Sandown Nursing Home

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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

The inspection took place on the 12 and 20 December 2018 and was unannounced.

Sandown Nursing Home is registered to provide accommodation for up to 39 older people. There were 33 people living at the home at the time of the inspection. The home is a large extended property and accommodation is arranged over two floors. Most bedrooms were for single occupancy and many had ensuite facilities. Bathrooms and toilets were provided on both floors. There was a lift and stairs available to access the first floor. There was level access to an enclosed patio and garden.

Sandown Nursing Home is a 'care home'. People in care homes receive accommodation, nursing and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. We found the home to be clean and well maintained throughout the inspection.

A registered manager was in place. 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 and visitors found staff to be kind and caring. People were encouraged to take part in decisions about their care and support and their views were listened to. Staff respected people's individuality, privacy, dignity and independence.

The home had an open, friendly atmosphere in which people, visitors and staff were encouraged to make their views and opinions known.

The provider had arrangements in place to protect people from risks to their safety and welfare. Arrangements were also in place to store medicines safely and to administer them according to people's needs and preferences.

People were supported to access healthcare services, such as GPs and specialist nurses and doctors. At the end of their lives people received the care they required to remain comfortable and pain free.

Care and support were based on plans which considered people's needs and conditions, as well as their abilities and preferences. Care plans were adapted as people's needs changed, and were reviewed regularly.

Staffing levels enabled people to be supported safely and in a calm, professional manner. Recruitment processes were followed to make sure only workers who were suitable to work in a care setting were employed. Staff received appropriate training and supervision to make sure they had the skills and

knowledge to support people to the required standard.

Staff were aware of the need to gain people's consent to their care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The arrangements included processes and procedures to protect people from the risk of abuse.

People were supported to eat and drink enough to maintain their health and welfare. They could make choices about their food and drink, and meals were prepared appropriately where people had particular dietary needs.

People could take part in leisure activities which reflected their interests and provided mental and physical stimulation. Group and individual activities were available if people wished to take part.

Systems were in place to make sure the service was managed efficiently and to monitor and assess the quality of service provided. The provider acted where these systems found improvements could be made.

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.

Staff understood their safeguarding responsibilities and knew how to identify, prevent and report abuse.

Individual and environmental risks to people were managed effectively.

There were enough staff deployed to meet people's needs. Recruitment practices helped ensure only suitable staff were employed.

Medicines were managed safely and people received their medicines as prescribed.

There were appropriate systems in place to protect people by the prevention and control of infection.

Is the service effective?

Good

The service was effective.

Staff acted in the best interests of people and followed legislation designed to protect people's rights.

People received effective care from staff who were competent, suitably trained and appropriately supported in their roles.

People's nutritional needs were met.

People were supported to access to other health professionals when needed. When people were admitted to hospital, staff ensured key information accompanied the person to help ensure continuity of care.

The environment had been adapted to meet the needs of people living at the home. Staff made appropriate use of technology to support people.

Is the service caring?

Good

The service was caring.

People, relatives and professionals all gave glowing accounts of staff's caring and compassionate attitude. Staff used appropriate techniques to communicate with people.

Individualised care for people was promoted and embedded into everyday practice. Staff were motivated and people were encouraged to be as independent as possible and were involved in planning the care and support they received.

Staff relationships with people were strong, caring and supportive. Staff spoke about people's specific needs and how they liked to be supported.

Staff explored people's cultural and diversity needs and supported them to follow their faith. All staff ensured people's privacy was protected and confidential information was kept securely.

Is the service responsive?

Good

The service was responsive.

Care and support were centred on the individual needs of each person. Care plans were developed and staff demonstrated a good awareness of the individual support needs of people living at the home.

People were empowered to make as many choices as possible and involved in decisions about their care.

They were supported to access a range of activities based on their individual interests and abilities.

Staff knew how to support people to receive compassionate end of life care that helped ensure their comfort and dignity.

People knew how to raise concerns and there was an accessible complaints procedure in place.

Is the service well-led?

Good

The service was well-led.

There was a clear management structure in place. Staff were organised in their work and communicated effectively with one another.

There were effective quality assurance systems to assess, monitor and improve the service.

There was an open and transparent culture. People were consulted about the way the service was run.

Sandown Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 and 20 December 2018 and was unannounced.

The inspection was undertaken by two adult social care inspectors 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 service.

