

Crown Care VI Limited

Sandringham Care Home

Inspection report

Escomb Road
Bishop Auckland
County Durham
DL14 6HT

Tel: 01388660960

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16 March 2023
23 March 2023

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22 May 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sandringham Care Home is a residential care home providing personal and nursing care to up to 92 people. At the time of our inspection there were 88 people using the service. The service supports a range of people including older people and people living with a dementia. People are supported in a specially adapted building across 3 floors.

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

Medicines were managed safely, and people received their medicines as prescribed. Some medicine records and processes were not always robust, and we have made a recommendation about this. People were kept safe and protected from the risk of abuse. Risks to people were assessed, monitored and managed. Staff were knowledgeable about people's needs. The environment was safe, and health and safety checks were up to date. The service was clean, and staff had access to appropriate PPE. There were enough staff to safely support people and staff were recruited safely.

The service was well-led and there was a positive and person-centred culture. There were clear governance and quality assurance systems in place. Regular audits were carried out and the registered manager and provider understood their regulatory requirements. Some medicine issues had not been identified within the audits, but the registered manager responded immediately to our feedback. People and their relatives were regularly involved, and their feedback sought. The management team was approachable. The registered manager was pro-active and committed to working with other professionals and developing positive and innovative ways of working.

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 13 March 2020).

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk. We also received concerns around the management of falls and the general standard of care provided. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

During the inspection we found no evidence people were at risk of harm from these concerns.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sandringham Care Home on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation around the record keeping for medicines and ensuring medicines systems and processes are fully robust.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sandringham Care Home

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 2 inspectors, a pharmacist specialist and an 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

Sandringham Care Home 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. Sandringham Care Home 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 16 March 2023 and ended on 14 April 2023. We visited the service on 16 and 23 March 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 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

We spoke with 3 people who used the service and 9 relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, the regional manager, the deputy manager, 3 nurses, 3 care workers, the administrator and a kitchen assistant.

We received written feedback from a further 17 members of staff including nurses, care workers and activities co-ordinators. We received additional feedback from 1 professional who worked closely with the service.

We reviewed a range of records. This included 12 people's care records and multiple medication records. We looked at 4 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. We looked at training data and quality assurance records.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed.
- Some medicine records were not accurate or fully completed, such as records for people's thickened fluids, recording flushes for 1 person's PEG (percutaneous endoscopic tube) and guidance for people who were prescribed 'when required' medicines.
- Records did not always assure us creams and lotions were applied as prescribed, for example we found incorrect instructions for 1 person. Another person had cream in their room which did not belong to them.
- The service responded to our feedback and started to make improvements. These improvements need to become embedded into practice.

We recommend the provider reviews their records and processes, seeks advice from a reputable source and consults best practice guidance around record keeping requirements for 'when required' medicines, creams and lotions, and PEG care.

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

- People were kept safe and protected from the risk of abuse. The provider had appropriate safeguarding policies and procedures in place.
- Staff had received training in safeguarding and knew how to recognise any concerns. One staff member told us, "I would report any concerns immediately to a senior member of staff or a member of the management team. If I wasn't satisfied with the outcome, I would contact our local authority or CQC."
- Accidents and incidents were recorded, and the registered manager had oversight of these. Concerns were investigated and analysed to look for trends. Lessons learnt were identified and shared with staff.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed. People had person-centred risk assessments and support plans in place.
- Staff were knowledgeable about people's needs and potential risks for them. Staff understood how to minimise risks to help keep people safe.
- Staff completed charts and records to monitor people's care. Where concerns were identified, appropriate action was taken, and people's progress was monitored.
- The environment was safe and well maintained. Health and safety checks were up to date and staff completed regular fire drills.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff to safely support people and meet their needs. Comments from people included, "The care is not rushed, they go at my pace" and, "There are plenty of staff, they come pretty quickly when I buzz."
- The registered manager regularly reviewed staffing levels and changed them when needed.
- Staff were recruited safely. Appropriate pre-employment checks were carried out to ensure staff were suitable.

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.
- There were no restrictions on visiting at the time of the inspection. This was in line with national guidance.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was well-led and there was a positive culture within the service. Staff told us they enjoyed going to work. Family members told us staff were accommodating, knowledgeable and friendly, and many told us they had seen improvements in their relatives since they had been at the service.
- The registered manager and deputy manager had person-centred visions and values, were visible on a daily basis and they led by example. Comments from staff included, "Management are always there for staff, residents and their families" and, "The [registered] manager's first priority is always the safety and quality of care for our residents, and it really shows."

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 service had clear governance and quality assurance systems and processes in place.
- Regular audits were carried out. Some medicine issues we identified on inspection had not been identified within the audits. The registered manager and relevant staff responded immediately during and after the inspection. Improvements made need to become embedded.
- The registered manager and provider understood their regulatory requirements. Services that provide health and social care are required to inform CQC of important events which happen in the service by submitting a 'notification'. Notifications were submitted appropriately and in a timely manner.
- The provider understood the duty of candour and implemented this appropriately.

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

- The service regularly involved and engaged with people and their relatives. Regular residents' and relatives' meetings took place. The provider also sought feedback using questionnaires and surveys.
- The service had appointed a 'resident representative'. This was a person who used the service who supported others to give feedback and could advocate on their behalf to support continuous improvements.
- Management had an 'open-door' policy and staff confirmed they could speak with management at any time. Staff told us, "We have regular staff meetings every month and it is a great chance to air any views, we are always listened to and lots of good ideas come from meetings" and, "Management always hold supervisions in a completely safe space, allowing for an open and honest discussion."

- Staff worked well with other professionals. Staff made appropriate and timely referrals to other health services. One professional told us, "My experience with [the service] has been very positive. I have found the management to be very pro-active."

Continuous learning and improving care

- The management team and staff were welcoming and receptive to our feedback. The registered manager responded immediately to implement any improvements needed.
- The registered manager was pro-active and committed to developing positive and meaningful relationships with wider organisations. The registered manager discussed, promoted and helped to develop innovative and positive ways of working which would be beneficial to the service, its staff, and the wider sector. For example, the registered manager helped to develop training aimed at improving relationships between care staff and visiting health professionals.