

The Southend-On-Sea Darby & Joan Organisation Limited

Sandringham

Inspection report

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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?	Requires improvement	

Overall summary

The inspection was completed on 20 August 2015 and there were 18 people living at the service when we inspected.

Sandringham provides accommodation and personal care for up to 20 older people and people living with dementia.

A registered manager was not in post at the time of the inspection. The Care Quality Commission had received a notification advising that the registered manager had

retired in July 2015 and in the interim the service was being managed on a day-to-day basis by the provider's Operations Manager. At the time of this inspection the provider had appointed a new manager and they are due to commence employment in October 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Although there was an effective system in place to regularly assess and monitor the quality of the service provided, improvements were required to show that actions highlighted had been addressed and dealt with.

Where people lacked capacity to make day-to-day decisions about their care and support, we saw that decisions had been made in their best interests but required improvement as information was not robust. The provider was up-to-date with recent changes to the law regarding the Deprivation of Liberty Safeguards (DoLS) and at the time of the inspection they were working with the local authority to make sure people's legal rights were being protected.

People and their relatives told us the service was a safe place to live. There were sufficient staff available to meet their needs and appropriate arrangements were in place to recruit staff safely.

Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure their and others' safety. Care plans reflected people's care and support needs and people received appropriate support to have their social care needs met.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. This meant that people received their prescribed medicines as they should and in a safe way.

Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed and people told us that their healthcare needs were well managed.

Staff received opportunities for training and this ensured that staff employed at the service had the right skills to meet people's needs. Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

The dining experience for people was positive and people were complimentary about the quality of meals provided. People who used the service and their relatives were involved in making decisions about their care and support.

People and their relatives told us that if they had any concern they would discuss these with the provider. People were confident that their complaints or concerns were listened to, taken seriously and acted upon.

Summary of findings

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 safe.

People and their relatives told us the service was a safe place to live.

There were sufficient numbers of staff available to support people and recruitment practices at the service were robust.

The provider had systems in place to manage safeguarding matters and ensure that people's medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff were appropriately trained and supported.

The dining experience for people was positive and people were supported to have adequate food and drinks.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

Good



Is the service caring?

The service was caring.

People and their relatives were positive about the care and support provided at the service by staff. Our observations demonstrated that staff were friendly, kind and caring towards the people they supported.

People and their relatives told us they were involved in making decisions about their care and these were respected.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Good



Is the service responsive?

The service was responsive.

People's care plans were reflective of their care needs and detailed how staff should support and care for people.

A programme of social activities was provided each day and people had their social care needs met.

The service had appropriate arrangements in place to deal with comments and complaints. People told us that their comments and complaints were listened to and acted on.

Good



Summary of findings

Is the service well-led?

The service was not consistently well-led.

Audits did not always include actions taken and lessons learned where appropriate so as to ensure that any risk of reoccurrence across the service was reduced.

The provider and senior members of the staff team were clear about their roles, responsibility and accountability and we found that staff were supported.

People told us that the service was well run and managed and comments were very complimentary.

Requires improvement



Sandringham

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 20 August 2015 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who had personal experience of caring for older people and people living with dementia.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

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 spoke with 11 people who used the service, two relatives, six members of staff and the provider's Operation's Manager. We spoke with one healthcare professional to obtain their views about the quality of the service provided.

We reviewed four people's care plans and care records. We looked at four staff support records. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

People told us that they felt safe and secure. One person stated to us that initially they were concerned about requiring residential care however their perception of this had changed since their admission to the service. They told us, “I have a good life. Nobody’s ever been unkind to me here.” A visiting relative told us, “We know [name of person] is well looked after here. We’ve never had any cause for concern about anyone here, and we visit regularly.”

People were protected from the risk of abuse. Staff had received safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person’s safety to a senior member of staff or the provider. Staff were confident that the provider would act appropriately on people’s behalf. Staff also confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required.

Staff knew the people they supported. Where risks were identified to people’s health and wellbeing, such as the risk of poor nutrition and mobility, staff were aware of people’s individual risks. For example, staff were able to tell us who was at risk of falls or poor nutrition and the arrangements in place to help them to manage this safely. In addition risk assessments were in place to guide staff on the measures in place to reduce and monitor these during the delivery of people’s care. Staff’s practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe.