Before the inspection we reviewed information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. We also reviewed information within the Provider Information Return (PIR) which was completed in November 2018. 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 spoke with 15 people living at the home and nine visitors. We spoke with the registered manager, the general manager, three nurses and six care staff. We also spoke with ancillary staff including, two catering staff members, an activities staff member, a maintenance staff member, an administrator and two housekeeping staff. During the inspection we received feedback from six visiting healthcare professionals.

We looked at care plans and associated records for seven people, records relating to staff recruitment, training and support, records of accidents and incidents, policies and procedures and quality assurance.

We observed care, support and activities being delivered in communal areas. 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 last inspected the service in November 2018 when we identified one breach of the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2014 and rated the service 'Requires improvement' overall.

Good

Is the service safe?

Our findings

People told us they felt safe at Sandown Nursing Home and appeared at ease when interacting with staff. A person told us, "I do feel safe here and I'm very well cared for." A second person said, "I feel safe in here and I like the carers, they help me a great deal." When asked if they felt their relative was safe, a family member told us, "Yes, we know she is safe in here."

Staff protected people from the risk of abuse and understood their safeguarding responsibilities. They had received training in safeguarding adults and were confident action would be taken if they raised any concerns. We spoke with staff who were confident in recognising signs of potential abuse and how to report and respond to concerns. One staff member said, "I am not afraid to speak up and will always make sure I record any concerns and pass them on to the management. Things get dealt with properly." Another staff member said "I would speak to [the registered manager] or [the general manager]. I could also go to [the nominated individual] and if I wasn't happy with their action I could also tell you [CQC] or safeguarding." Staff also commented on their training and stated, "We have all done training in safeguarding." The registered manager explained the action they would take if they had a safeguarding concern. The action described would ensure the person's safety and help reduce the risk of any further concerns. Records confirmed that the registered manager had reported concerns promptly and liaised appropriately with the local safeguarding authority when necessary.

Individual risks for people were managed safely. All care plans included risk assessments which were relevant to the person and specified actions required to reduce the risk. These included the risk of people falling, nutrition, moving and handling and developing pressure injuries. Risk assessments had been regularly reviewed and were individualised to each person. These procedures helped ensure people were safe from avoidable harm. People who were at risk of skin damage used special cushions and pressure relief mattresses to reduce the risk of damage to their skin. Staff had been trained to support people to move safely and we observed equipment being used in accordance with best practice guidance. Staff explained the risks related to individual people and what action they needed to take to mitigate these risks.

People were supported to maintain a level of independence by continuing to undertake some activities where there may be a risk. For example, one person was at risk of falls and would step over a movement alert mat placed on the floor. A chair sensor cushion was now being used which alerted staff if the person stood up from their chair. We saw all staff responded promptly to this alarm when required.

Where an incident or accident had occurred, there was a clear record, which enabled the registered manager to identify any actions necessary to help reduce the risk of further incidents. For example, where people had fallen, comprehensive assessments were completed of all known risk factors and additional measures put in place to protect the person where possible. All incidents and accidents were reviewed to identify any patterns or trends and take action to mitigate these.

Environmental risks were also managed effectively. Gas and electrical appliances were serviced routinely and fire safety systems were checked regularly. Each person had a personal emergency evacuation plan

detailing the support they would need if the building needed to be evacuated. There was a system in place to help ensure that health and safety checks of the premises were completed regularly and that equipment was checked and serviced according to specified timescales.

There were clear emergency procedures in place. Staff knew what action to take if the fire alarm sounded, completed regular fire drills and had been trained in fire safety and the use of evacuation equipment. People had personal evacuation plans in place detailing the support they would need in an emergency. Nursing staff and some care staff had also undertaken first aid training and could correctly describe the action they would take in an emergency. Emergency equipment was available should this be required. An emergency call bell system was located within all areas of the home meaning staff could communicate with other staff and get support promptly if required in an emergency.

There were sufficient numbers of nursing, care and ancillary staff on duty to meet people's needs. People told us staff were available when they needed them. One person said, "Staff are available, anytime you want them they come, day or night." A visitor told us "There seem to be plenty of staff around and they don't seem to be in a rush." Staff did not appear hurried. For example, at lunch time if they were assisting people with a meal they did not rush the person. When call bells were used these were responded to promptly. The registered manager told us that staffing levels were based on the needs of the people using the service. They described how these could be amended to ensure additional staff were provided when necessary. For example, on the first day of the inspection two care staff had commenced work earlier than usual as one person had a hospital appointment and a second person required additional monitoring to ensure their safety. Staff felt that the staffing levels were suitable to meet the needs of the people. Staff comments included, "There are enough staff" and "On most days there are enough staff, the manager or deputy will also help if needed." There was a duty roster system, which detailed the planned cover for the home. This provided the opportunity for short term absences, such as those due to staff sickness, to be managed.

