

Sandton Healthcare Limited

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Inspection report

Unit 41 Caxton Point
Caxton Way
Stevenage
SG1 2XU

Tel: 07983615783
Website: www.sandtonhealthcare.com/

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Sandton Healthcare Limited is a domiciliary care agency providing personal care to people in their own homes. The service provides support to older people, some of whom may be living with dementia and people with a learning disability. At the time of our inspection there were 29 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, 11 people were supported with personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, we found mental capacity assessments lacked evidence people had been involved and supported to understand. We have made a recommendation related to supporting people with decision making. Staff promoted people's independence by allowing them to do as much as they could for themselves and offered support when needed. They supported people to take their medicines as prescribed and to access other healthcare services.

Right Care:

People's support plans reflected their range of needs. However, not all risk assessments had been completed and guidance for staff was not always detailed. We have made a recommendation related to this. People received kind and compassionate care. Staff protected and respected people's privacy and dignity and understood their individual needs.

The service had enough appropriately trained staff to meet people's needs and keep them safe. Staff understood how to protect people from poor care and abuse.

People could communicate with staff and understand information given to them as this was available in different formats and staff understood their individual communication needs.

Right Culture:

People received good quality care because trained staff could meet their needs. Staff knew and understood people well. People and those close to them were involved in planning their care. Staff and managers listened to people's views to develop and improve the service.

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

Rating at last inspection

This service was registered with us on 3 March 2022, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made recommendations in relation to support with decision making and monitoring of the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Sandton Healthcare Limited

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 July 2023 and ended on 20 July 2023. We visited the location's office/service on 11 July 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with the registered manager, service manager, wellbeing and operations manager, 3 members of staff, 4 people who used the service and 3 relatives. We received feedback from 2 members of staff and reviewed 3 people's care records. We reviewed training records and documents relating to the management of the service including policies and audits.

Is the service safe?

Our findings

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

This is the first inspection of 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

- People's files did not always include risk assessments for all identified risks and some lacked guidance for staff. We found risk assessments had not been completed related to people's environments and 1 person's epilepsy risk assessment did not include detailed action for staff if they had a seizure. Following the inspection, managers began completing environment risk assessments and planned to review the epilepsy guidance.
- Staff told us people's needs were included in their care plans and risk assessments which were available on their hand-held devices. They were able to describe risks to people including infections, epilepsy and mobility issues and how these were managed. We found people were supported by staff who knew them well and there was no impact on people of the limited guidance available in some records.
- The service had an electronic system which generated an alert if staff had not logged in within 15 minutes of a visit time. A manager would contact staff and people as required. This reduced the risk of a person not receiving a visit. At the time of the inspection no visits had been missed.

Staffing and recruitment

- The service's recruitment process included completing Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We reviewed 2 staff files and found 1 did not include full employment history. Following the inspection, the registered manager told us they amended their recruitment policy to include discussion of gaps in employment history at interview.
- The service had enough staff to care for people safely. Recruitment was ongoing as the service grew; the service manager told us, "We take clients based on staff we have, rather than the other way round." The registered manager and service manager provided out of hours support for staff and were able to cover staff holidays and sickness, if required.
- Most people we spoke with said staff arrived on time. Staff told us they were able to visit people on time and meet all their needs. A member of staff told us, "Yes, I have enough time to travel and also I complete my notes and have enough time to do everything."

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding adults and children. They were able to describe types of abuse and told us they would report any concerns. A member of staff said, "I would call the manager to let her know."
- People we spoke with told us they felt safe with staff providing care.

Using medicines safely

- Staff received training in medicines management. We saw examples of staff competency assessments in

their files; the registered manager planned to complete these every 6 months.

- People received their medicines safely and as prescribed. A person told us, "Yes, they administer - no issues."

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. People confirmed this, 1 person said, "They [staff] wear gloves and aprons – they have very smart uniforms."
- We were assured the provider made sure infection outbreaks could be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date; there was a separate policy with guidance for staff relating to COVID-19.