People told us that there were sufficient numbers of staff available and that their care and support needs were met in a timely manner. People told us that when they used their call alarm to summon staff assistance, staff responded quickly and provided the care and support they required.

Staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported and that they could meet people’s day-to-day needs. Our observations during the inspection indicated that the deployment of staff was suitable to meet people’s needs and where assistance was required this was provided in a timely manner. We also saw that staff had time to sit and talk with people living at the service.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for staff appointed within the last 12 months showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had had the appropriate checks to ensure that they were suitable to work with people.

People told us that they received their medication as they should and at the times they needed them. The arrangements for the management of medicines were safe. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service, given to people and disposed of. We looked at the records for six of the 18 people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. Although no PRN ‘as required’ medication protocols were in place and senior staff who administered medication did not have an understanding as to the importance of these, an assurance was provided by the provider that these would be completed as soon as possible. The administration of medication to people living at the service by staff was seen to be appropriate.

Staff involved in the administration of medication had received appropriate training. Regular audits had been completed and these highlighted no areas of concern for corrective action.

Is the service effective?

Our findings

People were cared for by staff who were suitably trained to provide care that met people's needs. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. People told us that in their opinion staff were well trained and competent to deliver appropriate care and always seemed capable and able in dealing with whatever situation they faced on a daily basis. One person told us, "I think they [staff] are very well trained. I always feel they know what they are doing."

An effective induction for newly employed members of staff was in place. The provider told us that this included an 'orientation' induction of the premises, training in key areas appropriate to the needs of the people they supported and completion of the new Skills for Care 'Care Certificate' which was introduced in March 2015. These are industry best practice standards to support staff working in adult social care to gain good basic care skills and are designed to enable staff to demonstrate their understanding of how to provide high quality care and support over several weeks. We spoke with one newly employed member of staff and they confirmed that they had completed an induction as detailed above and this had included opportunities whereby they had shadowed a more experienced member of staff. This was so that they could learn the routines of the service and understand the specific care needs of people living there. They told us that they had found this to be a very positive experience.

Although staff told us they received good day-to-day support from work colleagues and felt supported by the provider, records showed that staff had not received regular formal supervision in line with the provider's supervision policy and procedure. This stated that staff should receive a minimum of six supervisions and an annual appraisal every 12 months. We discussed this with the provider and they confirmed that supervision for staff was behind schedule, for example, one member of staff had only received three supervisions in the last 12 months and their last appraisal of their performance had been completed in 2013. An assurance was given by the provider that following the appointment of a new manager and

commencement of their employment at the service, priority would be given to ensuring that improvements were made for staff to be regularly supervised and appraised.

Not all staff were able to confirm that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training or demonstrated that they were knowledgeable and had a basic understanding of MCA and DoLS, how people's ability to make informed decisions can change and fluctuate from time to time and when these should be applied. Although records showed that each person who used the service had had their capacity to make decisions assessed, information recorded was not robust relating to the exact decision being assessed or why it was in the person's best interest. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interest's required further improvement. We discussed this with the provider and were given an assurance that these would be reviewed and up-dated as soon as possible. Appropriate applications had been made to the local authority for DoLS assessments and where appropriate the Care Quality Commission had been notified once an application had been approved. People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs.

Meals for the service are provided using an external company. A range of meals are delivered ready prepared which are then reheated and served. Comments about the quality of the meals were positive. People told us that they liked the meals provided. One person told us, "There's always a choice and its good food. If I don't want either choice the cook will do me something else, for example, an omelette. They [staff] don't make me feel awkward about it." Another person told us, "The food is lovely and I have no complaints."

Our observations of the lunchtime and teatime meals showed that the dining experience for people within the service was positive and flexible to meet their individual nutritional needs. People were offered a choice of meals and drinks throughout the day. As it was very warm, staff placed importance on encouraging people to drink regularly throughout the day, for example, staff were observed on several occasions to walk past someone, notice that they had an empty cup or glass and offered a

Is the service effective?

choice of replenishment. Where people were noted to change their mind, an alternative to the menu was offered. Where people required assistance from staff to eat and drink, this was provided in a sensitive and dignified manner. Staff were observed to not rush the person they supported and had the time to interact socially as they helped people with their meals.

Staff had a good understanding of each person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and documented. A record of the meals provided was recorded in sufficient detail to establish people's dietary needs. Where people were at risk of poor nutrition, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to a suitable healthcare professional, for example, dietician or Speech and Language Therapy (SALT) team.