The provider had a safe recruitment process in place to help ensure that staff they recruited were suitable to work with the people they supported. All the appropriate checks, including references, full employment history and Disclosure and Barring Service (DBS) checks were completed for all the staff. A DBS check will identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. A staff member confirmed that they were unable to start work at the home until their DBS had been completed and references from previous employers received.

People were supported to receive their medicines safely. People told us they received their medicines as prescribed. One person told us, "They [staff] always remember my medicines and tell me what they are giving me each time." Appropriate arrangements were in place for obtaining, safely storing, recording, administering and disposing of prescribed medicines. Medicine administration records included specific instructions where people had swallowing difficulties and liquid medicines were available for these people. Records relating to the administration of medicines were accurate and complete. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely.

There was a procedure in place for the covert administration of medicines although nobody was receiving their medicines in this way at the time of the inspection. Covert medicines administration is when essential medicines are hidden in small amounts of food or drink and given to people. The registered manager described the actions they would take if this were required. The procedure described would protect people's legal rights. It would ensure that all relevant people, including GPs, dispensing pharmacists and relatives were involved in the decision to administer medicines covertly. The provider used 'as and when necessary' (prn) protocols for pain relieving medicines, and a recognised pain assessment tool was in use for when

people were not able to state they were in pain. There were suitable systems to ensure other prescribed medicines, such as nutritional supplements and topical creams, were provided to people.

There were appropriate systems in place to protect people by the prevention and control of infection. A visitor said of the home, "It's always clean and it doesn't smell." A person told us, "The cleaners come in here [their bedroom] every day, everywhere is kept clean they are very thorough." We saw that all areas of the home were clean. Staff had completed infection control training, had access to personal protective equipment (PPE) and wore this whenever appropriate. Housekeeping staff described how they processed soiled linen, using special bags that could be put straight into the washing machines in the laundry. The laundry was organised in a way that minimised the risk of cross contamination. The service had been awarded five stars (the maximum) for food hygiene by the local environmental health team. The registered manager was aware of the actions they should take should there be a potentially infectious outbreak at the home.

Good

Is the service effective?

Our findings

At our last inspection, in November 2017, we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems had not ensured full compliance with the Mental Capacity Act (2005) (MCA). At this inspection we found action had been taken and staff protected people's rights by following the MCA.

The 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. Many of the people living at Sandown Nursing Home lacked capacity to make some or all decisions relating to their care needs. Where this was the case, staff had assessed the person's capacity using an appropriate tool, consulted with people close to the person and made best interest decisions on their behalf. We heard staff seeking verbal consent from people before providing care and staff described how they always acted in the best interests of the people they were supporting.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Some DoLS authorisations had been made and others were awaiting assessment by the local authority. Staff knew which people were subject to DoLS and were following the necessary requirements; for example, conditions had been attached to the DoLS authorisation for two people and we saw these had been followed. Clear processes were in place to monitor the expiry dates of the DoLS and to submit renewal applications in good time.

We saw that where people had made a Lasting Power of Attorney to manage their finances or to make decisions about their health and welfare, copies of these were kept in the home so that staff were clear who had legal authorisation to make decisions on behalf of people.

Wherever possible staff supported people to make choices about their lives. One staff member said, "If people can't verbally tell us things, we show them choices so they can touch the one they want. We would get two different shirts and ask which one they would like to wear. We always ask people what they want, even when they have difficulty in letting us know the answer." The activities staff member showed us their picture 'bank' which could be used to help people with communication needs or those living with dementia to make choices about meals and activities. A staff member told us "To help people make choices about meals the kitchen has photographs of food which we can show people." We saw staff offering people choices on a daily to day basis such as where they would like to sit in the lounge or what they preferred to drink. The registered manager was aware of how to access advocacy services should these be required.

