

Meridian Healthcare Limited

Sandon House

Inspection report

Market Street
Mossley
Ashton Under Lyne
Lancashire
OL5 0JG

Tel: 01457 834747

Website: ehone@meridiancare.co.uk

Date of inspection visit: 11 & 14 November 2014

Date of publication: 11/02/2015

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 

Overall summary

This inspection of Sandon House was carried out over two days on 12 and 14 November 2014. Our visit on 12 November was unannounced.

Sandon House is a care home which is registered to provide care for up to 42 people. The home mainly provides care for older people and does not provide nursing care.

Sandon House is a large purpose built home owned and managed by Meridian Healthcare limited. The home is located in the village of Mossley which is in the Tameside

area. Accommodation is provided over two floors and there is a passenger lift to assist people to get to the upper floor. All bedrooms are single and 18 have en-suite facilities. There were 42 people living at the home at the time of our inspection. We last inspected Sandon House in June 2013. At that inspection we found the service was meeting all the essential standards and regulations that we assessed.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has

Summary of findings

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.

During the inspection we observed care and support in the communal areas of the home, spoke with staff, visitors, a visiting healthcare professional and people living at Sandon House. We also looked at care and management records.

Throughout our inspection we observed that people looked comfortable and relaxed with the staff who supported them. We observed that people were treated with respect and dignity by the staff and people told us they felt they had everything they needed and were well looked after by staff.

Visiting relatives told us they were happy with the care their relative received and thought the staff were kind and caring.

Staff recruitment records demonstrated that appropriate safety checks had been undertaken on staff before they started to work at the home.

There were systems in place to monitor the quality of the service and the manager operated an open door system where people were encouraged to raise any issues or concerns they had.

There were service contracts in place to ensure equipment and services were in good working order and safe to use.

Summary of findings

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.

Safeguarding procedures and relevant policies were in place to support staff when dealing with any safeguarding matters and staff had received up to date training. People spoken with told us they felt safe and visiting relatives told us they felt satisfied their relative was safe from harm.

During our inspection visit we looked at the premises which were fit for purpose and we saw there were systems in place to manage the on-going maintenance of the home.

We looked at staff recruitment records and saw that the provider had recruitment procedures in place and all appropriate pre-employment safety checks had been undertaken prior to each person starting work.

Good



Is the service effective?

The service was effective.

We saw that where appropriate the registered manager had accessed advice and support from health care professionals. For example, we saw evidence of visits from a General Practitioner (GP), a district nurse, a chiropodist, a dietician and a speech and language therapist.

People told us they enjoyed the food and there was plenty of it. We saw that appropriate action had been taken if there was a risk of poor nutritional intake or weight loss.

Arrangements were in place to ensure staff received appropriate and relevant training.

Good



Is the service caring?

The service was caring.

The atmosphere in the home felt relaxed and friendly. From our observations we saw that care staff had a good understanding of people's individual needs and personalities. We saw that staff were kind and sensitive in their approach to people. People commented, "The staff are nice and kind" and "The staff work very hard but are nice."

We observed that people looked well cared for and were appropriately dressed. We saw that people's privacy and dignity was respected by the care staff.

Good



Is the service responsive?

The service was responsive.

Prior to people being admitted into the home the registered manager visited people to carry out an assessment of their needs. This was to ensure the home was able to meet all of those assessed needs unless the admission was an emergency admission.

The registered manager said that if possible people were encouraged to visit the home and spend some time meeting staff and other people living at the home before a decision was made about moving in.

Good



Summary of findings

We saw there was a complaints procedure in place which was also on display on both floors of the home and was included in the statement of purpose which was given to people on admission to the home. People we spoke with said they had never needed to make a complaint.

Regular visitors to the home told us they were very happy with the standard of care and support provided to their relative.

Is the service well-led?

The service was well led.

The service was led by a manager who was registered with the Care Quality Commission (CQC) and had been in post since 30 May 2013.

The manager was described by staff and visitors as approachable and supportive.

The service had systems in place to ensure that people were regularly consulted about their views and ideas on how the home should be run. This was done by means of regular informal chats with people and satisfaction surveys. We saw evidence of these surveys being carried out on a regular basis, following which an analysis of the findings was undertaken by the providers and a report produced.

Good



Sandon House

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 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.

This inspection took place on 12 and 14 November 2014. Our visit on 12 November 2014 was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service which included safeguarding information and statutory notifications.

During this inspection we spent two days in the home observing care and support being delivered to people in the communal areas. We were taken on a tour of the home and looked at a sample of records which included three people's care plans, three staff recruitment files, staff training records, maintenance records, a selection of audits and quality monitoring documents, medication records and policies and procedures.

