

Prasur Investments Limited

Sandrock Nursing Home

Inspection report

1-3 Sandrock Road
Wallasey
Birkenhead
Merseyside
CH45 5EG

Date of inspection visit:
26 July 2018

Date of publication:
04 September 2018

Tel: 01516303254

Website: www.sandrocknursinghome.co.uk

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced inspection of Sandrock Nursing Home on 26 July 2018. Sandrock Nursing Home 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 home provides accommodation for up to 28 people who require nursing or personal care and at the time of this inspection, 22 people were living there.

The home had a manager who was registered with CQC. 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.

At our last inspection of the service in April 2018, we identified breaches of Regulations 9, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was rated 'inadequate' and placed into 'special measures' by CQC.

During that inspection we found that people's care plans were not reviewed to ensure they remained appropriate to their needs and preferences. Information relating to people's level of risk was contradictory and some people's risk management plans were not followed. Wound care documentation was poor and unclear. People who required special diets were not always provided with the diet they needed and some people's food and drink charts did not show that they always got enough to eat and drink. The administration of medication was unsafe. The provider had audits in place to check the quality of the service but these had not been effective.

During this inspection we found that the home had a computerised care planning system, but this did not always provide the format staff needed for keeping specific records, for example wound care records. The manager told us that they had decided to use paper records for recording wound care and we saw that these were well completed, with photographs that showed the progress of healing.

Risk assessments were completed on the computer system. Following completion of the risk assessment tool, the computer generated suggested actions. These actions were not individualised and were not used in planning the care the person needed. The manager showed us that the plans for keeping people safe were recorded as care plans and not as part of the risk assessment process. We discussed with the manager that this needed to be made clearer to avoid any confusion.

Daily charts recording personal care, repositioning and food and fluid intake were well completed by the care staff and showed that people had received the support they required in these areas. However, we observed that people did not always receive the support they needed to enjoy their meals.

We looked at the arrangements for the management of people's medication. Two people we spoke with confirmed that they received their medicines on time. Medication was stored appropriately and at the right temperatures. We saw no evidence of stocks running low or medicines being out of stock, which had been found at the last inspection.

We saw no specific guidance for staff regarding the administration of medication prescribed to be given 'as required', however the nurse we spoke with knew people well and could describe under what circumstances the medication would be used. We recommend that written protocols are put in place to ensure that PRN medication is administered consistently by all of the home's nurses.

We looked at the medication administration record (MAR) sheets and there were no missed signatures. Spot checks we carried out tallied with the records. Boxed medication was counted every night by the night staff and checked by the manager. Other daily checks had been put in place but were not always completed.

During this inspection we found that improvements had been made to the way people's care and support was reviewed each month and nurses had written more detailed and meaningful evaluations.

The provider's quality monitoring systems were being improved so that they would be more effective in showing where further improvement was required.

Improvements to the premises were on-going and up to date safety certificates were in place for utilities and equipment. Fire doors had been fitted with smoke seals.

There were enough staff to meet people's care and support needs and improvements had been made to staff recruitment and training.

The service was compliant with the Mental Capacity Act 2005.

The atmosphere at the home was relaxed and homely, and a range of social and recreational activities was provided. People considered that the staff were kind and caring.

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 not always safe.

Plans to keep protect people from risk were not always clearly identified.

There were enough staff to meet people's care and support needs.

Medicines were managed safely.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People did not always receive the support they needed to enjoy their meals.

Lack of suitable storage space was an on-going issue.

People's ability to make decisions was assessed in accordance with the Mental Capacity Act.

Staff received regular training and supervision.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People told us that staff were kind and caring, however we found that people were not always consulted about the way their support was provided and the confidentiality of personal information was not always maintained.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

People's wishes in relation to end of life care were not documented and not all staff had received training about end of life care.

Requires Improvement ●

Care plan reviews had improved.

People had access to social activities.

Is the service well-led?

The service was not always well led.

The home had a manager who was registered with CQC.

The service had continued to improve but further development was needed.

The quality assurance systems in place had improved but required further development and refinement.

Requires Improvement ●

Sandrock Nursing 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 26 July 2018 and was unannounced. The inspection was carried out by two adult social care inspectors. Prior to our visit we looked at any information we had received about the home and any information sent to us by the provider since the home's last inspection. We contacted the local authority to ask if they had any concerns.

At this inspection we spoke with three people who lived at the home, four relatives, the manager and five other staff. We looked at a range of documentation including the care files belonging to three people who lived at the home, staff training information, a sample of medication administration records and records relating to the management of the service. We also observed the care and support provided to people in the communal areas and visited some of their bedrooms.

Is the service safe?

Our findings

At our last visit to the home in April 2018, we found a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: safe care and treatment. This was because risks to people's health, safety and well-being had not been adequately assessed; information about wound care was poor; and people's medication was not always managed safely.