Care files detailed people's individual needs, showing consideration for their assessed needs and their

personal preferences. Pre-assessments were carried out by the registered manager prior to people moving into Sandown Nursing Home. The registered manager told us that they considered if the home could safely meet the needs of people before agreeing to them moving in. They gave examples of when they had decided not to admit people whose assessments had shown the home would not be able to meet the person's needs. Nursing and care staff told us they had been provided with information about new people prior to them being admitted. They said this helped them to understand the person's needs and how they should be met. Care plans showed that relatives had been consulted during the pre-admission process. The registered manager said they would consult with external health professionals already involved with the person's care as part of the pre-admission assessment. Where people had specific needs in relation to their lifestyle choices we saw through interactions with care staff and care records that their needs were being considered and met. Care staff demonstrated a good understanding of people's needs and wishes.

People's needs were met by staff who were skilled, competent and suitably trained. A person said, "They [staff] look after me very well." A family member told us, "My wife came here needing full time nursing care. I'm very happy that she's in here as they give her every care. Nurses demonstrated an evidence based approach to their practice. For example, they used recognised tools to assess people's nutritional needs and their skin integrity. Where people's skin integrity was compromised, there was a plan in place to prevent or treat any pressure areas. There were clear wound plans in place and staff used photographs to assess and monitor the wound. People had also been provided with special pressure-relieving mattresses. There was a process to help ensure the mattresses remained at the right setting, according to the person's weight and records viewed confirmed that, where needed, people were supported to reposition regularly. Staff also demonstrated a sound understanding of catheter care, maintaining clear records of the output, when they were last changed and when they were due to be changed again. Comprehensive care plans had been developed to support people living with specific health conditions such as diabetes.

Staff worked collaboratively with other healthcare providers to help ensure the delivery of effective care and support. One person had been admitted with a significant wound. This had now healed and the person was ready to be discharged. This showed there were effective systems to meet people's nursing care needs. We spoke with six visiting health care professionals all of whom were positive about the way the home met people's health care needs. One told us "The nurses know the patients well and always contact me when needed." The registered manager was aware of how to access home visiting opticians and dentists and a chiropodist attended the home every six weeks. When people were transferred to hospital or to another care setting, staff ensured all key information about the person's needs was passed on. A re-admission assessment was also completed before the person returned to the home [from hospital], to help identify any changes in their needs. These arrangements helped ensure continuity of care for the person.

People's nutrition and hydration needs were met and people were satisfied with the quality of the meals. A person said, "The food is really very good. I get a choice and if I don't want either of them, they'll even go outside of the menu to find something I fancy to eat." A family member told us, " Yes. The food looks good and [my relative's] appetite seems good." Each person had a nutritional assessment to identify their dietary needs. Some people needed a special diet or needed their meals and drinks prepared in a certain way to meet their individual needs and we saw these were provided consistently. These included low-sugar options for people living with diabetes, or meals in a softer texture for people with chewing or swallowing difficulties. Staff monitored the nutritional intake for people at risk of malnutrition or dehydration using food and fluid charts. They also monitored people's weight and acted when people started to lose unplanned weight. For example, they fortified people's meals with additional calories or referred people to dieticians. When people needed support to eat, this was provided in a dignified way on a one-to-one basis.

New staff completed an effective induction into their role. This included time spent shadowing, (working

alongside experienced staff) until they felt confident they could meet people's needs. Staff who were new to care were supported to complete training that followed the standards of the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. Experienced staff received regular training in all key subjects. Nurses were supported to undertake training that met the continued professional development (CPD) needs of their registration.

Staff told us they felt supported in their work and could approach managers with any concerns. For example, one staff member told us, "If it's about care then I can always go to [the registered manager], or I can go to [the general manager] about things to do with training etc. They are always available and will sort things out." Staff were also supported by one-to-one sessions of supervision with a senior staff member, up to six times a year. These sessions were used to discuss their progress and any training or development needs. Staff described the sessions as "useful" and "supportive". In addition, each staff member received an annual appraisal to assess their performance over the previous year. Staff worked together for the benefit of people. We spoke with ancillary staff who told us they had completed the same basic training as care staff including emergency training, meaning that they would be able to assist other staff if required, such as during a fire. We saw the registered manager led by example and undertook all tasks that required doing. For example, we saw them assisting a person with their meal at lunch time. A staff member said, "I like working here; we're one big team."

The environment was well maintained and appropriate for the care of older people with nursing care needs. A passenger lift gave access to upper floors and most bedrooms had en-suite facilities. There were handrails throughout the communal areas in contrasting colours to make them easy for people to spot. There was level access into the building and to a garden on the ground floor. A programme of redecoration was ongoing with bedrooms frequently redecorated when they became vacant. Staff made appropriate use of technology to support people. For example, movement alert equipment was used to alert staff of the need to support people when they moved to unsafe positions. Special pressure relieving mattresses had been provided to support people at risk of pressure injuries. An electronic call bell system allowed people to call for assistance when needed.

