

Anchor Hanover Group

Sandstones

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Sandstones is a residential care home providing personal care to 35 people aged 65 and over at the time of the inspection. The home is registered for up to 35 people. Accommodation is provided in single bedrooms.

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

Without exception, everyone we spoke to talked about the outstanding care and staff at Sandstones. Everyone said they felt safe and enjoyed life in the home and had actively chosen to move there. They felt they had a sense of purpose and led active and fulfilling lives due to the environment, contact with the community and the support and approach of staff members. They felt in complete control of their care and able to contribute to the running of the home. One person summed it up by saying, "I came for a look around and just never left, best thing I ever did".

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.

Care and support were delivered on an individual basis and the occupants of the home decided their daily routines. Care, support and activities were planned around individual likes and dislikes. People were encouraged to participate in activities which were meaningful to them for example gardening, shopping and social activities. We witnessed that several activities happened at the same time offering further choice to the activity schedule.

Professionals also spoke extremely highly of the home and how the home was able to support people to have excellent outcomes and be supported until the end of their life extremely well in an individualised way. They commented on the lovely atmosphere in the home, with people laughing and relaxed in the company of staff.

Thorough recruitment and staff induction were in place to ensure that staff were suitable to work and provide support within the home.

Staff had access to training. Champions had been identified to improve and build upon different areas of care by looking at best practice and how this could benefit people in the home.

People had access to food and snacks throughout the day, food was well presented, plentiful, varied and freshly prepared.

Healthcare records were kept to high standards and staff knowledge of individuals was extremely good. This enabled staff to recognise early changes in people and support early access to primary healthcare services. This ensured excellent continuity of care.

Relatives spoke of the exceptionally caring staff and how they went above and beyond to ensure their relatives were happy and comfortable in the home. One relative summed up many people's comments. They said, "I am certain that my [relative] would not be here today if it was not for their excellent care".

Any minor issues within the home were dealt with prior to becoming complaints, however everyone felt that their views were respected, and they could offer feedback on the home which would be respected and acted upon.

The home had an open door policy, it had strong links and was integrated into the local community. They hosted community events and received many visitors to the home for example two local nursery schools, therapy dogs and entertainers. The staff team strove to achieve excellence in all that they did in order that people living in the home received the best quality care.

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

Rating at last inspection

The last rating for this service was Good (published 21 Feb 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-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?

Outstanding ☆

The service was exceptionally 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.

Sandstones

Detailed findings

Background to this inspection

The 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 checked 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.

The inspection team

The inspection was carried out by one inspector.

Service and service type

Sandstones is a 'care home'. People in care homes receive accommodation and nursing or 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed all the information we held about the provider and spoke with the commissioning authority. We reviewed the notifications sent to us from the provider in line with their legal responsibility. We used the information the provider sent us in the provider information return. 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. This information helps support our inspections.

During the inspection

During the inspection, we looked at two people's care records and checked various records relating staff administration of medicines and training. We checked audits and quality assurance reports, incident and

accident records, as well as the recruitment supervision and training information for two staff, we also discussed with the manager the company's apprenticeship scheme. We visited the care home on 10 July 2019 and met with everyone living in the home and spoke at length with nine people living at sandstones. We talked to nine members of staff including, support workers, senior staff, the service manager and the registered manager about their training and the care and support in the home. We got information from three relatives and a quality monitoring officer from the local authority.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

We recommended at the last inspection that improvements were needed in accounting for medication stock and processes for opening and disposal of eye drops. At this inspection we found improvements had been made.

- Medicines were received, stored administered and disposed of safely. Regular audits of medication stock have improved practice in this area.
- Staff administering medication were trained and underwent checks on a regular basis to ensure they knew how to administer medication safely.
- The home ensured that medication was reviewed regularly and helped support people to reduce their medication, helping to achieve good outcomes. People were supported to self-medicate to maintain independence and records were very clear on what level of support people required with their medication.
- Medications were stored safely, and we saw from records that people received their medication at the prescribed times. Audits were completed daily to ensure errors were detected at an early stage.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse, there was a positive approach to risk taking and people were fully involved in decisions about how known risks were managed. This had resulted in people having confidence to take control of their own safety.
- Staff were familiar with the provider's safeguarding policies and procedures. They could describe what constituted harm and what action to take if they saw any incidents of concern. One person told us, "I feel very safe". A relative said "A weight had been lifted to know my mum was safe, happy and settled".

