

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 effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Sandfields on 4 and 5 July 2017. Sandfields provides accommodation and nursing and personal care for up to 90 older people and people living with dementia. At the time of our visit, 68 people were using the service. Sandfields is split over six units, at this inspection one of these units was currently not being utilised. This was an unannounced inspection. At this inspection, we also followed up on concerns raised following a HM Coroner's inquest in March 2017.

We last inspected the home on 30 and 31 July 2015. At the July 2015 inspection the service was meeting all of the requirements of the regulations and was rated as "Good". However we found that good practice had not always been established and maintained in relation to maintaining people's care records. During this inspection we found the provider had improved the recording of people's risk management plans and staff had the information they needed to know how to keep people safe.

There was a registered manager in post. The registered manager was also the provider of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People enjoyed living at Sandfields. People and their relatives told us they or their relatives were safe at the service and enjoyed active and social lives. People had access to activities which were tailored to their individual needs and preferences. People felt cared for and happy.

People were supported with their ongoing healthcare needs. Care and nursing staff supported people to access the healthcare support they required. People told us they enjoyed the food they received within the home, and had access to all the food and fluids they needed. Where people needed support to meet their nutritional needs, these needs were met.

People were supported by care and nursing staff who were supported and trained to meet people's individual needs. Staff were supported to develop and access additional training to further improve their skills. All staff we spoke with felt supported and were positive about working at the service.

People and their relatives spoke positively about the management of the service. The registered manager ensured people, their relatives and external healthcare professionals' views were listened to and acted upon. The registered manager had systems to assess, monitor and improve the quality of service people received at Sandfields.

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 enough staff deployed to meet people's personal care needs. People felt safe living at the home.

The environment was maintained and staff were aware of how to protect people from the risks associated with their care.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective. Care and nursing staff had access to the training and support they needed to meet people's needs. Care staff were supported to develop professionally.

People were supported to make day to day decisions around their care. People's care documents reflected their capacity to make choices about their care.

People received the nutritional support they needed. People were supported and often escorted to attend healthcare appointments.

Is the service caring?

Good ●

The service was caring. Care staff knew people well and what was important to them.

People's dignity was promoted and care staff assisted them to ensure they were kept comfortable. People's independence and individuality were respected

Care staff engaged with people positively, which had a clear benefit for people's wellbeing.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and people received care that met their needs. People's care plans were reflective of people's current needs.

People enjoyed living at Sandfields. People were supported with

activities which reflected their individual needs and interests.

People and their relatives told us they felt involved and their concerns and complaints were listened to and acted upon.

Is the service well-led?

The service was well led. The registered manager had systems in place improve the quality of service people received.

People and their relatives' views regarding the service were sought and acted upon.

Staff were supported to develop and take on additional responsibilities within the service.

Good ●

Sandfields

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 was 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 4 and 5 July 2017 and it was unannounced. The inspection team consisted of two inspectors, a specialist advisor 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 had experience and knowledge of caring for older people. At the time of the inspection there were 68 people living at Sandfields.

We did not ask the provider to complete 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 gathered this information during our inspection. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We also spoke with two healthcare professionals who were visiting Sandfields at the time of our inspection.

We spoke with 11 people who were using the service and three people's relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with 13 staff members; including seven care staff, one nurse, a lifestyle co-ordinator, a cook, head of housekeeping, the deputy manager and a representative of the provider. We reviewed nine people's care files, care and nursing staff records and records relating to the general management of the service. Following the inspection, eight people's relatives contacted us with their views on the organisation. We also spoke with the registered manager following our inspection.

Is the service safe?

Our findings

People felt safe living at Sandfields. Comments included: "Safe? Yes, I do"; "I am pretty sure I am safe, I am well looked after"; "I'm happy, I'm safe, no one has punched me on the nose" and "Yes, extremely safe we have alarms on the doors and the doors are locked at night". People's relatives expressed how they had "peace of mind" that their relatives were living at Sandfields. Comments included: "Certainly I always felt that she was safe and well looked after"; "She has settled in very well and when asking her states she is very happy there and well looked after which in turn has helped us not to worry so much" and "She now feels totally safe, is always cheery and very positive."