People's healthcare needs were well managed. People told us that they were supported to attend hospital appointments and were able to see other healthcare professionals as and when required, for example, District Nurse, GP, Physiotherapist and Speech and Language Therapy Team. People also told us that an optician and chiropodist regularly visited the service. One person told us that they visited their own chiropodist as this was their preference. We spoke with one healthcare professional and they told us that staff were able to recognise changes in people's healthcare needs and were proactive in making appropriate referrals where required. In addition, they told us that staff were proactive in following advice and guidance provided to them. Relatives told us that they were kept informed of the outcome of healthcare appointments for their member of family where appropriate. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments.

Is the service caring?

Our findings

People made many positive comments about the quality of the care provided at the service. One person told us, “I get on well with all the staff here, they’re a good bunch.” Another person told us, “I’m very happy here. They treat you very well. We have plenty of chats.” One person who remained in their bedroom as a result of their healthcare needs told us that the care and support provided to them by staff was very important. They praised the staff, in particular, positive comments were made about night staff and they told us, “They are just lovely and so caring. If I press my bell I don’t feel told off. They [staff] come very quickly.” Another person also praised the night staff and told us, “They are very good and they treat me wonderfully. If I call, they come straight away. It makes such a difference, as things always seem worse at night.”

We observed that staff interactions with people were positive and the atmosphere within the service was seen to be welcoming and calm. We saw that staff communicated well with people living at the service, for example, staff were seen to kneel down beside the person to talk to them or to sit next to them and staff provided clear explanations to people about the care and support to be provided. We observed one person having their manual handling needs met by staff. Staff provided reassurance, encouragement and clear instructions throughout the task advising the person as to what was happening. We also observed a senior member of staff talking for 25 minutes with a person who used the service about a recent trip they had enjoyed with their girlfriend to a well-known botanical garden. The person living at the service was seen to listen intently and to ask several questions. They then produced a photo album from their bag, showing the member of staff the photographs and providing an explanation as to who the people were. The discussion between them was open and friendly and clearly enjoyed by both parties. On a further two occasions, staff were seen to sit and talk with people about their life history or to discuss events recorded within the daily newspaper. This showed that the service made sure that people felt they mattered, and that staff listened to them and talked to them appropriately.

People repeatedly told us that they were empowered and encouraged to express and voice their views, wishes and

preferences. One person told us, “Nobody forces me to do anything I don’t want to do. I get up and go to bed when I like.” They told us that staff visited them in the morning and asked if they were ready to get up; and if they remained sleepy, staff would always offer to come back at a later time. Another person told us, “I’m always given choices about what I do and when, and they [staff] don’t rush me when I’m slow.”

People were also encouraged to maintain their independence and this was promoted and encouraged where appropriate according to their abilities. This covered all aspects of their life from choosing how and where to spend their time, mobilising within the home environment and attending to aspects of their personal care needs. We observed one person walking to the dining room very slowly with the aid of a walking frame. They manoeuvred themselves one step at a time around the table until they got to their chair and sat down. Nobody rushed them or took away the person’s independence. One person told us, “I like to do things for myself when I can. They [staff] let me be as independent as I can be.” Another person told us, “They’re [staff] very encouraging here and enable me to do more and more for myself. I was in a bad way when I first came here and without the encouragement and support from here, I don’t know what state I’d be in now.”

Our observations showed that staff respected people’s privacy and dignity. We saw that staff knocked on people’s doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked that suited their individual needs and staff were seen to respect this. Clothing was well co-ordinated, appropriate for the time of year and some people were seen to wear items of jewellery.

People were supported to maintain relationships with others. People’s relatives and those acting on their behalf visited at any time. Relatives told us that they were able to visit their relative whenever they wanted. One visitor told us that they always felt welcomed when they visited the service and could stay as long as they wanted.

Is the service responsive?

Our findings

Although people's care plans included information relating to their specific care needs and how they were to be supported by staff, not all care plans viewed had been regularly reviewed. This meant that where a person's needs had changed the care plan had not always been updated to reflect the new information. We discussed this with the provider and they confirmed that they were aware of this and were looking at how this could be improved for the future. Staff told us that they were made aware of changes in people's needs through handover meetings and discussions with senior members of staff. This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed.