Assessing risk, safety monitoring and management

- Falls were kept under review, and the home worked collaboratively with other healthcare professionals and kept abreast of best practice in this area.
- Audits and checks were completed in respect of the environmental risks such as electrical equipment, fire equipment and gas safety. Records were maintained of the water temperatures throughout the home to ensure they were not in excess of safe levels.
- People living in the home had a variety of risk assessments in place according to their needs and various activities they were involved with including holidays away. These promoted positive risk taking to ensure they had fulfilled lives whilst ensuring their safety.

Staffing and recruitment

- People in the home were involved in the recruitment of new staff. The organisation participated in an apprenticeship scheme, which afforded people the opportunity to see if they enjoyed working in the care sector and provided training whilst supporting people socially and with activities (excluding any personal care). People living in the home were given opportunity to comment on the trainees before they were employed.
- There were enough staff to provide safe, consistent care that met the needs of the people living in the home. Staffing was adjusted and increased if people wanted a staff member to attend external meetings/ appointments or events with them.

Preventing and controlling infection

- The environment was exceptionally clean and well maintained.
- There was dedicated domestic support in the home for cleaning and laundry. Visitors told us that the home always smells fresh and clean whatever the time of day.

Learning lessons when things go wrong

- All accidents and incidents were clearly recorded along with the action taken to reduce the risk of re-occurrence.
- There was a culture of continuous learning when things went wrong. This included ensuring clear actions were in place in response to minor issues raised through to more significant incidents.
- Where adverse events happened in the home, a critical event analysis was carried out and learning shared with all staff members and if appropriate with people in the home.

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 available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people moved into the service information was obtained and comprehensive assessments were completed relating to their needs.
- Care plans demonstrated that staff worked alongside people to help them to maintain independence.
- Staff were flexible in meeting the person's needs for example staff rotas were often changed so that support could be given by their preferred staff member. Examples of this were to accompany people to dentist appointments and to go on holiday.
- Care plans were thorough and comprehensively covered people's needs and preferences.

Staff support; induction, training, skills and experience

- New staff through the apprenticeship scheme received induction training into the role covering the care standards certificate. There was ongoing assessment of staff skills after this training. This helped ensure staff had the right skills and qualities for the role.
- We spoke with an apprentice on duty who told us that they felt supported by all staff to get to know the routines of the individuals living in the home. They told us they had ample opportunity to meet the people they supported and time to given time to get to know them through the planned social activities.
- There was a clear training program for staff and this was monitored by the manager to ensure staff completed their training requirements.
- Staff told us they were never asked to undertake tasks they did not have the knowledge or training to do.

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

- Staff supported people with maintaining a healthy diet.
- Food was prepared from fresh, people told us that the food was "excellent", "beautiful", "we get plenty to eat".
- Meal times and snacks were seen as a social occasion, food was beautifully presented. Tables were set for each meal with tablecloths, crockery and glassware. A weekly afternoon tea was presented in a café type setting with china and cake stands. Relatives told us they often came for afternoon tea or lunch.
- Records were maintained of what people ate and drank to ensure they received enough food and drink. It was noted that people were maintaining healthy weight.

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

- Care plans contained information relating to the health professionals involved with the person's care.

Visits from healthcare professionals were recorded with the outcome of the visit and were up to date and accurate.

- When possible there was a culture of people attending GP and dental appointments in the community, which supported their well-being and encouraged people to remain involved with the community.

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 conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw that mental capacity assessments had been completed to consider whether people were being deprived of their liberty.
- The service supported people to make a variety of decisions relating to their care and support.
- Paperwork in relation to MCA and DoLS was clear and could see this was appropriately completed and applications for DoLS had been submitted.