Good

Is the service caring?

Our findings

There was a person-centred culture at Sandown Nursing Home. The service ensured that staff in all roles offered care and support that was exceptionally compassionate and kind. People were very positive about the attitude and approach of staff. One person said, "The carers are very considerate here, they do everything for me." Another person said, "The carers are very nice indeed, I get on with them all." Another person said, "I am well cared for here. Some days I'm really happy here and then I will wake up feeling fed up due to the bad fall I had in my previous place, but the carers are all cheerful and jolly me up!" Visitors also told us how they felt the service was exceptionally caring including one who told us, "The carers are all lovely. They welcome me here. We have a laugh and a joke, it makes a difference, you know." Another visitor told us, "[My relative] sees a lot more of the staff here [than at his previous nursing home] and he gets on well with them."

We observed positive and supportive interactions between people and staff. Staff engaged with people, checked they were comfortable, bent down to their level and used touch appropriately to reassure them. Staff took time to ensure people felt valued. For example, a person saw a care staff member who they appeared to like. The person said "Hello." The care staff member stopped as they walked past and touched the person's shoulder saying, "Hello [person's name], how are you." On another occasion a staff member was assisting a person to the communal lounge. The staff member said to the person, "There we go can you sit down for a minute, whilst we get you another cushion." The person was singing to the staff member "hold my hand." The staff member laughed with the person and sang back to them. "Daisy, Daisy." Before leaving the person, the staff member said to them, "Are you feeling comfortable now?" The person smiled and nodded their head. The staff member said, "Good, would you like a cup of tea now?" the person replied, "Yes, with a little bit of sugar in." The staff responded, "Okay, I'll make it for you now."

Staff could tell us some things about people's life histories and this information was also available within care plans. For example, they were aware of people's previous occupations and family members that were important to them. Staff were also able to tell us about people's individual preferences, such as what drink they liked or what name they preferred to be called. Care plans also contained information as to how the person's emotional and social needs should be met and what was important for them. A person told us "I like to read and the carers will fetch me a book from the library downstairs." Staff understood what was important for people. For example, staff were sorting out additional phone 'credit' for a person to enable them to continue to use their mobile phone.

Sandown Nursing Home valued people and promoted a positive sense of wellbeing for people. Staff expressed a commitment to treating people according to their individual needs, wishes and preferences. One staff member said, "We ask the residents what they want. For those who can't say we have got to know them and know what they like or we ask their visitors what they think they would like." People and their relatives told us they were involved in discussing the support they wished to receive. A relative said, "I met with the [registered manager] before [my relative] came here. The [registered manager] asked lots of questions and staff have also asked us more things as we have gone along." Staff promoted choice and respected people's autonomy by encouraging them to make as many of their own decisions as possible. We

heard people being offered choices throughout the inspection. People confirmed staff offered them choices and respected their wishes. For example, one person said, "I get a choice of what to eat."

When talking about people staff demonstrated they respected diversity and treated people in a kind and caring way, whilst adhering to any individual needs or wishes each person had about their lifestyle choices. People were supported to stay in their rooms or attend the home's communal areas if they wished to do so. A staff member commented "We look after everyone as if they are one of our own [family]." Visitors identified that the home's management was a contributing factor to their very high level of satisfaction with the service. People and visitors felt able to approach and speak with the registered and general managers and were confident any issues would be sorted out. Many people and visitors were able to name the provider, general manager and registered manager, showing that the management team made sure they were available to people and visitors.

Information was in an accessible format and the registered and general managers were aware of recent legislation that required information to be in a suitable format for people and had acted where necessary. For example, the complaints procedure was available in normal type version as well as an easy read version suitable for people with a cognitive impairment and a braille version suitable for people with visual impairment.

Staff understood the importance of protecting people's privacy and dignity and ensuring people were happy to receive care before providing this. A person said, "Yes, they [staff] do treat me with dignity and respect." A relative confirmed this saying, "The staff are always respectful and ask [my relative] if it's ok before doing anything." Most bedrooms were for single occupancy, many with ensuite facilities, which would help ensure privacy and dignity was maintained when personal care was provided. Where people were accommodated in a shared bedroom they confirmed they had been informed of this prior to admission and that privacy screens were used when any personal care was provided. A relative told us "The home did offer [my relative] a shared room, we were a little bothered but decided to go ahead and its worked well." A person told us "I don't mind sharing, it's a bit of company." Staff described how they kept people covered as much as possible when providing personal care. One staff member said "I close the curtains and use a large towel and cover them [people] up. It helps keep them warm as well as protecting their dignity." Some people had asked to receive personal care from staff of a specific gender only. Staff were aware of these wishes and told us they always respected any such requests.

