

Sanderstead Care Centre Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Sanderstead Care Centre is a residential care home providing personal and nursing care to 22 people aged 65 and over at the time of the inspection. The service is registered to support up to 42 people in one adapted building.

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

Risk assessment processes were either not in place or not robust enough to demonstrate safety was effectively managed. This placed people at potential risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks identified at our previous inspection regarding medicines management had been addressed and medicines were stored, managed and administered safely.

The provider had appropriate recruitment policy and procedures to ensure staff they recruited were safe to work with people. This included criminal record checks and references from previous employers.

People felt safe at the service. They told us they were well cared for by staff. Staff were aware of safeguarding adults' procedures and had received regular training on this topic.

The manager had strengthened their quality assurance processes in response to our last inspection, including implementing a more detailed medicines management audit.

People and staff felt well informed and involved in service delivery. They said there was open communication between themselves and with the managers. They felt comfortable expressing their views and felt listened to. The manager was clear about their role, including their CQC registration requirements. Statutory notifications about key events that occurred had been submitted, their latest CQC rating was clearly displayed and the manager was aware of and adhering to the duty of candour.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 22 July 2020). The service remains rated requires improvement.

Why we inspected

At our last inspection in February 2020 we found breaches of Regulations 12, 17 and 19 of the Health and Social Care Act 2008 (Regulations 2014). The provider completed an action plan after the last inspection to show what they would do to improve and when they would do it. At this inspection we found improvements had been made in most areas. However we found that systems were either not in place or not robust enough to demonstrate safety was effectively managed. This placed people at potential risk of harm. This

was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focused inspection to check they had followed their action plan and to confirm they met legal requirements. As well as to follow up on the other concerns identified through the intelligence we had received. This report only covers our findings in relation to the key questions Safe and Well-led.

The ratings from the previous comprehensive inspection for those key questions were not looked at on this occasion but were used in calculating the overall rating at this inspection. The overall rating for the service remains Requires Improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sanderstead Care Centre on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Requires Improvement ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a focussed inspection to check whether the provider had made the improvements required in relation to Regulations 12, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Inspection team

This inspection was undertaken by two inspectors.

Service and service type

Sanderstead Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission, however the new manager who started in December 2020 is in the process of registering with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care

provided.

Notice of inspection

We announced this inspection 12 hours before our site visit, due to the COVID-19 pandemic. This was to assess the risks to the inspection team and enable the team to wear appropriate Personal Protective Equipment (PPE) during the inspection.

What we did before the inspection

We reviewed the information we held about the service including statutory notifications received about key events that occurred at the service and the provider's action plan following our previous inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with eight people who used the service, two care workers, two registered nurses, a cleaner, the manager and the deputy manager and the operations manager. We undertook general observations and reviewed medicines management arrangements. We reviewed a range of records including four people's care records, four staff recruitment files, audits, policies and procedures.

After the inspection

We asked the provider to send us further evidence of policies and procedures and audit reports to validate the evidence found on our site visit. We also liaised with a representative from the local authority.



Is the service safe?

Our findings

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People's risk assessments and risk management plans were not detailed enough. People's care records were not always reviewed and updated. This meant they did not always contain the necessary information for staff to recognise warning signs and manage risk safely.
- There was no record of staff turning and repositioning people that had pressure sores. People did not always have accurate, up to date plans to help them manage their diabetes safely. When people's behaviour challenged the service, care records were not always updated with enough detail for staff to manage the risk as safely as possible.
- This meant staff may not have had adequate knowledge of how to safeguard individual people from foreseeable neglect and abuse, including from other people using the service.

We found no evidence that people had been harmed however, systems were either not in place or not robust enough to demonstrate safety was effectively managed. This placed people at potential risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last two inspections [December 2018 and February 2020] we found the medicines were not always managed safely. Records did not always correspond with the amount of medicines in stock, meaning there was a risk that people did not always receive their medicines as prescribed.

Medicines were not always stored safely. The provider was in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found significant improvements had been made and medicines were now being managed safely.

- We took a tour of the premises with the deputy manager responsible for medicines administration and saw medicines were stored securely.
- We reviewed people's medicines administration records (MAR charts) and found staff kept accurate

records of medicines given to people. There were no unexplained gaps in the records.

- We carried out a stock check of medicines held and checked them against records held. Actual stock levels matched the records accurately.
- At this inspection we found there was good guidance in place for staff who administered medicines. Staff we spoke with were well informed about medicines. This ensured people received their medicines safely and as prescribed. Staff had information for when, how and at what dose 'as required' [PRN] medicines should be given.

The provider was no longer in breach of the medicines aspect of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm. There were effective safeguarding policies and procedures linked with those of the local authority. People told us they felt safe. One person said, "Yes I do feel safe, I like living here, the staff look after me well." Another person told us, "I am safe and well cared for here."
- Staff had received training on safeguarding vulnerable adults. Staff knew how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff described how they would report any concerns within the organisation and to the local authority safeguarding team.
- Staff were required to sign the policies and procedures to show they had read and understood them.
- The home had a whistle blowing policy. Staff told us they felt comfortable to raise concerns about their colleagues' practice and were confident that they would be listened to and appropriate action would be taken by management. One staff member said, "If I had any concerns about the safety of the people who live here? Yes, I would whistle blow if necessary," and "I think the manager is very supportive and would take this sort of thing very seriously."

