

## Prestige Care (Sand Banks) Limited

# Sand Banks Care Centre

### 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

Sandbanks Care Centre is a care home which provides nursing and residential care for up to 77 people. The service provides support to older people and people living with dementia. The accommodation is provided across three floors, each with their own adapted facilities. There were several communal areas and a large garden for people to use. At the time of our inspection there were 65 people using the service.

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

Risks to people were regularly assessed and appropriate measures were in place to minimise risk. There were enough staff to meet people's care needs. Staff were recruited safely, and appropriate checks were completed prior to employment. People's medicines were managed safely, and staff followed correct infection control procedures. Accidents and incidents were recorded, and actions were taken to mitigate the risk of reoccurrence.

Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role. People were provided with enough to eat and drink and their nutritional needs were met.

People's care was personalised to their individual preferences. Staff knew people's needs, life histories and preferences well. People told us staff were caring and spoke positively about living at the home.

Staff promoted individual's dignity and privacy. Care plans were regularly reviewed, and staff could access relevant information to ensure they continued to provide the support people needed. People were supported with end of life care by suitably trained staff. The service provided a range of activities however there was mixed feedback from relatives about lack of activities.

The registered manager was well respected by staff. Staff felt well informed and supported to undertake their roles. There were effective systems in place to monitor the quality and standard of the service.

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.

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

The last rating for this service was requires improvement (published 13 July 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control 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, 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Sand Banks Care Centre

## 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.

As part of this inspection we looked at the infection control and prevention 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 undertaken by one inspector and one specialist nurse advisor. An Expert by Experience made telephone calls to relatives. 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

Sand Banks Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sand Banks Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### 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

This inspection was unannounced.

Inspection activity started on 26 January 2023 and ended on 7 February 2023. We visited the service on 26 January 2023 and 30 January 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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

We spoke with 3 people who used the service and 8 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, group operations manager, quality and compliance manager, operation support assistant, deputy manager, the chef and 4 care assistants.

We reviewed a range of records. This included 6 people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety, and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate action had been taken to address this and the provider was no longer in breach of regulation 12.

- Risks to people were assessed and managed. Care plans and risk assessments were clear, detailed and robust and provided appropriate guidance to staff to help them mitigate risks to people.
- Health and safety checks were completed, including electrical, safety and lift safety. Regular audits were in place to ensure the environment was safe for people.
- Accident and incidents were managed safely. The service had oversight of accidents and incidents and used this information to drive improvements. Analysis of incidents was used to assess whether preventive measures were missed. Lessons were learnt to keep people safe.

Systems and processes to safeguard people from the risk of abuse;

- Systems were in place to protect people from the risk of abuse. Records demonstrated where abuse was suspected, investigations were completed, and effective actions taken.
- Staff received training on how to safeguard people from abuse. They understood how to identify and report safeguarding concerns. One staff member told us, "I haven't had to raise a safeguarding, but I know what I am looking for. We have policies around this and there are posters all around the home. I would raise any concerns to the registered manager, but if they weren't available, I would report this to [local authority] safeguarding."
- People told us they felt safe at the home. One person said, "Yes, I feel very safe in the home."
- The registered manager understood their responsibility to share information with the local authority safeguarding team and CQC to ensure allegations or suspected abuse were responded to.

Staffing and recruitment

- Staff were recruited safely. A range of pre-employment checks were carried out to ensure only suitable staff were employed. These included DBS checks (Disclosure and Barring services), obtaining references and checking employment histories.
- Sufficient staff were deployed to meet people's needs. Staffing numbers were determined through the use of a dependency tool. This is a tool used by some services to determine the minimum staffing levels required.

- Agency staff were used to cover staff and annual leave. The registered manager told us they try to use the same agency, to ensure regular staff, who knew the people were provided.

#### Using medicines safely

- Medicines were managed safely. Medicines administration records (MARs) were up to date and accurate. Stocks were monitored to ensure people had their medicines available when needed and were stored securely.
- Medicines were stored safely and in line with the appropriate guidance. Checks of room temperatures and fridges were completed. Controlled Drugs were stored correctly and securely, records in relation to Controlled Drugs were completed in line with requirements.
- Where people lacked capacity to make decisions about their medicines, best interest decisions were in place and people's medicine care plans were agreed by a team of care professionals.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Visiting was in line with government guidance and health professionals' advice. Visitors were not restricted in any way and safety was promoted while on site.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- The service ensured people's characteristics under the Equality Act 2010 were protected. People were encouraged to be independent in their care. The culture of the service supported people to make their own choices and be involved in their care as much as they wanted to be.
- Care plans provided staff with a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. For example, one person's care plan went into detail about using sign language, pictorial and flash cards to communicate with them.
- Assessment tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to monitor people's weight.

Staff support: induction, training, skills and experience

- Staff had necessary skills and experience to support people safely. The training provided was a mixture of face to face and e-learning.
- Systems were in place to monitor the training staff had received and ensure training was updated in a timely way.
- Staff received supervisions and appraisals. Competencies were undertaken to ensure staff understood and applied their training in line with best practice guidance.

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

- People's nutritional and hydration needs were met. For example, staff and people within the service met regularly to discuss meal planning for the upcoming weeks.
- Staff monitored people's dietary needs and risks, such as those related to diabetes or choking. If there were concerns about people's nutrition and hydration, they were referred to relevant professionals.
- Relatives spoke positively about the food. One relative told us, "The food is nice and varied, they adapt to what [person] wants, when [person] had a cold they only wanted soup."

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

- People were supported to live healthier lives. Staff were knowledgeable about people's needs and ensured that any changes in a person's condition were noted and discussed with the healthcare professionals and senior management team, as well as keeping families informed.
- The service liaised with other agencies to ensure timely and effective care. Records demonstrated examples of working with the local authority, primary and secondary care services.