We spoke with 13 people living at Sandon House, three visiting relatives, four members of care staff, the registered manager, the operations manager and a visiting healthcare professional.

Is the service safe?

Our findings

The people living at Sandon House who we spoke with told us they liked the staff and felt safe. Some comments included “The staff are kind to me” and “The staff are lovely and very hard working.” The visiting relatives we spoke with told us they felt confident that if they had any concerns they could raise them with the staff or manager and they felt their concerns would be taken seriously and addressed immediately. All visitors spoken with told us they had never heard or witnessed anything of concern.

The Provider had a whistle blowing policy, a safeguarding adult's policy and access to the Tameside Multi Agency policy in connection with safeguarding vulnerable adults. Staff spoken with told us they had received safeguarding training and were aware of the policies and procedures in place. Staff were able to tell us what they would do in the event of witnessing or suspecting that abuse had occurred. We looked at the training record (matrix) which indicated that staff had received training in connection with safeguarding adults from abuse and we saw this training was included during the induction process which all newly recruited members of staff must undertake. This would help to ensure that staff understood their responsibilities to protect people from abuse and what action to take if they were concerned about poor or unsafe practices in the home. We looked at how the Registered Manager managed and recorded safeguarding incidents. The documents we looked at provided evidence that the service had taken all the appropriate action and followed protocols and procedures which were in place to safeguard people living in the home.

We looked at three employee files that demonstrated pre-employment checks had been undertaken before staff began working at the service. These checks included a Curriculum Vitae (CV) and / or a fully completed application form that included details of the person's education and previous employment history. Checks also included a full and satisfactory Disclosure and Barring Service (DBS) check. The DBS aims to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. It has replaced the Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) checks. Checks also included a minimum of two references, including one from the person's most recent or current employer. We saw

photocopied documents of proof of identity and proof of address. It was discussed with the manager that all photocopied documents should be signed and dated by the person taking the photocopy as proof of authenticity. We saw that set interview questions were used and the responses given by the

candidate were recorded. This helps to ensure that interviews are open, transparent and effective in selecting suitable people for the required role. We were told that new staff received a full induction and we saw evidence of this in the form of completed modules.

We looked at the staffing rotas and how the service was being staffed. We did this to make sure there was enough staff of duty to meet people's needs. We saw that people's needs and dependency levels were assessed and a staffing tool was used to calculate the number of staff hours needed. Staff told us they thought the care was good but there was not enough time to sit and spend time with the residents.

People who used the service told us they did not have to wait a long time if they needed or requested assistance. With the exception of one visiting relative we were told that they thought there were enough staff on duty and they did not think people had to wait an excessive time if they pressed their buzzer for help. One visitor told us “there are never enough staff and a lot are leaving.” This was discussed with the registered manager who said that some staff had left but currently there were no staffing vacancies.

During our inspection we saw that the staff were busy but we also observed staff were responsive to the needs of people and call bells were responded to when people required assistance.

We found the arrangements for handling medication were safe and staff designated to administer medication had received appropriate training and had access to policies and procedures.

The home operated a monitored dosage system of medication. The dispensing pharmacist places medication into separate compartments according to the time of day the medication is prescribed, to help simplify the administration of medication. We saw that the medication records were all complete, up to date and were well presented and organised. Medication was stored in a locked trolley in a locked room. We found appropriate arrangements were in place for the storage and

Is the service safe?

management of controlled drugs which included the use of a controlled drugs register. We carried out a check of stock and found it corresponded with the register. We found the home was clean and well maintained with the exception of one hoist that was dirty. When brought to the attention of the registered manager they made assurances that it would be thoroughly cleaned. We were told that each person requiring the use of the hoist did not have their own hoist sling although they were regularly laundered. Best practice guidance in the Department of Health Prevention and control of infection in care homes – an information resource (February 2013) recommends that hoist slings are not shared between residents.

We saw evidence that equipment was serviced on a regular basis which helped reduce unnecessary risk to people. We

saw that some of the chairs in the lounge and dining room were stained and looked worn particularly on the arms of the chairs. The registered manager told us that new chairs were currently on order.

In the care files we looked at we saw that risk assessments had been completed to identify potential hazards people might face and provided guidance to staff on how they should support people to manage the risk of harm. For example moving and handling, falls, nutrition and prevention of pressure sores. We saw that the risk assessments had been reviewed but some had not been since 2012. It was discussed with the manager that to ensure the risk assessments are completely up to date and accurate they should be rewritten at least annually.