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.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People and relatives were treated as active partners in their care. They provided information to the home which helped improve their lives. There were numerous examples where the person's wellbeing had improved after moving into the home. One person told us, "I feel better since being here, I have no worries anymore. I feel safe and it's a lovely feeling. I don't have a worry and I am able to enjoy my life again".
- Regular meetings took place with the staff team to discuss how people could be involved in the home. People felt they could still contribute both to the running of the home and to events within the community. Inclusion in the decision about the home gave people a sense of empowerment.
- One person told us that they had enjoyed a large whiskey at night before bed when at home and this had continued when they moved into Sandstones. We saw fridges in people's bedrooms so people could purchase luxuries and alcohol for themselves.
- We saw different ways in which people were involved in running the home, we observed people setting tables and folding table linen. We saw that residents and relatives had suggested improvements to the garden with planting containers and the addition of a social shed.
- On the day of the inspection we saw that a group of people and their visitors were enjoying cocktails on the lawn by the shed. One person and her relative was actively involved with planting and watering plants.
- People told staff they wanted to engage with young people and arrangements were in place for children from two local nursery schools to visit for "pop" and snacks. Many photos were available showing the joy people got from these visits.
- One person told us "I have been adopted as a granny". "It's lovely to have the children here". When she was talking her face showed the absolute joy she got from these experiences.
- The whole staff team including ancillary staff and catering staff knew people well and enjoyed spending time together.

Respecting and promoting people's privacy, dignity and independence

- People were well supported to be as independent as possible and keep their skills. Staff philosophy was that they were there to respect people's individuality and do everything possible to support the person to be happy and comfortable in their own home.
- Relatives and people spoke of staff being exceptionally discrete with their support, so people did not feel dependent upon staff and staff did not take over. For instance, where possible people were encouraged to self-medicate, however staff would support if people wished or needed assistance.

- We witnessed members of staff knocking on doors and waiting to be allowed access to people's rooms. Personal records were stored securely.
- People had access to advocacy services and their own solicitors as required.
- People were encouraged to keep their interests and were supported to continue to attend activities outside the home and in the community. People were also encouraged to set up groups within the home and we saw several such groups.
- Staff knew people well and knew how to promote their individual physical and mental wellbeing. Goals and strengths were recorded in care plans and what support people wanted to achieve their independence goals. For example, one person liked to garden, and they were supported to do so.
- Several people had wanted to exercise their minds as well as their bodies. Exercise was a regular occurrence in the home and interactive games were played throughout the day in both small and large groups. Family and visiting friends knew the activities timetable and we saw that they involved themselves during visits.
- A relative described her complete satisfaction to know that her mother was fully active and had plenty to do throughout the day in such a loving and caring environment, which had exceeded all her expectations of residential care.
- Staff promoted and respected people's relationships with each other. Staff remembered people's experiences and families and facilitated chats about past activities. Staff were very knowledgeable about the people living in the home.
- Staff told us how they thought about people when not on duty and how they could further improve their quality of life. One staff member was undertaking a bungee jump to raise money for the next holiday as some people had expressed a wish to go abroad.

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

- People and relatives provided exceptional feedback about the way they were treated. One person said, "The staff are caring and go above and beyond". Another person said, "We all feel part of a big family. It is such a fabulous caring place".
- There was a recent baby shower for a member of staff which had involved everyone living in the home. Other events such as engagements, birthdays and family birthdays were acknowledged by staff.
- There was an exceptionally strong and visible person-centred culture with staff going out of their way to ensure that people were respected as individuals, for the role they had played in society and continued to play.
- Staff were fully familiar with people's likes and preferences including their previous roles and life experiences and they aimed to adapt care and support to maintain these interests, creating a truly person-centred environment. We observed staff using this detailed knowledge to encourage people to engage in activities and reduce social isolation.
- Most staff had worked in the home for a long time and had developed exceptionally strong relationships with people. They shared their lives with one another. People's children and grandchildren often visited the home as did staff's children and grandchildren. Both people and staff took an active interest in one another's lives and relationships were forged both ways.
- Staff went the extra mile for people, for example buying small gifts and treats for anniversaries or when they knew people may need extra emotional support. Relatives spoke of staff as extremely dedicated.
- We observed staff consistently treated people with a very kind and compassionate manner. We saw lots of laughter and individual caring interactions between staff, people living in the home, and the relatives. Staff frequently sat with people at mealtimes and other points in the day making for an inclusive and positive atmosphere.
- Everyone currently living or visiting the home felt it was warm and welcoming.
- The staff recorded all the events and created special keepsakes and photographs for those people

