

# Bright Futures Care Limited

# Sandycroft

## 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

### About the service

Sandycroft is a 'care home', providing accommodation and personal care for up to five younger adults with sensory impairments, learning disabilities and autistic spectrum disorders. Accommodation was provided over two floors. At the time of the inspection five people were living at the service.

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

People's support needs and areas of risk were thoroughly assessed, the relevant support measures were put in place and people's health and well-being was regularly reviewed as a way of keeping people safe.

Care plans and risk assessments contained tailored and relevant information. People received support from dedicated key workers who were familiar with the support they needed and the risks that needed to be robustly managed.

Safe medication systems and procedures were in place. People received their medicines as prescribed by trained members of staff. We did highlight some areas of best practice in relation to topical (cream) medication administration records and stock balance sheets. Suggestions were immediately implemented following the inspection.

People were safeguarded and protected from avoidable harm. Safeguarding and whistleblowing procedures were in place and staff knew how to report and escalate their concerns. All relatives we spoke with expressed that they felt their loved ones were safe and received a safe level of care from the staff / management team. One relative told us, "I don't think [person] would receive better care anywhere else; they're [staff] all amazing."

Safe staffing levels and recruitment procedures were in place, staff received regular supervision, were supported with a mandatory and bespoke training courses and told us they felt valued and supported by the management team.

Not all visitors were asked screening questions in relation to COVID-19 prior to entering the home. We signposted the interim manager to this area of best practice. The home was clean, hygienic and well-maintained. Health and safety measures were in place and the provider ensured that all regulatory compliance certificates were in date.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports The Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the principles of 'Right support, right care, right culture'. The model of care and setting helped to maximise people's choice, control and Independence. The level of care was person-centred and promoted people's dignity, privacy and human rights and the ethos, values, attitudes and behaviours of leaders and care staff ensured that people using the service lead confident, inclusive and empowered lives.

Effective governance and quality assurance measures were in place; these helped to monitor, review and improve the quality and safety of care people received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

This was the services first inspection since being registered with CQC in March 2020.

Why we inspected

This was a planned inspection following their registration with CQC.

We looked at infection prevention and control (IPC) measures under the 'Safe' key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to covid-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Sandycroft

## 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.

As part of this inspection we looked at the infection prevention and control 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

The inspection was carried out by one inspector.

#### Service and service type

Sandycroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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 CQC. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection, an interim manager had been recruited and the appropriate registration paperwork was in the process of being completed.

#### Notice of inspection

We gave 24 hours' notice of the inspection because infection prevention and control arrangements had to be agreed with the provider and put in place prior to our visit; this helped to mitigate the risk of any cross contamination or transmission of Covid-19.

#### What we did before inspection

We reviewed information we had received about the service and sought feedback from the local authority

who work with the service. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the interim manager, two deputy managers, two members of staff, three relatives about their experiences of care provided to their loved ones, one external healthcare professional and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. Records included three people's care records, several medication administration records and three staff personnel files in relation to recruitment. We also reviewed a variety of records relating to the management and governance of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at audit and governance data, as well as infection prevention and control policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This was the first inspection for this newly registered service. This key question has been rated 'good'. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Safety monitoring, assessment and management of risk was clearly established and regularly reviewed.
- People's support needs and areas of risk were appropriately assessed, monitored and measures were safely implemented to keep people safe.
- Individually tailored risk assessments meant that people received care that was centred around their support needs.
- Environmental risks were safely managed. People lived in a safe environment where all health and safety measures were complied with. The provider ensured that all regulatory compliance certificates were also in date.

### Using medicines safely

- Safe medication management procedures were in place.
- People received support with their medicines by trained members of staff. Competency assessments were also in the process of being completed with all members of staff.
- Medicines were routinely ordered, safely stored, and administered by staff who complied with the providers medication policy.
- Medication audits were routinely carried out, helping to ensure areas of improvement were quickly identified.
- Following the inspection, improved topical medication administration and stock balance procedures were implemented.

### Staffing and recruitment

- Staffing levels and recruitment procedures were safely managed.
- Staffing levels were closely monitored; people received support by a consistent staff team who were familiar with their support needs.
- Safe recruitment procedures were in place; suitable references were obtained and Disclosure and Barring Service (DBS) checks were completed for all staff who worked at the service.