Is the service effective?

Our findings

During this inspection visit we observed the breakfast and lunchtime meal service. We saw that choices were routinely offered to each person at breakfast but the lunchtime meal was plated and served by staff without a choice being offered. When we spoke with staff they told us they knew the individual preferences of people and if they did not like what was being served an alternative meal would be offered. This was discussed with the registered manager as choice should be offered to each person at each mealtime.

We saw that the lunchtime meal looked appetising and portion sizes were ample. The environment was calm and relaxed and people were seen to be enjoying their meal. Staff were observed to be offering assistance and encouragement to people as necessary. People living at Sandon House told us they liked the food. One person said "There is a set menu but the food is good and there is enough food."

Visiting relatives were complementary about the food. One visitor told us that he did sometimes have a meal at the home with their relative and told us that the food was very good.

We looked at a sample of care records and found they included information about people's nutritional needs and saw that people's weight was regularly checked. Where appropriate we saw that records of people's diet and fluid intake had been recorded and referrals had been made to a General Practitioner (GP) and dietician when required.

People were registered with local GP's and there was documentary evidence to show people had access to a variety of health care professionals. The visiting relatives told us "They are very good here at getting the GP if [their relative] is ever unwell."

We looked at how the Provider trained and supported staff. There were established systems in place to ensure all staff

received regular training which included moving and handling, fire safety, first aid, basic food hygiene, Dementia Care, pressure relief, infection control, fire safety including regular fire drills and health and safety. Staff training needs were discussed at the one to one supervision sessions and staff spoken with said that training was available. Staff told us the registered manager was receptive and supportive to individual requests for training.

The registered manager told us that all new members of staff completed a detailed induction programme which was produced by the organisation but was based on Skills for Care common induction standards and included shadowing experienced staff. We saw several completed induction modules on the files we looked at. Staff spoken with told us they thought the induction was very good.

Staff who we spoke with told us they were provided with regular supervision, an annual appraisal, situational supervision if required and could attend regular staff team meetings. We saw records of staff team meetings, supervision and appraisals during the inspection and noted that a wide range of topics had been discussed. Staff told us that they felt very well supported by the registered manager. One comment was "The manager is supportive and very in tune with what is going on." Staff told us that they could see the manager at any time if they had issues or concerns they needed to discuss.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found Sandon House was meeting the requirements. The registered manager demonstrated a good understanding of requirements of the Mental Capacity Act (MCA) 2005 and they were aware of the changes in DoLS practice and were in liaison with the local authority to ensure the appropriate assessments were undertaken to ensure people who used the service were not unlawfully restricted. Staff had been trained on the MCA 2005 and DoLS.

Is the service caring?

Our findings

The people we spoke with who lived at Sandon House told us the staff were “Nice and kind.” One person said “My friend comes to see me and the staff make her feel very welcome, it’s a nice home.” When asked people told us that staff respected their privacy and dignity.

We observed that staff had good relationships with people and were knowledgeable about people’s individual personal preferences and personalities.

We saw people looked relaxed and comfortable when interacting with staff and people were seen to be freely moving around the home and were sitting in areas of the home that they chose.

The visiting relatives we spoke with told us that staff made them feel very welcome when they visited and they were happy with the care delivered to their relative. Some comments included: “The staff are wonderful”, “The staff here are brilliant, they put themselves out” and “The staff are excellent.”

We looked at a sample of care plans. These demonstrated that the person living at the home, or their relative if that was more appropriate, had consented to the plan of care.

In the care plans we looked at we saw they contained information about people’s individual personal preferences about their day to day care and how they would like that care to be delivered.

Staff spoken with were very clear that people’s privacy and dignity was maintained and where possible people were encouraged to have choice.

People were provided with detailed information about the home in the form of a Statement of Purpose. This document ensured people were aware of the services and facilities available in home including the philosophy of care and access to advocacy services.

There were policies and procedures for staff which included information about maintaining people’s privacy and dignity. All staff spoken with knew where to access the policies and procedures. It was also noted that privacy and dignity was an agenda item for discussion during staff supervision sessions and was included as part of the induction and safeguarding adults training.

In the care files we looked at we saw that there were detailed end of life care plans that outlined the end of life preferences for that person. We saw that the care plans were regularly reviewed and updated as required.

Is the service responsive?

Our findings

The registered manager told us that before a person moved into the home a pre-admission assessment of their needs would be undertaken to ensure the service could meet the needs of people considering moving into the home. We saw evidence of this in the care files we looked at. The registered manager said that where possible people could spend some time at the home having lunch and meeting staff and other people living at the home before making a decision about moving in.