Learning lessons when things go wrong

- Staff were able to describe the incident reporting process. A member of staff told us, "I record on incident report and call my manager. If anything happens, we receive a message on the system."
- Staff were able to describe action taken in response to recent incidents. For example, 1 incident involved a person falling; they told us they were made aware of the incident and the learning was to make sure they were always with the person when they were walking.

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 is 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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- A person had been assessed as lacking capacity to make decisions around their care. This was not a specific decision; care encompasses various types of support.
- The person's capacity assessment did not include evidence of how the person had been involved. Whilst it described the person was unable to communicate verbally, it did not describe how the person had been supported to understand or how they had responded to any questions.

We recommend the service seeks guidance about mental capacity assessments to ensure the decision being made is clear and include details of how people have been supported to understand and communicate when making decisions.

- Staff received training in MCA.

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

- The registered manager and/or service manager reviewed referrals to the service to check they could meet the person's needs before meeting with them to complete an assessment. This included clarifying what the person's expectations were. They told us, "Seeing the home and understanding what the exact needs are as on paper it can look very different. We often meet with the care worker to go through in detail and discuss with them. We find that works really well."
- People's care plans were completed following the assessment. A member of staff told us, "Care is arranged after carrying out a risk assessment and the quality of care follows a person-centred approach to

provide the best service unique to the specific service user."

- People we spoke with confirmed they were involved in the initial assessment. A person said, "Yes, I have been involved." Their protected characteristics under the Equalities Act 2010, such as age, disability, gender, religion, and ethnicity were identified as part of the assessment.

Staff support: induction, training, skills and experience

- Staff induction included completion of mandatory training and shadowing experienced staff. They were given an induction booklet to complete which included details of the service's policies and procedures. A member of staff told us, "We are offered training and [managers] accompany us on visits as a confidence and skills booster."
- Managers completed staff competency assessments in medicines administration. We saw two moving and handling competency assessments; these were not completed regularly as there were no people who used a hoist. However, staff spot checks were completed every 8 weeks, and these included a prompt to confirm equipment was used correctly.
- Staff received additional training to support people with specific needs. A member of staff had been trained in how to support people with percutaneous endoscopic gastrostomy (PEG), which is a type of feeding tube going into the stomach.
- People we spoke with confirmed staff had the skills needed to support them. A person told us, "Oh yes, definitely, they are professionally trained."

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

- People's care plans described their food preferences and gave guidance for staff. This included to prompt a person who was independent in eating but at risk of forgetting to eat as well as detailed guidance for a person with more complex needs.
- Staff supported people with meal preparation and to eat and drink if required. A member of staff told us, "We have to be careful with what we give orally, has to be soft and small pieces. [Person] also eats finger foods and has milk feeds through the tubes."

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

- People's records showed other health services were contacted as required, such as GPs and district nurses.
- People's care plans included details of the health conditions they had.

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 we spoke with confirmed staff were kind and caring. A relative told us, "I can't praise them enough really. They are wonderful people." A person said, "They are very nice." We were also told, "They really do care and that's fantastic."

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

- People felt involved in their care. A person told us, "They pay attention to me." A relative said, "They listen to [person] and give them choices."
- People's care reviews confirmed people were given the opportunity to input into their care arrangements.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with confirmed staff supported them to maintain their independence. A person said, "They let me do the things that I can do". A relative told us, "They let [person] shave themselves." A member of staff said, "You have to make sure they maintain it, you have to ask questions. Encourage the person to try but do it if they ask for your help."
- Staff promoted people's privacy and dignity. A relative said, "They always do. Everything they do is respectful." A member of staff told us, "Before personal care, we close windows and doors."

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.

