

JJ and S (Chippenham) Limited

Sandmar

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Sandmar is a residential care home providing personal care to 11 people at the time of the inspection, with support needs relating to their mental health. The service can support up to 13 people in one adapted building.

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

People felt safe living at Sandmar. The provider had taken action to keep people safe and manage the risks they faced. Staff had a good understanding of the support people needed.

People were supported to take any medicines safely and staff sought advice from health and social care services when necessary. Relatives were happy with the care people received and were confident that people were safe at Sandmar.

The provider had made changes in response to the COVID-19 pandemic and there were good infection prevention and control measures in place.

Staff had developed good relationships with health and social care professionals.

People had been supported to develop detailed support plans, which were person-centred and gave staff clear information on how to meet their needs.

The management team had established good systems to monitor the quality of service provided and make improvements where needed.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 March 2019). 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

We carried out an unannounced comprehensive inspection of this service on 9 January 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe,

Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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?

The service was safe.

Details are in our safe 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 ●

Sandmar

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 Care Act 2014.

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 completed by one inspector.

Service and service type

Sandmar is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account when we inspected the service and made the

judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who live at Sandmar, the registered manager, home manager and deputy manager. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We spoke with two relatives and two care staff. We received email feedback from two health professionals who regularly visit the service. We reviewed further documents relating to the management of the service.

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.

Assessing risk, safety monitoring and management

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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments were in place to support people to be as independent as possible. They balanced protecting people with supporting them to maintain their independence. Examples included support for people to stay safe when smoking, deterioration of mental health and staying safe when out in the community independently.
- Risk assessments and management plans had been reviewed and updated as people's needs changed. Plans had also been amended to reflect risks relating to COVID-19.
- Staff demonstrated a good understanding of these plans and the actions they needed to take to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at Sandmar. Comments included, "I feel safe here, no problems. I would talk to the manager if I had any issues or concerns. She would sort it out."
- The service had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm. Staff had received regular training in safeguarding issues.
- The management team had reported allegations and worked with the local authority safeguarding team when necessary.
- Staff were confident the registered manager would take action to keep people safe if they raised any concerns. Staff were also aware how to raise concerns directly with other agencies if they needed to.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us staff were available to provide support when people needed it.
- Staff told us they were able to meet people's needs safely.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character.

Using medicines safely

- People were supported to safely take the medicines they were prescribed.
- Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take and an accurate record of medicines held in the service.
- Where people were prescribed 'as required' medicines, there were clear protocols in place. These stated the circumstances in which the person should be supported to take the medicine.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report such events. Action was taken to reduce the risk of similar incidents happening again.
- Accidents and incidents were reviewed by the management team to ensure appropriate actions had been taken.

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 requires improvement. At this inspection this key question has now improved 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 we found support plans were not always person centred. Improvements had been made at this inspection.

- People had clear support plans, which set out how their individual needs should be met. The plans were specific to people and contained detailed information for staff.
- People regularly met with staff to review their plans. Plans included goals people were working to achieve and had been updated where needed.
- People were supported to make choices and have as much control and independence as possible.

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.

- Staff had identified people's communication needs and included them in the support plans.
- The management team reported people would be supported to use specialist equipment and records provided in specific formats to aid communication where needed.

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 supported to take part in a range of activities they enjoyed. Examples included social groups, in-house activities and trips out.
- People were supported to maintain relationships with family and friends.
- Staff had supported people to change the way they socialised and took part in activities due to government COVID-19 restrictions. People told us they understood why some things had not happened and were happy with the opportunities available to them.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint and were confident any concerns would be dealt with.
- The complaints procedure was given to people when they moved into the service and was displayed in the home.

End of life care and support

- The service was not providing support to anyone at the end of their life. The needs assessment process when people moved into the service highlighted any specific needs or wishes they had.
- People's plans included information about specific wishes, for example funeral plans, and religious or spiritual needs.

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 the last inspection this key question was rated as good. At this inspection 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.

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

- There was a registered manager in post, who was one of the directors of the provider. The registered manager was based in the service and was supported by a home manager and deputy manager.
- The provider had effective quality assurance systems in place. These included, reviews of support records and plans, medicine records, staff records and quality satisfaction surveys.
- The results of the various quality assurance checks were used to plan improvements to the service. Actions were regularly reviewed to ensure they had been completed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 management team had promoted a person-centred approach in the service. This was evidenced through the content of staff meetings, support sessions for staff and the training staff received. Staff reported the management team worked well together to ensure people received a good service.
- Health and social care professionals praised the management and told us the service was well run. They said staff worked in a person-centred way.
- The registered manager had a good understanding of their responsibilities under the duty of candour.

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

- The service involved people, their families, friends and others effectively in a meaningful way. The management team responded to issues raised and let people know what action they had taken.
- Relatives said they had regular contact with the registered manager, which enabled them to be involved in their relative's care.
- Health professionals said the team worked well with them to meet people's needs.
- The provider was a member of relevant industry associations. The management team had kept up to date in relation to changes in legislation and good practice guidance.