People were protected from the risk of abuse. Care and nursing staff had knowledge of the types and signs of abuse, which included neglect. They understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to their line manager or the registered manager. One staff member said, "It's our duty to ensure any concerns are passed to the unit manager or the (registered) manager". Another staff member told us what they would do if they were unhappy with the manager's or provider's response. They said, "If I was not happy, I would go to the adult helpdesk or CQC. Previously, not here, I have reported abuse". Care and nursing staff told us they had received safeguarding training.

The registered manager raised and responded to any safeguarding concerns in accordance with local authority's safeguarding procedures. Since our last inspection the provider had ensured all concerns were reported to the local authority safeguarding team and CQC.

People could be assured the home environment was safe and secure. Safety checks of the premises were regularly carried out. People's electrical equipment had been checked and was safe to use. Fire safety checks were completed to ensure the service was safe. All staff employed to work at Sandfields had fire safety training specific to the service. Fire exit routes were clear, which meant in the event of a fire, people could be safely evacuated. There were personal emergency evacuation plans for each person. A copy of these plans was kept alongside fire safety documents in the event of an emergency.

People had been assessed where staff had identified risks in relation to their health and well-being. These included moving and handling, mobility, agitation, nutrition and hydration. Risk assessments gave care and nursing staff guidance which enabled them to help people to stay safe. Following our previous inspection the provider had improved the recording of people's risk management plans. Each person's care plan contained information on the support they needed to assist them to be safe. For example, one person had been assessed as being at risk of falls when mobilising, and their care plan had clear detailed information on how they should be assisted with their mobility, including how they should be supported to walk with close supervision for short distances if they felt able to. It detailed where care staff should take extra caution when assisting them with their mobility. Additionally one person's relative spoke positively about how staff assisted their relative. They told us, "Since being in Sandfields (relative) has had only one minor fall. Staff have ensured that (relative) is able to move around safely while at the same time encouraging them to be as independent and active as possible. This has improved (relatives) confidence."

Where people were anxious or could exhibit challenging behaviours, care and nursing staff were provided with clear guidance on how to assist them to ensure they, other people and staff were not placed at risk. For example, one person could be anxious during personal care. Care staff had clear guidance on which staff were to assist the person to reduce any possible risk, including providing two members of staff to assist with personal hygiene needs.

People and their relatives told us there were enough care and nursing staff to meet their needs and they were able to seek the attention of care staff when required. Comments included: "Yes, there seems to be quite a lot and they're very good"; "Oh yes, they keep coming in to see me and I have a call bell and when I press it they come fairly quickly and if I need it at night I can use it and, I'm never rushed as you can see I'm still in my pyjamas. I can just chill out"; "Yes, they seem to have enough staff. (I have a call bell), it's on my bed yes I've used it and they come quickly and the service here is marvellous" and "(Relative) is so pleased with the many regular staff she sees each day that she has commented to us that she thinks of them more as friends."

Care and nursing staff felt there were enough staff to meet people's day to day needs. Comments included: "Staffing level is alright across the board. If we don't have enough staff, we get agency"; "Staffing is great, no problem at all" and "I think sometimes there wasn't always enough staff on, we raised a concern and they do listen, we've trialled different staffing levels which have worked". The deputy manager and a representative of the provider discussed how they arranged staffing at the service and had identified the amount of staff required to ensure people were cared for safely.

There was a pleasant and lively atmosphere within the home on both days of our inspection. Care staff had time to spend with people throughout the day. We observed that at 15:00 every day, all staff, including management and maintenance staff spent time with people enjoying a cup of tea or talking about their days. People enjoyed talking to staff and we observed care staff making time to talk to people.

Records relating to the recruitment of new care staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character.

People received their medicines as prescribed. We counted 20 people's prescribed medicine stocks and found people received their medicines as prescribed. Where gaps in recording of people's administered medicines had been identified by staff, appropriate action had been taken to ensure people had received their medicines as prescribed. Nursing and care staff kept an accurate record of when they had assisted people with their prescribed medicines. For example, care staff signed to say when they had administered people's prescribed medicines and kept a record of prescribed medicine stocks and when they had opened people's prescribed medicines.