involved in events, celebrations and activities. This included both staff and people living in the home to create a sense of family and inclusivity. Photographs and memory books were around the home to stimulate conversations with each other and loved ones.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 were seen very much as individuals and each person had an individualised care package. This meant they had appropriate staff support to encourage support and activities in line with their preferences.
- The home's care and support of people was very person-centred. Care plans were discussed with people and clearly reflected their identified needs, likes, preferences and personal history.
- Staff had a very good understanding of these needs, the risks associated with these and how to reduce them. They were updated regularly in order that staff were fully up to date with people's needs and wishes.
- People's care plans were reviewed at regular intervals and regular meetings were held to establish the effectiveness of the plan in meeting people's needs.
- People who had identified they missed their pets since moving to the home took great joy from visiting pet therapy animals. One person had also been provided with a life like cat which she took great pleasure from.

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.

- The home had resources available to provide information to people in a variety of ways, including large print.

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 offered a stimulating range of social and recreational activities. They were encouraged and supported to continue their interests both within and outside their home.
- Staff supported people to attend clubs externally or visit friends, attend community activities. People led their own activities programme and decided whether to participate or not.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints procedure.
- Staff and people felt confident to provide feedback to the management team about their experiences and told us they were very happy to do so. One person told us, "It's difficult to find anything to complain about", another said you only have to mention anything and it's sorted".
- There was a comprehensive complaints procedure located in the entrance of the home and one was provided when they moved into the home. The registered manager dealt with concerns and these were

rarely escalated to formal complaints. We saw this was because everybody was valued and taken seriously and concerns were acted on promptly.

- Staff were accountable and took responsibility if there were errors or mistakes and looked at how things could have been handled in alternative ways.

End of life support

- At the time of our inspection nobody was receiving end of life care, although the service did have policies and procedures in place to manage and provide for end of life care.
- We saw details were clearly recorded about people's wishes as well as their relatives' thoughts.
- We saw many thank you cards from people who had recently passed away, commenting on the exceptional and personal care provided at the home.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Ratings from our last inspection were displayed on the provider's website and within the service.
- The manager had informed us of incidents and accidents as required by legislation.
- A comprehensive range of audits and checks were undertaken by the management team and they were highly effective in maintaining a very high performing organisation.
- The managers all spent time working alongside staff modelling and demonstrating high standards of care.

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

- There was a positive attitude toward work and providing support to the people living in the home. One staff member said, "I just want people to have the best life possible".
- There was a strong commitment to equality and inclusion with a strategy in place to support staff members with disabilities and additional learning needs.
- The service had an up to date selection of policies and procedures to guide staff in the care delivery.
- The senior management team and all staff were engaged and transparent throughout the inspection process.

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

- Staff enabled people to retain their independence and supported every aspect of their lives to enable them to continue to live them as fully as they wished.
- People were involved in the development and delivery of their service on an individual basis, through regular reviews, safety checks, surveys and meetings.
- The service celebrated many festivals and ensured that protected characteristics were accepted.

Continuous learning and improving care; Working in partnership with others

- The service worked effectively with a variety of stakeholders. This included health and social care professionals, as well as other organisations.
- There was a strong focus on learning from incidents and adverse events. For example, we saw where things had not gone as well as they could, the service had analysed this in detail and put measures in place

to improve the quality.