The registered manager said they operated an open door policy and people were encouraged to raise complaints and/or concerns as soon as possible so they could be addressed immediately. Visiting relatives spoken with confirmed this. One comment was “The manager is very good and she does listen to you.” Another visitor told us that they had never needed to make a complaint but did have a concern and said “The home were brilliant and very supportive in sorting it out.”

There was a complaints policy on display throughout the home and it was also included in the statement of purpose which was given to people on admission. The complaints policy included relevant contact details and there were also feedback cards in the main reception if people wanted to give comments about the service. We looked at the records of complaints made which showed that everything had been documented and investigations and responses to the complaints were carried out and any actions taken had been recorded. We saw one example where the service had made changes as a direct response to complaints made.

We saw a number of cards of thanks complimenting the service for the care and support given to people.

We looked in detail at a random selection of care files. In the care files we looked at we saw that they included assessments of needs, risk assessments and a corresponding plan of care. The care plans looked at

included details of people’s personal choices and preferences about how they would like their care to be delivered. In the care plans, we saw that independence was encouraged. We saw that care plans had been reviewed on a regular basis but some care plans were dated 2012. This was discussed with the registered manager that to ensure care records are completely up to date and accurate they should be rewritten at least annually. The registered manager said she was aware of this and was in the process of rewriting the more out of date care plans.

Visiting relatives told us that they felt communication in the home was good and they were kept up to date regarding any changes in their relative’s health or care needs. One person told us “They are excellent at keeping me up to date and phone me straight away.”

A visiting health care professional told us that staff were helpful and knowledgeable about the people living at Sandon House. We were told that appropriate referrals were sent in a timely manner and staff were receptive to advice and instructions given.

We asked people about the activities provided in the home. One person said “There are things going on but I prefer to watch the television.” Another person said “There was a recent trip to Blackpool but I didn’t want to go.” Another comment was “The staff are very kind but don’t have a lot of time to talk to you.”

Staff told us that they did try to provide activities but they were limited due to the staffing levels. However we were told that they did have birthday parties, parties to celebrate special occasions for example Halloween, a world war 1 party and Christmas parties. We were also told they had regular visits from various local churches in the community, outside entertainers and regular trips out especially to the local community centre to watch shows and pantomimes.

Staff told us that when they had time they would paint people’s nails, do film afternoons and sit and talk to people.

Is the service well-led?

Our findings

The registered manager had been in post since 30 May 2013.

CQC had been notified of relevant incidents in a timely manner. These are incidents that a service has to report and include deaths, allegations of abuse, serious injuries and events that stop the service running safely and properly.

We saw that satisfaction surveys were given to people living at Sandon House or were given to their relatives or advocates if that was more appropriate to seek their views of the service being delivered. The results were analysed by the providers of the service on an annual basis and a report produced. We saw the report produced for 2013 which demonstrated the results were generally good. The surveys for 2014 were in the process of being distributed. We also noted there were quality assurance monitoring resident/representatives satisfaction surveys in the main entrance for people to access.

The staff employed at Sandon House were sent an annual anonymous questionnaire to obtain their views of the service. The completed questionnaires were sent back to the quality assurance department at the service provider's head office and a report produced on the collated results. The report was sent to the manager who would implement an action plan if necessary to address any issues raised.

Staff meetings were held as a minimum twice a year or more frequently if needed. The intention of these meetings

was to obtain people's views on the quality of the service being delivered and to act as a forum to raise and discuss any issues people may have. In addition to the formal staff meetings the manager said informal discussions were held on a regular basis and staff received annual appraisals and quarterly supervisions. Staff spoken with confirmed this. The manager was in the process of developing a formal system of observational checks of staff practice to ensure that high standards of care were maintained. We saw the home had systems in place to monitor and review the service provided. These included audits of medication administration, care plans, specialised mattresses, health and safety, infection control and people's weights.

The registered manager told us that they had an open door policy and carried out a 'walk around' each day to speak with people and assess the environment, equipment and staff interactions.

In addition to the audits and checks carried out by the registered manager the operations manager visited the home monthly to undertake a compliance visit to ensure that standards were maintained. Any shortfalls would be brought to the attention of the manager who would action the shortfalls and send a response back to the operations manager. Also the company quality assurance department undertook an annual visit to monitor and review the service delivery.

We asked to see the policies and procedures for the home. There was a policy and procedure folder that was available for staff to access. All staff spoken with were aware of this folder and how to access it.