Preventing and controlling infection

- The provider and staff followed national guidance to protect people from the spread of the COVID-19 virus. Individual risks to people and staff from COVID-19 had been assessed. Staff wore Personal Protective Equipment (PPE), including face masks.
- The provider took staff temperatures daily and people's temperatures twice a day to check for symptoms of COVID-19. People and staff were regularly tested for COVID-19, in line with government guidance.
- The home was visibly clean, tidy and free from unpleasant odours. There were handwashing facilities and hand sanitiser available in the home and handwashing instruction signs throughout the home.

Learning lessons when things go wrong

- Staff were aware of the incident reporting process. We saw that incidents were reported and reviewed by the manager. This included ensuring appropriate action was taken to ensure the safety of the person involved as well as updating any risk assessments or care plans.
- The manager was open to feedback from people, relatives, staff and professionals when concerns were raised and told us they had implemented learning from safeguarding concerns raised.

Staffing and recruitment

- Staff completed regular training and there were enough staff on duty to provide people with the care they needed.
- The provider had a recruitment policy and procedures to ensure staff they recruited were safe to work with people. This included criminal record checks and references from previous employers.

Is the service well-led?

Our findings

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the service culture they created did not always support the delivery of high quality, person centred care.

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

There was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had auditing systems in place to assess and monitor the quality of service. However, these systems had not picked up issues found at the previous inspection in February 2020. The audits were not always as effective as they needed to be.

After the last inspection the provider sent us an action plan to address the issues identified. At this inspection we found improvements were made to the provider's auditing systems.

The provider was no longer in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a wide range of auditing systems in place to review the quality of service performance. Improvements had been made since our last inspection to ensure greater oversight of medicines management processes. This was achieved through more frequent and detailed auditing processes. A more detailed infection prevention and control audit had been introduced.
- Improvements had been made to existing auditing systems by the new managers. However they had not yet picked up on the issues identified with people's risk assessments. The managers were in the process of reviewing and upgrading all the audits to include clear action plans that identify who will follow up on action points, when actions will be implemented and a review of the outcomes. This will help to ensure all the provider's auditing processes are more effective in implementing any necessary changes. We will follow up on these development areas at our next inspection.
- The managers told us they were focussed on delivering an effective service that met people's needs in a caring and person-centred way.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The managers were clear about their roles, including their CQC registration requirements. Statutory notifications about key events that occurred were submitted. The provider's CQC rating was clearly displayed and the manager was aware of and adhering to the duty of candour.
- The manager undertook a 'hands on' approach to leadership and management at the service. The manager told us they liked to lead by example, which included their response to the COVID-19 pandemic and supporting colleagues to adhere to national guidance and the vaccination programme.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a stable staff team at the service with little staff turnover. The staff we spoke with told us there was good team working and open communication amongst colleagues and with the new managers. Staff felt able to approach the managers and they told us they felt well supported and listened to. Some comments staff made included "I am feeling very positive about our new managers, we can already see many positive changes." "Yes, they [managers] seem to know their stuff and are committed to improving this service." "We feel well supported and there is a very positive atmosphere here now."
- People told us they were able to approach the managers and speak openly. One person told us, "I like the managers and feel I can talk to them about any issues or problems."

Continuous learning and improving care;

- Staff were well supported with good training and one to one supervision. The managers supported staff to work practically with people as well as monitoring their overall performance. In this way they were able to ensure improvements were made where necessary.
- The staff and management team were committed to providing good quality care. They were open and transparent in their communication and welcomed advice and support from other health and social care professionals.
- Staff team meetings showed staff were provided opportunities to build a connected team approach and to discuss their work. The minutes showed that best practice areas were discussed as well as issues relating to health and safety and working with other agencies. Staff were able to discuss the work they did with people at these meetings, share any worries they had about individuals and seek advice. They told us they felt they were listened to.

Working in partnership with others

- The staff liaised with specialist health and social care professionals for guidance and took on board any advice given.
- The manager worked with colleagues from the local authority and clinical commissioning team, including the rapid response healthcare team regarding support. We received positive comments from those healthcare professionals. They told us they thought the new manager and newly appointed clinical lead appeared to be very dynamic. These healthcare professionals carried out weekly rounds in the home and were confident the key ingredients of team building, supporting staff in developing their clinical practice and improved documentation were now in place

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

- Staff told us they spoke with people on a daily basis to check they were happy with the service they received.
- People received a service from staff who told us they were happy in their work. They said they worked in an open and friendly culture. One staff member told us, "I do enjoy my work here. There is a friendly teamwork approach and we are always trying to improve what we do for people." Staff told us the manager dealt effectively with any concerns raised.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People's risk assessments lacked sufficient detail and did not contain enough information to assist staff to manage the risks as safely as possible.