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

- People received a personalised care plan based on their assessed needs. They included information on their physical, mental health and sensory needs.
- The service planned to review people's care plans quarterly (or if their needs changed). People confirmed they were involved in their care. A person said, "Yes and they take on board what I say and do."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included information on their sensory needs such as whether they had any hearing or sight difficulties and any aids used. There was guidance for staff such as speaking slowly and clearly to help people understand and ensuring they faced people who lip read.
- Staff had good understanding of individual communication needs, they were able to tell us how they supported people to make choices and knew when people were trying to tell them something. A member of staff told us "When you are feeding [person] if they still have food in their mouth, they won't open it or put out their hand to block you. We have a book we use for communication. For example, to take [person] to shower we can show a picture."
- The wellbeing and operations manager ensured people had access to information in formats they could understand. This included producing documents such as the complaints procedure in easy read.

Improving care quality in response to complaints or concerns

- People were given the complaints procedure at their initial assessment. Those we spoke with felt able to raise concerns and were confident they would be resolved. A person said, "Yes, I would be able to say but never had to complain."
- The service had a complaints log which included actions taken in response to concerns raised.

End of life care and support

- Staff had received training in end-of-life care.
- At the time of our inspection, no one required end of life care.

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 key question has been rated Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the 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; 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 registered manager did not always ensure care plans and risk assessments included up to date detailed guidance for staff and check they followed people's assessed needs. For example, 1 person's mobility care plan did not describe how they were supported to mobilise. We also found 1 person was supported by staff with meal preparation and medicines administration, but this was not in line with their care plan.
- The service had processes to monitor the quality of the service. This included audits of people's care plans, visit logs and medicine records as well as trackers for complaints, safeguarding concerns and incidents which would allow for analysis to identify themes as the service grew. However, audits of care plans were not as robust; they had not identified the issues we found during the inspection.

We recommend the registered manager seek good practice guidance in the monitoring and auditing of their service to ensure people's records include all relevant risk assessments and guidance for staff.

- Managers completed staff competencies and spot checks; we saw these included feedback to staff of any issues identified such as not wearing their aprons and reminders of the importance to document notes in a timely way.
- The registered manager had not submitted any notifications to CQC at the time of the inspection. Some safeguarding concerns had been referred to the local authority, but CQC were not notified. Following the inspection, the notifications were submitted, and we were told their process had been amended to include a prompt from their system to make notifications as required.

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

- People spoke positively about the managers and staff. A person said, "When I have rung [manager] is very kind and courteous. A relative told us, "[Manager] is so polite and helpful, they ring back straight away." Another person said, "This is the best care agency that I have ever had to help me."
- Staff felt supported by the managers and no one raised any concerns. A member of staff told us, "Managers are very approachable and efficient and these make staff open up to them whenever there are challenges. Staff wellbeing is also of great importance to them." Another member of staff said, "Our managers are caring, they listen to our concerns and check on our welfare."

- Managers were supportive of staff who were recruited from overseas. They had considered the cultural challenges they may face and included this in the induction. A manager said, "Staff have to respect the culture of the person they are caring for."

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

- The service sought feedback from people via surveys. These were issued quarterly, with plans to reduce to six-monthly. The wellbeing and operations manager told us, "While the service is new it is good to get feedback." We reviewed the most recent results; these were mostly positive, actions included to encourage more people to complete them and contact 1 person who had given a below average score.
- Staff attended team meetings. We reviewed the most recent minutes and saw discussions included training reminders, health and safety and infection control, and encouraging staff to ask questions about medicines.
- People told us the service were responsive to suggestions about changes in the service. A person told us, "If I don't like something I have asked them to change it. Like I have said if they come, and I am asleep please don't wake me and they do that now." Another person said, "I will email them and they address it straight away."

Continuous learning and improving care

- The managers were responsive to our feedback and taking action to address our concerns.
- The service had recruited a new member of office staff who would provide support with administration, the rotas and call monitoring. This would help the managers focus on other aspects of the service.
- The wellbeing and operations manager was working towards a qualification to be able to provide staff training; they had found booking training for staff externally could be a challenge and this would address that.

Working in partnership with others

- The service worked with other health and social care professionals as required. A professional told us, "Where they have concerns regarding a customer, these are reported to me immediately. They respond to requests for information in a timely manner and we have cultivated a good working relationship." Another professional said, "They fostered open communication, valued input from other professionals, and actively incorporated their recommendations into care plans."