### Preventing and controlling infection

- We were generally assured that safe IPC procedures were in place.
- COVID-19 (visitor) screening procedures were not always in place. We signposted the interim manager to best practice guidelines.
- The environment was clean, hygienic and well maintained. Robust cleaning schedules and 'touch point' cleaning regimes were in place.

- Staff were provided with the appropriate personal protective equipment (PPE) and essential COVID-19 guidance and information was being circulated.
- Staff and people were involved in routine COVID-19 testing regime.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- People were safeguarded against the risk of abuse and lessons were learnt when things went wrong.
- Safeguarding and whistleblowing policies were in place; staff understood the importance of escalating any concerns and they had all received safeguarding training.
- Staff and relatives all expressed that safe care was provided. One relative said, "[Person] is safe and I feel at ease."
- Accident, incidents and safeguarding events were clearly recorded; staff completed the relevant documentation and follow up actions were completed.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This was the first inspection for this newly registered service. This key question has been rated 'good'. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Principles of the MCA (2005) were complied with.
- People were not unlawfully restricted; measures were in place to ensure people received the safest level of care in the least restrictive way possible.
- Care files contained the relevant level of information in relation to people's capacity support needs; and best interest decisions were clearly recorded.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, choices and preferences were assessed and supported in line with standards, guidance and law.
- People received a tailored level of care that was centred around their assessed needs. One relative said, "Staff know [person] really well; they know all [persons] support needs."
- The provider ensured that the essence of right support, right care and right culture was embedded into the service and people were supported to make choices and independence was promoted.

Adapting service, design, decoration to meet people's needs

- Adaptations, service design and decoration were tailored around the needs of the people who lived at the service.
- The service was homely, warm and welcoming and did not identify itself as a registered care home.
- There were ample communal / social spaces for people to enjoy as well as individual bedrooms that people could choose to spend their time in.

Staff support: induction, training, skills and experience

- Staff were effectively inducted into their roles; they received regular supervision and were supported to develop and enhance their skills and experience.
- A robust training programme was in place; staff received mandatory and bespoke training and training statistics were promising although The Care Certificate and positive behaviour support (PBS) training required some attention.
- Staff told us they felt valued and received support on a day to day basis. Staff told us, "The support is always there" and "I'm fully supported, [management] are very approachable and supportive."

Supporting people to eat and drink enough to maintain a balanced diet

- People received effective nutrition and hydration support and were supported to maintain healthy balanced diets.
- People's care records contained up to date nutrition and hydration support information.
- Staff consulted 'eat well' guidance and encouraged people to make informed choices about healthy and nutritious meals.
- People were supported to make decisions around their meal preferences, they also helped to inform the weekly shop.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received consistent, effective and timely care by both Sandycroft staff and other healthcare professionals.
- People's health and well-being was routinely assessed, monitored and discussed amongst the staff team.
- People had access to other healthcare services and health checks were routinely planned.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated 'good'. This meant people were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; respecting equality and diversity

- People received compassionate care that was centred around their equality and diversity support needs. One relative said, "Staff have been absolutely amazing. It's the right place, right management, right care."
- Staff engaged with people in a respectful and caring manner, always promoting choice and independence. One relative said, "[Person] is supported to make choices."
- Equality and diversity support needs were established and well supported. Staff were familiar with the different levels of care people needed and knew just how this needed to be provided.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and independence was promoted.
- People's care records contained tailored information about their daily routines, their preferences and how they liked to be supported.
- Staff encouraged people to remain as independent as possible and helped support people to engage in everyday activities. Staff members told us, "The days are tailored around them" and "It's very person centred, it's about them and what they want to do. It's all about their choices and encouraging them to make decisions."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and were involved in the decisions that needed to be made in relation to the care they received.
- The provider ensured that there were processes in place to encourage feedback and improve / enhance the provision of care provided.
- Relatives expressed that they felt their loved ones were involved and engaged in the care they received. Relatives told us, "[Person] has a great quality of life" and "[Person] deserves to be happy and he really is [living at Sandycroft]."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated 'good'. This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication support needs were fully assessed and supported; AIS was fully understood and complied with.
- Care records contained tailored information in relation to people's communication support needs and staff had developed a good insight into the methods of communication people used. For instance, one person liked to communicate via their iPad and another person used PECS (picture exchange communication systems) cards.
- Easy read material was available and people were encouraged to make decisions about their day to day routines.
- The provider was working collaboratively with an external therapy service to help promote and support people's speech, language and sensory integration.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received a personalised and tailored level of care that was centred around their needs and preferences; people were encouraged to have choice and control over their lives.
- Robust and thorough initial assessments were carried out to ensure a smooth and successful transition into Sandycroft took place. 'Transition planning meetings' were held and there was a very proactive approach to ensuring the person safely transitioned into the service.
- Care records contained bespoke 'My Care and Support plans' which contained essential information in relation to people's health and well-being; all of which provided staff with up to date and relevant information they needed.
- 'My Care and Support plans' identified people's strengths, abilities, goals and aspirations. For instance, one care record stated, 'I enjoy learning to do more things and developing independent living skills.'
- Relatives expressed that they felt their loved ones received good quality care that was centred around their needs. One relative told us, "[Person] is now going out, lots of new experiences and making friends."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to maintain positive relationships, engage in a variety of different activities and explore different opportunities that could enhance their quality of life.