Staff respected and promoted independence by encouraging people to do as much as possible for themselves. People's care plans included information as to what support they needed and what parts of personal care, such as washing their own face, they could do independently. At lunch time, we saw a range of adapted crockery and cups were provided when necessary, meaning people could continue to eat independently. One person kept forgetting to use their walking frame, placing themselves at risk of falling. Staff felt that, due to vision problems. the person was not seeing the frame so had placed red tape around it to make it 'standout more'. As a consequence, the person was now using the walking frame on a more regular basis reducing their risk of falling and promoting their independence.

People's relationships with family and friends were encouraged and staff ensured family members were kept up to date with events that had occurred for their relative. Where family members were unable to visit regularly, perhaps due to distance, they were kept up to date by the home's management team via phone or email. We saw staff knew visitors by name and welcomed them on their arrival. A person's relative arrived and wanted to sit with them. Staff noticed straight away and went to get a chair that they put next to the relative. Visiting, including with pets such as dogs, was unrestricted. Important life events were celebrated. One person was approaching their 100th birthday and a party and cake were planned. Other events such as

religious festivals, individual birthdays and national events such as royal weddings were also celebrated.

The caring ethos was extended to people's relatives and to staff. Regular visitors felt valued and one said, "I come in to see my wife twice a day, every day. I feel part of the family." At Christmas visitors had been invited to join their family members for a free Christmas lunch. The home had a sofa bed meaning that should visitors wish to remain with family members who were approaching the end of their lives they would be able to have some rest whilst still being close. The service also cared for the local community. A community defibrillator (emergency equipment for use should a person's heart stop working) was in the home and staff had received training to operate this. Should the need arise, emergency service (999) operators, would direct local people to the home. We were told nursing staff had responded on several occasions to medical emergencies in the local area as well as following a car accident outside the home.

During pre-admission assessments, the registered manager explored people's religious needs and staff supported people to follow their faith. The registered manager was aware of how to contact various religious or faith leaders should people request this. Where appropriate information as to how people's spiritual needs should be met was included within care plans. For example, one person's care plan detailed that they like to listen to spiritual radio on a Sunday.
The registered manager told us they explored other aspects of people's cultural, sexuality and diversity needs during ongoing discussions with people about their backgrounds, interests and beliefs. Staff had completed diversity training and discussions with them showed that everybody, regardless of individual religious, cultural or sexual needs would be treated in a way that respected their views and wishes.

The registered manager was aware of how and when to contact advocates. They described how advocates had been used to help ensure appropriate decisions were made for people where they were unable to make these decisions themselves.

Confidential information, such as care records, were kept in the registered managers office and only accessed by staff authorised to view them. Any information which was kept on the computer was also secure and password protected.

Good

Is the service responsive?

Our findings

People told us they received personalised care from staff who understood their individual care and support needs. One family visitor told us "My [relative] is well cared for, washed and dressed each day." A second visitor explained, "My [relative] came here needing full time nursing care. I'm very happy that she's in here as they give her every care." A person said, "The carers are lovely and look after me well." The registered manager stated her goal for the service was for "Residents to feel at home, to respect their individuality and support and advocate for them."

Assessments of people's needs were completed by the registered manager before people moved to the home. This information was then used to develop an appropriate individual care plan in consultation with the person and their relatives, where appropriate. Care plans contained comprehensive information to enable staff to provide personalised care and were reviewed regularly. Staff demonstrated a good awareness of the individual support needs of people living at the home. They knew how each person preferred to receive care and support. They knew which people needed to be repositioned regularly and the equipment they needed to use to do this safely; they understood the support each person needed with their continence and the level of encouragement they needed to maintain their personal care. They recognised that some people's needs varied considerably from day to day and could assess and accommodate the level of support each person needed at a particular time. One staff member told us "We get to know our residents as much as possible." Care staff confirmed they could read care plans and that they were provided with all necessary information to enable them to meet people's needs.