People's prescribed medicines were kept secure. The temperature of areas where people's prescribed medicines were stored were recorded and monitored to ensure people's medicines were kept as per manufacturer guidelines. Where people required controlled drugs (medicines which required certain management and control measures) to ensure their wellbeing these were administered in accordance with the proper and safe management of medicines.

We observed two care staff and one nurse assisting people with their prescribed medicines. For example, one member of care staff clearly communicated what the medicines were for and asked if the person wanted to take them. They provided the person with a drink to take their medicines with. The person was in control throughout, offered choice by the nurse and given a drink with all their medicines. One person told

us, "Yes, I take medication painkillers. I get one in the morning and one at night as well."

Is the service effective?

Our findings

People and their relatives thought that the staff were suitably skilled and trained to carry out their role. Comments included: "The staff look after us well here"; "The staff are lovely here. They really are all very good"; "It has turned out to be the best home I could have hoped and wished for. From day one, the staff have always given first class care, being exceptionally attentive, caring, and supportive towards both mum and myself" and "As a family we too have got to know many of the staff here and without exception we find them all to be friendly, respectful, caring and professional with (when appropriate) a sense of fun."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff were positive about the training and the support they had received. We received comments such as, "I have the training I need to meet the resident's needs. I would like more care planning, which I've raised in supervision. My unit manager knows what I need, how I can improve, you can always get support"; "Training is okay here, you have what you need" and "I have what I need. I have requested training and this has been provided."

Where staff training had expired, there were gaps in staff knowledge or observed poor practices, staff were required to undertake additional training. New care staff were expected to attend a corporate and home induction programme which included training in all aspects of health and social care in accordance with the Care Certificate (a training programme for all new care staff). New staff also had the opportunity to shadow more experienced staff to learn and to observe their practices before becoming part of the shift team.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. 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. We found that staff were aware of the principles of the MCA and applied them to their care practices. For example, we heard care and nursing staff offering people choices regarding their care or meals and found their decisions were respected. Where people were unable to express their views, staff provided them with care in their best interests based on the knowledge and previous preferences of people such as their choice of drink or food.

The service had assessed if people had the mental capacity to make significant decisions about their care such as to consent to receive their medicines and other treatment. Where people had Power of Attorneys authorised (people who could make decisions for people around their health or wellbeing and/or property and affairs), this was clearly recorded. We found where people had sensor systems in their room that the consent of the person, or best interest decisions had not always been recorded. We raised this concern with the deputy manager, who took immediate action to address this.

People who lack the mental capacity to consent to arrangements for necessary care or treatment can only

be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS authorisations were in place for some people living at Sandfields. The registered manager kept a clear record of who was being deprived of their liberty and when these deprivations needed to be reapplied for.

People had access to health and social care professionals. Records confirmed people had been referred to a GP, dentist and an optician and were supported to attend appointments when required. People's care records showed relevant health and social care professionals were involved with people's care. For example, some people had required the support of speech and language therapists due to the risk of choking.

Where people were at risk of choking or malnutrition, they were provided a diet which protected them from these risks such as soft meals and thickened fluids. Care staff knew which people needed this support. For example, one person was assessed as being at risk of choking. There was clear guidance in place for staff to support this person with their meal. Guidance had been sought from speech and language therapists and this was clearly referenced within their care plan. Care staff confidently discussed how they assisted this person to support them to maintain their health and wellbeing. One healthcare professional told us, "I go to a lot of homes in Cheltenham and this is the one I recommend. There is good care and good staff. People are happy." A GP told us they were happy with the support provided to people and that staff were responsive to their suggestions.

People spoke positively about the food and drinks they received in the home. Comments included: "I'm on a limited diet and (chef) makes me my own meals and no I never get hungry in here. The food just keeps coming and you can always get something to eat day or night"; "It's lovely here and we get a good choice and breakfast is very good. I have porridge and a cooked breakfast and never get hungry at night" and "I love my breakfast it's my favourite meal and most of the time I only have soup followed by ice cream and tinned fruit for lunch and I have the same for supper. I'm not really one for cooked dinners but I do eat them now and again."