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

- The environment met people's needs. The home was spacious with communal areas on each floor. For example, on the dementia unit there were sensory items throughout.
- People had access to a large garden area where there were chickens. People told us how much they loved having the chickens at the home.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. MCA assessments had been completed where required, in relation to specific decisions and best interest decisions had been made with the involvement of the person, family and appropriate health professionals.
- The service had a record of all DoLS applications that had been made, the outcome of the application where that was known, and a record of any conditions on the DoLS authorisations.

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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

- Staff treated people well. Staff had received training in equality and diversity to support them with this.
- Care plans contained information about people's choices and the support staff were to provide, to ensure people's individual needs were met.
- People appeared well presented and cared for. People told us how happy they were and felt well looked after. One person said, "I am happy here, the staff look after me lovely."

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

- People were supported to express their views. For example, monthly residents and relative meetings took place which gave people an opportunity to share their views and give feedback.
- Care plans were regularly reviewed and involved people and their relatives.
- People could make their own choices. For example, we saw people being offered choices around their meals, drinks and snacks.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. For example, people were supported with personal care in a timely way and staff closed people's door and curtains when supporting them. One staff member told us, "I always knock before entering their room, I make sure people's doors and blinds are shut before undertaking any personal tasks."
- People's personal preferences in relation to who supported them was documented in their care files. For example, one person requested female care staff, and this was provided in line with their wishes.
- Staff knew when people needed their space and privacy and respected this.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At our last inspection the provider had failed to ensure people's needs were sufficiently detailed in care records. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate action had been taken to address this and the provider was no longer in breach of regulation 17.

- People had detailed and personalised care plans in place. They included information for staff about people's life history, care and support needs, interests, likes, dislikes and preferences and people that were important to them. They also included information to guide staff about how people wanted to receive their care and support.
- People's preferences were respected, and people received their care in line with these. One person told us, "I like to have a lie in, so I always have breakfast a little later."
- The service encouraged people and their relatives to be involved in their care and support. For example, people's records detailed how relatives had been involved in reviews of people's care.

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's social needs were met. There was an activities schedule displayed and records showed people were encouraged to participate.
- Relatives told us they would like the activities to return. One relative said, "The activities co-ordinator left before Christmas, I don't think they've replaced them, but I wish they would, [person] gets bored." Another relative said "I'd really like the activities put back on, [person] gets so bored."
- The service had recently arranged a sensory workshop known as Marian's song. This was an interactive workshop designed for people with dementia. This was facilitated on a one to one basis to allow quality time for people.
- People were supported to maintain relationships with those important to them. For example, families were encouraged to visit the home when they wished to.

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.

- The registered manager and staff understood the accessible information standard. People's communication needs were identified and recorded in their care plans.
- The registered manager told us documents could be provided in alternative formats if required, such as large font or easy read.

Improving care quality in response to complaints or concerns

- Complaints were handled effectively. Systems in place to deal with and respond to complaints. Lessons were learnt from complaints and concerns and these were discussed at team meetings.
- People and their relatives felt able to raise any concerns. One relative told us, "If I had any concerns, I would raise them, but I haven't need to."

End of life care and support

- Policies and procedures were in place in relation to end of life care should it be needed. At the time of our inspection nobody at the service was receiving 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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; Continuous learning and improving care

At our last inspection systems were either not in place or robust enough to demonstrate an effective and consistent management approach to reviewing, monitoring and identifying risks to people's health, safety and welfare. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate action had been taken to address this and the provider was no longer in breach of regulation 17.

- Governance processes were effective. The registered manager carried out a range of checks and audits to monitor and improve the quality of the care and support people received. Action was taken to improve procedures and practice when audits identified issues.
- Information relating to the running of the home was openly discussed and shared amongst management and staff. This information provided accountability and oversight of what was happening in the home, and staff at every level contributed towards future development plans of the service.
- The registered manager was clear about their role. They understood the need to lead by example and offer the team support.

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

- The culture was person-centred. Systems were in place to obtain and respond to the feedback from people, relatives and staff. One person told us, "Yes if I was unhappy, I would tell staff."
- The registered manager created an environment which was open and inclusive. Staff felt well supported and said they could always talk with the registered manager if they had any worries or concerns. One staff member told us "If I was unhappy or had concerns about something, I would feel comfortable raising this to [registered manager]."
- Staff spoke very highly of the registered manager. One staff member said "[registered manager] is lovely, I can go to [registered manager] about any problems, [registered manager] has been in our shoes and knows what it's like to do our job. [Registered manager] makes me feel so valued and like our opinions matter."

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 understood their responsibility in relation to the duty of candour. There were

systems in place should they need to report certain incidents.

- Relatives were kept informed of any events or incidents that occurred with their family members. One relative told us, "I see the manager regularly and they are always available for a chat. I get a newsletter regularly updating me and there are relative's meetings I can attend too."

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

- Staff meetings were held monthly. Staff were given updates about people who used the service as well as reminders about training.

- The provider recognised and rewarded staff performance through their employee of the month schemes. Relatives, people and staff had the opportunity to nominate staff for this.

- The service worked well in partnership with other health and social care organisations. This helped to give people using the service a voice and improve their wellbeing. This included the local authority who commissioned the service and healthcare professionals.

- External professionals spoke positively about the new registered manager and told us how they worked in partnership to achieve good outcomes for people. One professional said "The new registered manager appears to be managing the service very well, [registered manager] is open and transparent with their reporting. I have visited the service recently and it appears to be running well, I spoke with families who were very happy with the care home."