Records were kept of the care and support provided for people and these confirmed that people's needs had been met consistently. For example, they included 'repositioning charts' for people who needed support to change their position regularly and monitoring charts of the fluid input and output of people with catheters to check they were working properly. A family member commented "[My relative] can't tell us anything so I look at the notes in her room and that tells me what's happened. I can ask the carers too."

Irrespective of their role, all staff responded promptly to people's requests for support. For example, when a person who was unsteady was walking in a communal area a member of the housekeeping team checked they were alright. On another occasion an office staff member responded when a person called out. They identified what the person required and found a care staff member to support the person.

Adjustments were made when people's needs changed. For example, when a person began behaving in a way that placed themselves and others at risk, staff contacted the person's GP and undertook a urine test to see if the person had a urinary infection. Antibiotics were prescribed and staff were seen providing additional support for the person to ensure their safety.

People were empowered to make as many choices as possible. A person said, "I do go and sit in the garden when the weather is nice, the carers know I can unlock the door and I keep an eye out to make sure no one follows me out." We heard staff offering a choice of where to sit in communal areas. At meal times staff gave people the choice of wearing a clothes protector or not and respected people's decisions.

People were happy with the activities provided. One person told us "There are activities, but I prefer to sit in my room and do puzzles and colouring books." Another person said, "They have things for us to do if we want to." People were supported to take part in activities and we saw an activities board, which had many photographs of the activities and events that had been held at Sandown Nursing Home over the last year. Examples of this were photographs of visiting animals, parties and celebrations. The board showing forthcoming activities in the lounge was replicated by a sheet distributed to people's bedrooms. The home employed an activities coordinator who organised activities in small groups or individually depending on people's needs and wishes. They adapted the activities offered to meet the needs of the people and would often provide individual activities in people's bedrooms if they either choose to or were unable to participate in the communal areas. They told us "Mostly I do one-to-ones here as the majority of residents don't come down to the lounge." We asked several people who were in their bedrooms if they were asked to join in with lounge activities and they said "Yes". We saw activities including reading to people, hand massages and nail manicures, craft work and a music activity. Local children from a nearby primary school were due to attend the home to sing Christmas songs.

People were supported at the end of their lives to have a comfortable, dignified and pain-free death. This was confirmed by letters from the family members of people who had recently died at the home. Comments included: 'Thank you so much for all your help, care and kindness while [name of person] was with you' and 'Thank you for your kind care and support for my [relative]. You made her last month's comfortable, peaceful and dignified.' People's end of life wishes were discussed with them and their families and recorded in their care plans. This helped ensure staff would know what was important to the person at this stage in their life and who they wished to be consulted. The registered manager, nursing and care staff were able to describe how they supported family members and people as they approached the end of their lives. These discussions showed that people would be treated with kindness and compassion and staff would ensure they were as comfortable as possible. External health professionals would be involved to help ensure people received appropriate care to manage any symptoms. Key staff such as nurses had undertaken additional training to provide them with the knowledge and skill to ensure people received appropriate care at the end of their lives.

There was a complaints procedure in place and people told us they felt able to raise concerns. This was also available in a simplified format which used pictures and photos to aid understanding for people with cognitive impairment. A family member told us, "I have no complaints. When I do ask for something it gets sorted, I know who to complain to, but so far, in almost two years, I have had no reason to complain." We viewed records of recent complaints. These had been investigated thoroughly and responded to promptly, in accordance with the provider's policy. The registered manager described how they used complaints to help identify learning and to improve the service.

Good

Is the service well-led?

Our findings

People and relatives were happy with the service provided at Sandown Nursing Home and felt it was well managed. A person said, "I'm happy with everything here", whilst a visitor said, "I've no worries about how things are run here." A visiting health professional told us, "I'd come in here to live, when the time came!" All external health professionals said they would be happy for a relative to live at the home. People and visitors felt able to approach and speak with the registered and general managers and were confident any issues would be sorted out.

There was a registered manager in place. 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. The registered manager was a qualified nurse who regularly worked as a nurse, providing hands on care for people. They identified that this helped them understand the pressures felt by other staff and ensured they knew people and relatives. A visitor said of the registered manager "The matron here is great, she's on the ball, for sure."