Where life histories were recorded, there was evidence to show that, where appropriate, these had been completed with the person's relative or those acting on their behalf. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their wellbeing.

People told us that the person responsible for providing social activities at the service was very good. One person told us that the person responsible for providing social activities had taken them out for coffee and facilitated them to access the local town centre to complete personal shopping. They told us that they had enjoyed the experience. A programme of forthcoming social events both 'in-house' and within the local community was displayed. People told us that they looked forward to these events, such as, external entertainers, trips to the local theatre and events organised by the local church.

The person responsible for providing social activities told us that wherever possible activities were provided either on a one-to-one basis or in smaller group as this met people's needs better, such as, manicures, one-to-one chats, reading the newspaper, word searches and going for a walk. In addition, they told us that some people living at

the service also participated in activities that they may have done in their past, for example, helping staff to clear the dining tables and folding of serviettes. They also told us that the service had recently received a monetary donation and instead of buying something for the home environment that people could use, they had spoken to each person individually and asked them to choose a treat for themselves that they would like. We were advised that treats chosen included some chocolate éclairs, a box of chocolates, a pair of slippers and a visit to a local cafe for fish and chips as some examples. The person who had enjoyed the fish and chip lunch told us how special this had been, how they had looked forward to going out and how it had been a 'real highlight.' Our observations also showed that some people wished to remain in the privacy of their room. One person told us, "I like my own company, so it's not a problem for me. Staff would like me to go downstairs, but they would never force me." Another person told us that during the day they spent their time in the communal lounge but in the evening they went back to their room to watch television.

The provider had a complaints policy in place and had procedures in place that ensured people's concerns were listened to. People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. People told us that they felt able to talk freely to staff about any concerns or complaints. One person told us, "If I ever have a concern, or a problem I can talk to any of the girls. They [staff] will all listen to me, and take it seriously. If I had a complaint, I wouldn't think twice about voicing it." People told us that staff were always happy to talk and listen to their concerns. People told us that they were never made to feel like they were a nuisance. Staff told us that they were aware of the complaints procedure and knew how to respond to people's concerns. Records showed that there had been two complaints since our last in February 2014. Although a record was maintained of each complaint and this included the details of the investigation, actions to be taken to lessen any reoccurrence were not recorded or details of the outcome. We discussed this with the provider and an assurance was given that the above would be addressed.

Is the service well-led?

Our findings

Relatives told us that the service was well run and managed. Comments were very complimentary and included, “There is a wonderful team of carers” and, “Sandringham is a lovely home.” Records of compliments received at the service showed that relatives would recommend the service to others.

The provider was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the management team monitored the quality of the service through the completion of a number of audits. This enabled the manager and provider to identify good practice, areas that required improvement and to monitor for potential trends. An analysis of incidents such as the incidence of falls, pressure ulcers and people’s weight loss and gain was recorded each month. However, audits viewed did not always include actions taken and lessons learned where appropriate so as to ensure that any risk of reoccurrence across the service was reduced. The provider had requested an external company to complete a health and safety review of the service. This highlighted a list of actions which required attention, for example, deep clean of the kitchen to be completed within six weeks, health and safety checks of the premises and recommendations following an asbestos survey of the premises. We discussed this with the provider and were advised that the actions listed to date

had not been addressed. This meant that people, those acting on their behalf and staff could not be fully assured that adequate quality assurance measures were effective and in place.

Staff told us that the overall culture across the service was open and inclusive. Staff told us that communication was good and that they felt valued by the provider. All staff spoken with told us that they felt the provider and senior members of staff were approachable. Staff told us that they were listened to and were confident that appropriate action would be taken by the provider where required. Staff confirmed that they enjoyed working at the service but that they missed the previous registered manager who had recently retired from the service.

The provider confirmed that the views of people who used the service and those acting on their behalf had been sought in October 2014 about the quality of the service provided. The overall response from people was extremely positive and people stated that they were well cared for and satisfied with the overall care provided.

The provider told us that meetings with staff were undertaken to facilitate effective communication and to understand what was happening within the service. Staff confirmed this and records were maintained of the topics discussed. Although areas for improvement were highlighted, an action plan had not always been compiled to include the actions taken and lessons learned where appropriate so as to ensure that any risk of reoccurrence across the service was reduced.