

Sandtoft Care Home Ltd

Sandtoft Care Home

Inspection report

70-72 Alderley Road
Wirral
Merseyside
CH47 2BA

Tel: 01516322204

Date of inspection visit:
13 October 2017

Date of publication:
30 November 2017

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

We carried out an unannounced inspection of Sandtoft Care Home on 13 October 2017. Sandtoft Care Home provides accommodation and personal care for up to 22 people. At the time of our visit 21 people were living at the home. The home is a three storey building in Hoylake offering single accommodation of a good standard. On the ground floor there is a bright communal lounge, a separate dining room and a conservatory.

The service had a manager who was currently going through the CQC registration process. They were well supported by the area manager who had previously been the registered manager of Sandtoft Care Home.

At the last inspection, the service was rated Good. At this inspection we found the service remained good

The home was bright and, airy and improvements had been made for people to access the garden. The kitchen had been refurbished and people were able to personalise their bedrooms.

The Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been followed. The registered manager told us that DoLS applications had been submitted to the Local Authority for some people. The provider had systems in place to ensure that people were protected from the risk of harm or abuse and staff were able to discuss action they would take if they thought there was any risk to people living in the home.

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.

People's medicines were handled safely and were given to them in accordance with their prescriptions. Care plans showed that people's GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary. We saw the service had responded promptly when people had experienced health problems.

End of life care was good with the staff ensuring a person's final days were lived comfortably surrounded by the people who knew and cared for them.

Staff were recruited safely and there was evidence that staff received a proper induction and suitable training to do their job role effectively. All staff had been supervised in their role.

The provider had quality assurance processes including audits, resident/relatives meetings and quality questionnaires. The provider also had up to date policies that were updated regularly. The manager and provider regularly checked the quality of care at the home through audits.

Care plans were well organised and identified the care and support people required. We found they were

informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs. The service had a complaints procedure which was made available to people and their relatives on their admission to the home.

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 remains Good.

Is the service effective?

Good ●

The service was effective.

The home was bright, airy and improvements had been made for people to access the garden.

Staff were appropriately supported through a structured induction, regular supervision and training opportunities.

People enjoyed their meals and were given enough to eat and drink and a choice of suitable nutritious foods to meet their dietary needs.

The registered manager understood and applied the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards and had made the appropriate referrals to the local authority.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Sandtoft Care 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 13 October 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public.

We spoke with a range of people about the service. They included two people who lived at the home, two relatives, the area manager, the manager who was registering with CQC, and four staff members. Prior to our inspection visit we contacted the commissioning departments at Wirral and Healthwatch Wirral who are consumer champions for health and social care. We were also able to speak to a visiting district nurse. This helped us to gain a balanced overview of what people experienced accessing the service.

We observed care and support for the majority of people who lived at the home. We reviewed a range of documentation including three care plans, medication records, records for four staff members, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the home is managed.

Is the service safe?

Our findings

We asked two people living in the home and two relatives if they felt the service was safe and they all said it was. One relative said "Yes being safe is the main thing."

The provider had procedures in place to minimise the potential risk of abuse or unsafe care. Staff told us that their training and knowledge was continually updated. Staff were able to tell us about their whistle blowing policy and that they would be comfortable using the process. We were able to see that staff had been recruited safely, appropriately and supported by the management team.

Risk assessments had been completed to identify the potential risk of accidents and harm to staff and the people in their care. Where potential risks had been identified the action taken by the service had been recorded. Examples were falls, mobility and pressure area care. The provider had a policy in place for accidents and incidents and these were monitored monthly.

Records showed medication was checked and signed for when received at the home. We checked this against individual medication packs which confirmed administered medication could be accounted for. We found one discrepancy and the manager took immediate action. Documentation showed that people had received their medication as prescribed and at the right time. We observed the senior staff on duty administering medication during the breakfast and lunch time. The medication trolley was locked securely whilst attending each person. People were sensitively assisted as required and medicines were signed for after they had been administered. All staff had had their competency checked on a regular basis.

The building was clean and free from offensive odours and records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use. Personal emergency plans were in place to advise staff and the fire brigade on how people should be evacuated safely in the event of an emergency situation, these had been audited in August 2017.

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are 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 were being met. It was clear that the manager and area manager had a full and detailed understanding of the MCA and its application and people had MCA assessments. We also saw that staff had received training on the MCA.

We saw staff asking people for consent prior to carrying out any care tasks and we were able to see that care plans held people's consent to their care. We also saw that the home held the documentation for relatives who had power of attorney for those people who were unable to make decisions for their care, this was audited regularly.

