Another person told us "[Registered manager] has made lots of improvements" and another told us, "Staff were lovely and go out of their way to accommodate you."

Staff we spoke with were positive about their relationship with the registered manager and senior staff at the home. They told us, "I love [registered manager]. She's great.", "You can go to [unit manager] with anything. I don't have any issues.", "We get lots of support.", "We work as a team and cover for each other" and "Both seniors are great, you can go to them with anything."

The registered manager told us they had an open door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time. One person who used the service also told us, "I know [Registered manager] is very approachable but I've had more dealings with [Unit Manager]" and others agreed that they felt they could speak to the registered manager or other senior staff if they had any concerns.

Staff told us they felt well supported in their roles and one relative told us, "Staff know their jobs". We saw supervision and appraisal records were in place and were very thorough in terms of areas for improvement. We saw new staff had to complete the Care Certificate online; the Care Certificate is a recognised standard for induction for health and social care staff. The administrator told us that a paper version of the induction had previously been completed but it was "not very user friendly" so they had changed to using the online version. This demonstrated that actions had been taken to make it easier for staff to complete the induction and have the necessary skills and knowledge for their roles.

We saw training events were planned in November and included moving and handling and fire training. The staff training matrix was reviewed weekly by the administrator and the registered manager to ensure staff members were put forward for training when this was due. We saw that staff had mandatory training as well as other specific training such as dementia, end of life and dignity training. We spoke with two housekeeping staff and the housekeeping manager, they told us they had enough equipment and they had received training to complete their roles. They also told us a new housekeeper was starting work on the day following the inspection and the housekeeping manager explained their induction process which included training and shadowing of experienced staff. This demonstrated that management processes were in place to ensure staff have the support, training and equipment to effectively complete their roles.

People who used the service and their relatives told us they were regularly involved with the service in a meaningful way. One relative told us they had completed a survey about their relative and that, "Staff were

very, very interested in [person]'s past, and life, they've got to know about him". People and staff told us they felt confident they could go to the registered manager or the deputy manager with any suggestion, concern or complaint and they felt their views were listened to and acted upon and that this helped to drive improvement. One person we spoke to told us that they had complained and had not felt their concerns had been responded to in a satisfactory way. They told us however that they had since spoken to the manager and their concerns were being resolved. One person told us that some parts of the home were decorated to a higher standard than others and that, "The rooms on the middle floor haven't been done for a while, since built, they've perhaps been touched up". The managing director (north east) confirmed that on-going redecoration of the home was built into the home's development plan. We saw that surveys had been completed to gauge satisfaction with the service; these included a staff survey completed in June 2016 and a visitor's survey completed in February 2016. Other surveys had been completed about admissions, activities and staff development. Feedback from surveys was mainly positive and the registered manager was able to explain actions that had been taken in relation to negative comments, although these actions were not always clearly documented.

We looked at the minutes from a quarterly resident's meeting, last held on 14 September 2016, and a range of topics were covered including activities, dining and the results from a recent survey. Staff told us they had team meetings with the registered manager every three months and with their unit manager every six weeks. They told us additional meetings would take place if there were any issues or the unit manager thought they needed them. We saw that a range of meetings were held with different groups of staff and that these were used for sharing information and good practice. This meant that the service sought feedback from staff, people and relatives in a variety of ways.

We observed that there was a positive and calm atmosphere in the home. Staff and the registered manager knew people well and interacted with them in a caring way. We observed that there were activities on offer that were popular and well attended, for example on the day of the inspection activities were taking place in part of the home that had been turned into a bar area. We observed people were relaxed and enjoyed having this area to socialise in. We saw that other activities were available in the home and in the local community, for example event at local schools and days when people from the community were invited into the home, for example a Christmas fair.

We saw that the registered manager had a file containing audits, such as: medication, nutrition and infection control. The registered manager told us each audit should be completed monthly but on reviewing the file we found that some audits were being completed less frequently, for example bi-monthly. We discussed the quality assurance process with the registered manager, regional manager and managing director (north east) and found that it had been identified that the current auditing schedule was not being achieved but it was informally agreed by the management team that only "Key performance indicator" audits had to be completed on a monthly basis and other audits could be completed less frequently to meet the needs of the service. The managing director (north east) explained that he had recently been appointed and had been developing a new quality assurance procedure which was in the process of being implemented. This procedure would clarify the roles and responsibilities in relation to quality assurance, such as who should complete audits and the frequency they should be completed. A new business development plan was also being developed to set out the key development areas for the service. These documents were provided as part of the inspection. The regional manager had completed an audit in October 2016 which covered all aspects of the home including, for example; staffing, training, medication, activities, complaints and activities. This also gave the registered manager an action plan to address any improvements required. We found that the processes in place monitored all aspects of the running of the service and addressed any issues identified.

We found that systems in the home supported good communication between staff and with visiting professionals. A social worker we spoke to told us, "The home work with us to get the best for the residents." Body maps, care plans, weight charts and daily notes were held electronically and we were told by staff, "If professionals visit they type their input directly onto the system, which is really good." We saw that there was a handover system in place where information was transferred verbally, and via the electronic system, so that staff on different shifts where aware of people's current needs. We saw that referrals had been made to other professionals where required, for example we saw that people at risk of falling had been referred to an NHS falls service to look at the possible causes of falls in order to prevent further falls occurring.

The home had been awarded a "5 Very Good" Food Hygiene Rating by the Food Standards Agency on 21 December 2015.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation, good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined-up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations, such as the Local Authority and other social and health care professionals, were understood and met. This showed us how the service sustained improvements over time.

The registered manager had notified the CQC of all significant events, changes or incidents which had occurred at the home in line with their legal responsibilities and statutory notifications were submitted in a timely manner.