People's dietary needs and preferences were documented and known by care, nursing and catering staff within the home. The home's chef knew what food people liked and which foods were required to meet people's nutritional needs. The management, chef and care staff were informed when people had lost weight or if their dietary needs had changed. People were offered a choice of meal at each meal time, care staff showed people a sample of each food set so they could see and smell the food to make an informed decision. One relative told us, "What I think is very good at lunch they show them what is on the menu and let them choose between the meals."

Is the service caring?

Our findings

People had positive views on the caring nature of the service. Comments included: "I'm very lucky"; "The staff look after us well in here"; "I'm definitely happy here, the staff are very kind" and "I wouldn't want to be elsewhere, the people are so kind here."

Relatives were positive about the care their loved one's received. Comments included: "The staff have always shown a caring attitude. My mother hasn't looked so well in ages and has actually put on some weight which she had been trying to do for ages. We would not hesitate in recommending this home to family and friends whose relatives are in need of care but are worried about choosing the right place for a loved one"; "Staff go out of their way to spend quality time with individual residents. This is just not evident when family members are present; staff can be overheard talking kindly and compassionately to residents. Such excellent care is highly valued by family members as it provides the all-important peace of mind when you are not there in person. Agreeing to residential care is such a distressing decision to make and you always think that when you are not there, your loved one will be sad and upset, but I am confident that my Mum is not only safe and well cared for but no doubt she will be enjoying some event or activity, talking and laughing with others" and "From day one, the staff have always given first class care, being exceptionally attentive, caring, and supportive towards both mum and myself."

People enjoyed positive relationships with care and nursing staff, lifestyle co-ordinators and domestic staff. The atmosphere was friendly and lively in communal areas throughout the home with staff engaging with people in a respectful manner. We observed many warm and friendly interactions. People were informed about the purpose of our visit by staff. Staff encouraged people to spend their days as they wished, promoting choices and respecting people's wishes. For example, one person wished to access the home's garden due to the sunny weather. A member of the domestic team supported this person to access the garden and enjoy the sun.

People and staff developed positive caring relationships. For example, we spoke with one person and the maintenance worker about the positive relationship they had developed since the person moved into Sandfields. The person and the member of staff had both worked at a RAF base (at different times). The member of staff had done some research in their own time and found a book which contained a picture of the person. We joined a conversation with the person and the staff member. The person spoke positively about the maintenance worker and how they had enabled them to settle into the home. The person showed us pictures and discussed their war time experiences. The person clearly valued the caring relationship.

People were supported to develop their independence. For example one person used an electric wheelchair to access the community independently. They were able to visit their relative and also access local shops which greatly increased their wellbeing. The person had a nickname which was known to staff and other people and a lifestyle coordinator had a 'number plate' with the nickname made for his electric wheelchair. The person enjoyed spending their time as they wished and loved their 'number plate'.

People engaged with each other and staff and were comfortable in their presence. They enjoyed friendly

and humorous discussions. For example, people enjoyed each other's company, and we observed occasions where people were laughing with each other. People talked to each other and clearly respected each other. People had formed friendships in the home and they enjoyed talking with each other as well as the inspectors. We observed two people supporting one person to join them in a conversation; they also enjoyed friendly jokes with a member of staff. One person told us, "I've got a good companion, I'm happy here."

People were cared for by staff who were attentive to their needs and wishes. For example, staff knew what was important to people and supported them with their day to day needs and goals. Staff spoke confidently about people and what was important to them. One staff member told us how they had supported one person with music therapy. They told us, "We played them some music and they started trying to sing." They told us how music therapy had a massive impact on this person to continue to be able to express themselves.

People told us their dignity was respected by all staff at the home. Comments included: "They always knock on the door and they always close the door and the curtains when they are doing things for me" and "The staff here are very polite". We observed, and relatives told us that people were always well presented and supported to dress as they would choose. One relative told us, "The staff have always shown a caring attitude and what is wonder is my mother hasn't looked so well in ages."