We looked at four staff files that showed each staff member had attended and successfully completed the provider's induction schedule within the first twelve weeks of employment. We also saw that all staff, including ancillary staff, had attended training required by the provider, which included safeguarding, moving and handling, food hygiene, fire safety, infection control and dementia care. We also saw how staff had received training on food thickener so they knew what consistencies of liquids were needed for people who had trouble swallowing.

There was evidence of a robust supervision and appraisal system in place for the staff group. Supervisions had been carried out at regular intervals throughout the past year.

The home was bright and cheerful and the lounge and dining area had been changed since the last inspection so that access to the gardens was easier for people living in the home. People were able to personalise their bedrooms and the walls of the communal corridor had pictures of staff and people living in the home on them. This created a friendly and homely environment. The kitchen had recently been refurbished and had been awarded the highest grade from a recent inspection by the Food Standards Agency.

People's nutritional needs were assessed and their dietary needs, likes and dislikes were known by the cook on duty. Each care file contained a nutritional risk assessment and care plan that had been updated on a monthly basis. People's weights were monitored regularly.

The food offered by the home was hot and tasty and was enjoyed by the people living in the home. The cook went round the home in the afternoon and offered snacks and drinks to people. The cook knew each person by name and was able to offer what they preferred.

Is the service caring?

Our findings

We asked the people living in the home and their relatives if the staff were caring in their approach. The people said 'yes' and one relative told us "The care here is very good indeed."

We observed that people made choices and decisions about their lives and staff respected these decisions, for example people were able to choose what to wear, what food and drink they wanted, and if they wanted company or not.

Staff were proactive in ensuring people's privacy and dignity. People looked well-groomed and cared for and were dressed appropriately. Staff spoke with people in a respectful way, giving people time to understand and reply. Staff and people living in the home laughed and joked together meaning the atmosphere in the home was happy and relaxed.

No one living in the home was receiving end of life care at the time of inspection. The staff had completed the "Six Steps" programme with the focus of this being care in the last six months of life. It ensures that the person themselves is at the heart of the process, with other people such as relatives and care professionals included and operating in a co-ordinated way.

Confidential information was kept secure so that people's right to confidentiality was protected.

Throughout the day, staff were respectful and discreet when supporting people with personal care. During our visit people moved about freely and communicated with us and staff. Staff engaged with people and visitors in a warm and friendly manner. Relatives told us that there was always good communication between them and the staff and they were updated if necessary. One relative told us "They have meetings for relatives, if we can't come we're told."

In the entrance area there was a copy of the home's 'Service User Guide' that was available for people to read. This contained information that included facilities, services and staff. It also had information about advocacy services.

Is the service responsive?

Our findings

We looked at care files for three people. The care files contained a series of assessments that were reviewed monthly to monitor the person's health and welfare. This included assessments of their communication, dependency levels, nutritional needs and personal care needs. Where an assessment identified the person needed support, a plan was written providing guidance to staff on the support required. Regular reviews of care plans had been carried out. One relative told us "They know mum very well."

A copy of the complaints procedure was at the entrance to the house. This gave information on who to contact if people had a complaint. We asked people and their relatives if they knew who to complain to and if they were comfortable to do this and we were told yes. No one we spoke to had any complaints about the service.

The manager held regular residents/relatives meetings and records showed that people had felt able to express their wishes and opinions.

The home had an activities programme and people were able to suggest activities at the residents meetings. During the inspection we observed people enjoying a karaoke afternoon. A relative told us "They encourage socialising here, my mother is sharper here."

We saw referrals to dieticians, input from GP's and district nurses. A visiting district nurse told us that the staff were really friendly and that the information they provided was good and always there for the district nurses when they visited. They said staff were always open to suggestion and that they had no concerns.

Is the service well-led?

Our findings

The service had a manager who was currently going through the CQC registration process. 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 manager told us they were well supported by the area manager who had previously been the registered manager of Sandtoft Care Home. The manager had recently achieved a level 5 diploma in Health and Social Care.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. The provider was displaying their ratings appropriately in a clear and accessible format at the entrance to the home.

We saw records of supervision which evidenced the support that staff received. We were told by staff that there were regular team meetings where staff were able to air views and make comments about the service. The manager received supervision from higher management in the provider organisation.

The manager had systems and resources available to them to monitor the quality of the service and drive improvement. Quality and safety audits such as maintenance, care plans, medication and health and safety were completed regularly. Staff and resident/family surveys were carried out annually.

We saw from the documentation in the care plans and other records that there was good communication with other professionals. Policies and procedures were up-to-date and other documentation, such as fire and other health and safety checks had been regularly completed and updated.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners, dentists and opticians.