There was a clear management structure in place consisting of the provider, who took an active role in the running of the home, a general manager, a registered manager, a deputy manager, chef and head housekeeper. Each member of the management team had specified responsibilities, which allowed the registered manager the time and space they needed to take an overview of the service and monitor its performance. A duty manager system was also in place to enable staff to seek support and advice out of hours. Since the previous inspection in November 2017 the provider had reviewed the management structure and duties within the home. As a consequence, a head housekeeper had been appointed to take the lead for ensuring cleaning and laundry were completed and undertaking audits in respect of this. Nursing staff had been allocated designated lead roles and were responsible for these areas of service provision. The registered manager told us they were now working more supernumerary shifts (not working directly as the nurse on duty) meaning they could support nurses more but also complete all their management tasks and undertake more formal quality monitoring procedures. The service was looking at providing a career structure for care staff supporting them to access higher level qualifications and undertaking extended roles where appropriate. One care staff member told us the provider was funding their part of a level 3 qualification meaning they could complete the course and access funding from other sources.

The general manager's office and the registered managers office were both located on the ground floor and were easily accessible to people, staff and visitors. The registered manager was observed talking to people and visitors and was visible throughout the inspection should people have wished to talk to her. The registered manager and general manager told us their main challenge was recruiting new staff members including nurses. As a consequence, they had reviewed roles and responsibilities of the registered nurses and identified some tasks which suitably trained care staff were able to undertake releasing nurses to focus on specific nursing roles. Senior care staff told us they had been provided with training and supervision until they were confident and competent to undertake these additional roles which included, for example, the

administration of some medicines and acting in emergencies to support the qualified nurses. Care staff were positive about undertaking these extended roles and felt valued by the management team.

Staff spoke about the positive open culture and management of the service. One staff member told us "I really love it here, I love working with people, it is all I enjoy." Another said "Yes, we're a good lot here, everyone is very helpful and lovely, we love the residents." All staff said they could raise issues and make suggestions about the way the service was provided and their suggestions were taken seriously and discussed. A staff member said, "If you need the manager they are there and they will listen to you and help as much as possible." Staff meetings were held, providing an opportunity for the management team to engage with staff and reinforce the service's values and vision. The registered manager told us that they felt well supported by the provider. All staff stated they would be happy for a member of their own family to receive care at the home.

The management team and staff demonstrated that they had a well-developed understanding of equality, diversity and human rights in order to provide safe, compassionate and individual care. Providers are required by law to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager understood their responsibilities in respect of this. The provider and the registered manager understood their responsibilities and were aware of the need to notify the CQC of significant events, in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed in the reception area.

The home had a whistle-blowing and safeguarding policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission (CQC) if they felt it was necessary.

The home had governance, management and accountability arrangements. We found that the registered manager and the general manager addressed incidents and concerns quickly. They told us that they would speak to the people raising concerns and try to resolve things to the satisfaction of all involved. Relative's views about the service were sought through an annual survey and the managers told us that they spoke to people all the time and quickly acted on any concerns or wishes expressed by people living at Sandown Nursing Home. There was a suggestions box in the front entrance. One staff member had suggested that recording would be improved if clocks were placed in bedrooms to enable staff to more accurately record time care was provided. This suggestion had been adopted by the management team.

There were a variety of audits for the maintenance and safety of the home that had been undertaken by the registered manager and general manager. Where these had identified areas for improvement we saw that action had been taken. For example, there had been some medicines errors. As a result, improved systems to ensure nurses were aware of changes to peoples prescribed medicines were introduced. They were in the process of implementing a new quality monitoring system. Where audits had been completed these were thorough and comprehensive. The home had a system for monitoring accidents and incidents and could identify any patterns that may require action to be taken. There had been few incidents meaning no patterns had been identified. Sandown Nursing Home employed a full-time maintenance person who was able to carry out regular tasks that were required, such as maintaining the building, décor and repairing or replacing anything as necessary. The maintenance person also carried out regular checks and monitoring of health and safety requirements within the home.

The registered manager and general manager told us they had developed links with the managers of other local care homes through their membership of a local care homes association and attended meetings and conferences where appropriate. The general manager told us that they received newsletters and updates from national organisations that sent information about any changes to legislation, care practices or safety information. They were also part of a local nursing homes forum with the local authority and the Isle of Wight NHS clinical commissioning group. The general manager identified this would help them to continue to keep up to date with current best practice and to develop the service for the benefit of people. The registered manager had attending training provided locally for adult social care providers aimed at improving standards. They told us they had found the training interesting and felt it would benefit the service provided at the home.

There was an extensive range of policies and procedures which had been adapted to the home and service provided. This ensured that staff had access to appropriate and up to date information about how the service should be run. Folders containing policies and procedures were available to all staff at all times in the nurse's office.