- Prior to the COVID-19 restrictions people were encouraged and supported to engage in a range of different individual and group activities of their choice.
- Although restrictions limited some of the activities people could engage in, people continued to receive as much social stimulation as possible. Face time / telephone contact with relatives was regularly taking place, local walks around the surrounding area were arranged, a trampoline had been purchased and sensory activities were supported.
- People's daily structure and routine was centred around their needs and wants. One relative told us, "[Person] has been out to a lot of lovely places, [staff] keep [person] very occupied."

#### Improving care quality in response to complaints or concerns

- There were complaint processes and procedures in place to ensure the quality of care could be reviewed and improved upon.
- At the time of the inspection only one complaint had been submitted. The interim manager was able to evidence how this was responded to in a timely and effective manner.
- Relatives told us they felt confident raising any concerns and expressed that staff / management would listen and rectify any issues or worries.

#### End of life care and support

- No end of life care was being provided at the time of the inspection

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- An inclusive, person-centred and empowering culture had been created. People received a holistic level of care which helped to achieve good outcomes.
- Staff empowered people to make decisions which helped to enrich and enhance their quality of life. For instance, people's hobbies and interests were routinely discussed and scheduled into weekly regimes.
- Tailored, person-centred care meant that people were living full and enriched lives, they were empowered to make decisions and their voices were listened to and respected. One relative told us, "They're [staff] all wonderful, staff are very good with [person]."

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

- Managers and the staff team understood the importance of their roles, ensured risks were managed and complied with regulatory requirements.
- There were effective quality assurance and governance measures in place that helped to monitor, assess and improve the quality and safety of care being provided.
- Routine audits and checks helped to identify areas of strength as well as areas of improvement. For instance, action plans had been devised and improvement plans were in place.
- Provider service audits as well as external consultancy support helps support the delivery of safe, effective, high-quality, compassionate care. Actions that had been identified were promptly responded to.
- Although there was no registered manager at Sandycroft as the time of the inspection, the interim manager was aware of their regulatory responsibilities. They understood the importance of liaising with both the CQC and local authority and complying with the Health and Social Care regulations.

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; Continuous learning and improving care

- The provider understood duty of candour responsibilities and ensured legal and regulatory duties were complied with.
- The provider maintained open, honest and transparent lines of communication as and when needed. One staff member told us, "[Staff] keep us included and involved."
- Accidents, incidents and safeguarding procedures were appropriately recorded, investigated and analysed. Extra risk management procedures were put in place when it was deemed necessary to do so.
- Robust regular audit systems and quality assurance checks meant that the provision quality and safety of

care was continuously reviewed and analysed and helped to identify where improvements were needed lessons needed to be learnt.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff, relatives and people were involved and included in the provision of care being provided; Partnership work had been well established and the home was successfully engaging with external other professionals and services as and when needed.
- A range of different staff meetings, daily handovers, 'resident' and family interaction meetings and virtual meeting were taking place.
- Staff and relatives told us they felt fully involved and their views and feedback was appreciated.
- Satisfaction surveys were circulated as a measure of capturing thoughts, views and suggestions on the quality and safety of care people received.