Care staff told us how they ensured people's dignity was respected. All staff members told us they would always ensure people received personal care in private and would ensure they were never exposed. Comments included: "We have to respect its people's home. Make sure people look as good as they want" and "Care is always in private, no exceptions."

People were supported to follow and display their passions. For example, one person was an avid photographer. They had framed pictures of photos they had taken in the corridor by their bedroom. The maintenance worker told us that they put the person's photos up in the way they chose and assisted to change the photos and there layout when requested. The person told us, "My passion is for photography and all my photos are displayed in the corridor and I read a lot and I do the quizzes and the crosswords and I have given a talk about photography."

People where possible were supported to make decisions around their care and treatment. For example, one person's care plan clearly documented their views and also their wants and wishes regarding their end of life care. This person had also made a decision to refuse resuscitation in the event of cardiac arrest. This decision was clearly recorded in the person's care plans.

Is the service responsive?

Our findings

People were highly positive about their social lives and lifestyles within Sandfields. Comments included: "Well when I first came here I wasn't doing so well. My wife died and when I came here I had lost a lot of weight and I have put that back on. I like the staff and they have kept me involved in photography and the staff are really good here"; "It's not too quiet here and you can join in and are not forced to do anything. We're very lucky we have a mini bus which takes us out. We share it with another home. We have it for two weeks and they have it for two weeks."; "I like to do the quizzes and the home had a big band come in so I do what I can every day at 11am and 3pm. Every day something happens here" and "There is lots to do, it's really good. I'm active and I wouldn't want to be elsewhere."

People's relatives praised the service for how they ensured people lived a full and engaged life. Comments included: "Sandfields sets itself apart from any home I've experienced with varied daily activities which are organized and run by a very dedicated lifestyle team"; "All staff from the management to housekeepers get to know the residents and always have the time of day to talk with them and join in activities. It is such a happy place with all the staff having friendly smiles and a chat with residents and their relatives"; "The activities staff work tirelessly and enthusiastically providing a wide range of things to enrich the lives of residents. Visitors are encouraged to join in too. My husband and I have been able to share in the pleasure of entertainments and activities organised by the team" and "All staff from the management to housekeepers get to know the residents and always have the time of day to talk with them and join in activities. It is such a happy place with all the staff having friendly smiles and a chat with residents and their relatives."

People enjoyed a range of activities which were personalised to their individual needs and interests. The home employed a team of lifestyle co-ordinators who structured activities for everyone living at Sandfields. The team ensured activities were provided seven days a week for people to enjoy. The Life Time Lead told us, "We find out what people like and we pick a person and we build around that person and try to get everybody involved". Lifestyle choices activity sheets were available for people in their rooms and on noticeboards. Where activities had been centred on a person their name was clearly noted. One person told us how they enjoyed a string quartet which visited the home, they said, "I like it when people come and talk to us and yesterday we had a string quartet." Care staff told us how people enjoyed this activity.

People were asked for their views on what activities they would like provided. People completed life history stories which documented their interests and hobbies, additionally the Life Team lead used resident meetings and suggestion boxes. The Life Team lead told us, "We have three boxes asking what residents want and we count how many votes each box has and which box is the winner. We go fund raising for what they have asked for and they have voted for a permanent covered area in the garden."

People were supported to access the local community. People told us about day trips they had enjoyed and also how they were supported to access local shops and the home's gardens. For example, we observed one person enjoying a walk with a member of the lifestyle co-ordinators. The Life Team lead told us, "We take residents out and we try to take residents out every other day for two weeks but we can only get 5 residents on the mini bus. We can get two residents in wheelchairs and we try to rotate the residents so they don't

miss out. We also have a wishing tree in the café and the residents say where they want to go and we make their wish come true." We saw that the wishing tree had comments on it and one person told us their wish had been acted upon.

People were supported with meaningful activities and were involved in day to day duties within the home. Care staff told us about how they engaged with people to assist with chores within the home, such as passing out people's laundry and assisting with essential maintenance checks. The registered manager told us after the inspection, "(Person) takes part in the legionella water temperature checks with maintenance. (Person) writes down the temperatures on a clip board and paper for staff. On not so good days they will take the temperatures under supervision instead. (Person) likes to wear a high visibility vest as (Staff member) does too. (Person) also undertakes light gardening with (Staff member) and does walk around the garden most days with one of the domestic team if he chooses. The domestic team love it as it is a justifiable break from cleaning and it is one of the reasons all my team know the residents so well apart from Tea at Three." This view was reflected by care staff and domestic staff. For example, care staff talked about the bond domestic staff had formed with people and how they worked with domestic staff to reduce people's anxieties. The domestic team also talked to people and engaged them in cleaning areas of the home. The head of housekeeping also assisted people with daily activities. This enabled all staff (outside of a daily tea break) to engage with people living within the home. People benefitted from a dedicated team of staff who all worked to provide them with meaningful engagement.

In March 2017, HM Coroners Gloucestershire issued the provider with a Regulation 28 Report to Prevent Future Deaths following an inquest into the death of a former resident. The Coroner's report stated as a matter of concern "Whether staff at the Care Home are able to identify when a medical concern should be escalated and a medical review sought." As a result of this concern we reviewed how the service identified where people's needs had changed and the action they took to ensure people's health and wellbeing was maintained.

People were cared for and supported by staff who identified changes in their needs and took effective action. For example during the course of the inspection care staff talked to us about three people where they had concerns about their wellbeing and needs. For two people, a GP had been called and was visiting them as part of their weekly round. Staff explained the reason the GP had been called and the actions they were taking to ensure both people's needs were being maintained. On the second day of our inspection, it was a hot summer's day and all staff were reminded to prompt and provide drinks. One member of staff came immediately to the deputy manager to raise concerns about one person who they were worried was at risk of dehydration. They discussed the concern with the registered manager and the action they were taking.

Another person was taken unwell on the second day of our inspection. Care staff had contacted the person's family and emergency services. The emergency personal recommended the person attend hospital. The unit lead ensured they were present throughout and explained the reason they had called emergency services. We were satisfied that care staff were quick to identify when people were feeling unwell and took effective action. This was also reflected by the GP allocated to the home, who was happy with the care people received.

People's relatives told us they were informed of any changes in their relative's needs. Comments included: "I think they're doing a good job they rang me last night to say (relative) was losing weight. They always keep us informed what's going on"; "They always communicate well, proactively letting me know and updating me of any changes in mums health and treatment, nothing is too much trouble for the staff" and "Should there be any cause of concern regarding your loved one, relatives are always informed as quickly as possible

and plans for resolution are offered and discussed. Communication is always empathetic and compassionate."

Care plans we reviewed had been updated and provided a clear record of the support people needed with all aspects of their individual needs. This included support around moving and handling, medicines, dementia care, anxiety and nutrition. For example, one person's care plan provided clear details for how they should be supported with their personal care, what they liked to do by themselves. The care plans provided staff with guidance on the person's dietary preferences and how they should be supported with day to day choices. People and their relatives were involved in planning and assessing their care. For example one relative told us, "From the initial assessment I have been extremely impressed with the level of care my mum has received. Nothing has been too much trouble for any of the staff who have all, without exception, had my mum's best interest at heart and cared for her in a professional and effective manner. The care has been personalised to meet her needs. She was very underweight when she came to Sandfields but staff have taken the time to ensure she has been given food that she likes despite her being a very fussy eater, the recovery she made was nothing less than remarkable, this is thanks to the care and attention she has been given."

People knew how to make a complaint if they were unhappy with the service being provided. Everyone we spoke with told us although they had not needed to make a complaint they knew who to speak to if they had any concerns. Comments included: "They (people) are able to raise concerns they may have, though to be honest at the meeting I attended, there were very few of these. I know that there was a concern about the way one agency staff spoke as my mum and another resident could not understand what the care staff was saying. Mum was able to tell (registered manager) this and she has ensured that this particular member of staff is not used again. The issue was sorted promptly and without fuss"; "If you are struggling with any issue, there is always a member of staff to provide a friendly face and a helping hand." and "I have (complained) when I first came here it was about the laundry. They lost two of my blouses and they were labelled with my name and they found them in someone else's room."

The registered manager kept a record of complaints and compliments they received about the service. They had clearly investigated these complaints and discussed the outcomes with people and their relatives. The registered manager used people's concerns and complaints to improve the service people received regardless if the complaint was upheld. For example, when concerns were raised in relation to one person not returning to Sandfields, the registered manager took effective action to reduce concerns.

Is the service well-led?

Our findings

People and their relatives spoke positively of the registered manager and the management team within Sandfields. Comments included: "(Registered manager) has made such a positive impact upon the environment and culture at Sandfields. She leads by example. She knows every resident by name and is very person focussed. She is extremely warm and friendly and does not stay locked away in her office. She often joins in with the various activities and attends the resident/relatives meetings so she can keep everyone up to date with all developments and hear for herself any comments or issues raised by those present. (Registered Manager) is always available to discuss any matters on an individual basis. She has always been extremely helpful, informative and compassionate when I have had reason to discuss my Mum"; "I go to the office to see her and the resident's meetings once a month in the coffee lounge they tell us what's going on and sometimes. She's doing a good job I wouldn't do her job" and "I think she is doing a good job and so are all of the staff, they're always happy I've never heard them moan."

People and their relative's views were listened to and respected. There were monthly 'resident and relative' meetings where people could discuss changes within the home and people and their relatives felt their views were listened to. One relative told us, "At Sandfields, our comments and opinions are sought and considered making us feel involved in the decision making process." Another relative told us, "There are regular resident meetings which are run by (registered manager) where the residents are able to become involved in making decisions about all aspects of their care. They are able to raise concerns they may have, though to be honest at the meeting I attended there were very few of these."

Resident and relative meeting minutes documented what had been discussed and where changes had been made. For example, menus were discussed at one meeting, including promoting people's choices around food and access to the garden. Additionally these meetings were used by the service to ask for any suggestions to improve the quality of care. Where concerns had been raised, such as in relation to laundry, clear actions were detailed and these were carried out between meetings to ensure the outcome was discussed.

The provider carried out surveys of people and their relative's views. We reviewed the outcome of the March 2017 survey for people and recent relative's survey, which was on display for people and their relatives to view on noticeboards. The comments from this survey were mainly positive however areas for attention had been identified around the laundry, staffing and drinks. These actions informed the homes service improvement plan.

The provider carried out quality outcome reviews of the service. These reviews focused on the key questions which CQC ask at inspections. Recent reviews had identified actions in relation to medicine administration records, food and fluid and medicines. These informed an action plan, which prior this inspection the registered manager had signed off as completed. Actions also informed the home's service improvement plan.

The registered manager, deputy manager and unit leads carried out a range of audits to ensure the quality

of service people received was being maintained. These included audits in relation to health and safety, infection control, medicine management and documentation. Where shortfalls had been identified these led to the implementation of actions, for example a documentation audit identified that mental capacity assessments had not been completed for one person, this action had been signed off and we found appropriate action had been taken in relation to this concern.

The service operates a detailed service improvement plan, which covers a range of areas including care, health and safety, learning and development and customer satisfaction. Any actions identified through audits, provider review visits and external visits were added to the service improvement plan with clear instructions of who was responsible and by when. Progress against the actions were clearly recorded and when an action had been completed these were checked and signed off by a representative of the provider.

There was a strong culture of positive leadership within the home. People and their relatives spoke confidentially about leadership within the service. As our inspection was unannounced, the registered manager was on annual leave. Senior staff within the service demonstrated clear leadership to assist the inspection team and ensure people's needs were maintained. One person's relative told us, "From what I have seen leadership and management are excellent."

The registered manager and deputy manager had implemented a daily meeting for all staff working at the home. The aim of the meeting was to ensure key areas such as people's needs, admissions and any concerns were communicated to all staff teams. During our inspection we attended one meeting where staff talked openly about the home and current events. Care staff spoke confidently about the service management and discussed the support they had from unit leads, the deputy manager and registered manager.

Staff told us they benefitted from good communication from the management team. Each unit carried out team meetings, where concerns or any changes were discussed. Care and nursing staff told us they had the information they required. One member of staff said, "It's a good place to work. We're a good team and we all want the best for people."