The home had a computerised care planning system, but this did not always provide the format staff needed for keeping specific records, for example wound care records. The manager told us that they had decided to use paper records for recording wound care and we saw that these were well completed, with photographs that showed the progress of healing.

Risk assessments were completed on the computer system. Following completion of the risk assessment tool, the computer generated suggested actions. These actions were not individualised and were not used in planning the care the person needed. The manager showed us that the plans for keeping people safe were recorded as care plans and not as part of the risk assessment process. We discussed with the manager that this needed to be made clearer to avoid any confusion.

We observed two people being transferred into chairs using a hoist. The staff put the brakes of the wheelchairs on first and moved the hoist into position. Each time there were three members of staff, two operating the hoist and one holding the chair or wheelchair. They removed the slings after the transfer and made sure one person had a pressure cushion and the other had something to rest her feet on. Staff explained this person did not like to have their feet on the floor.

One person was seated on a pressure cushion but the cushion from the arm chair had been removed. Staff explained that this was to reduce the risk of the person falling forward out of the arm chair because the person had a tendency to lean forward and had fallen out of the chair before.

Daily charts recording personal care, repositioning and food and fluid intake were well completed by the care staff and showed that people had received the support they required in these areas.

We checked the settings of people's pressure relieving air flow mattresses. Each had a sticker on to show what the setting should be. All except one were at the correct setting. The bed with a mattress at the wrong setting was unoccupied and the manager assured us that the staff would check and adjust the setting when they assisted the person into bed.

Accidents and incidents were logged and the manager had overview. Some staff recorded an unobserved fall as an incident whilst others recorded it as an accident. This meant the figures for the end of the month might not be quite accurate, but the manager was aware of this and checked that the relevant referrals were made. The bed rail risk assessment tool, used to assess people's safety and suitability for bed rails, was part of the computer system and was completed for people considered to be at risk of falling out of bed.

We looked at the arrangements for the management of people's medication. Two people we spoke with confirmed that they received their medicines on time. Medication was stored appropriately and at the right temperatures. We saw no evidence of stocks running low or medicines being out of stock, which had been found at the last inspection. Eye drops and creams had been dated on opening and were within date.

We saw no specific guidance for staff regarding the administration of medication prescribed to be given 'as required' (PRN), however the nurse we spoke with knew people well and could describe under what circumstances the medication would be used. We recommend that written protocols are put in place to ensure that PRN medication is administered consistently by all of the home's nurses.

We looked at the medication administration record (MAR) sheets and there were no missed signatures. Spot checks we carried out tallied with the records. Boxed medication was counted every night by the night staff and checked by the manager. Other daily checks had been put in place but were not always completed.

During our inspection in April 2018 we saw that the home's gas, electric, fire, and moving and handling equipment had all been inspected and certified as safe. At our last inspection we noticed gaps around some fire doors. Following this, the provider contacted Merseyside Fire Authority for advice. Extended brush intumescent strip smoke seals had been fitted to the doors to ensure they would provide protection from smoke.

An emergency 'grab bag' was kept in the entrance area and contained floor plans and personal emergency evacuation plans for the people living at the home. Firefighting equipment had been checked and serviced in July 2018.

Visitors and staff we spoke with felt there were enough staff on duty to meet people's needs. We observed that staff responded quickly when people called out for help or asked for assistance. The manager told us the home was fully staff with no current use of agency staff. Records we looked at during the inspection in April 2018 showed that new staff were recruited safely with the required pre-employment checks undertaken prior to working at the home.

We walked all around the premises and found that the environment was clean and odour free. Gloves and aprons were available throughout the building and hand sanitiser was available in the entrance hall. Some of the wooden skirting boards had been replaced with plastic which was easier to keep clean. Where bedrooms were shared, people had their own personal hygiene equipment and wash bowls were identified with the person's name. In the laundry, people had their own baskets with names on for their clothes. The kitchen had a five star food hygiene rating.

Is the service effective?

Our findings

No-one we spoke with had any issues with the food provided. Information about people's special dietary requirements was displayed on a noticeboard in the kitchen for staff to be aware of. The cook had a list of people's dietary needs and preferences. They also had a record of people's birthdays so they could make them a cake. There was no menu on display in the dining room. The cook said this was because the food on offer was different from that on the printed menu, however there was a chalkboard marked 'menu' which could have been used.

The printed menus were in a normal sized font which may be difficult for people to read. The manager told us that staff went round each day and asked people what they would want to eat the following day but there were no pictorial menus or other visual prompts available for staff to use to help people living with dementia to understand the choices on offer. The manager said they were considering using pictures to help people make a choice.

One person required a pureed diet which we saw they were given. This was also specified in their care plan. Two people required thickened drinks and staff showed us they had a container of thickener for each person in a drawer in the dining room.

People living at the home and their relatives said they could have a drink whenever they wanted one, but we did not see staff asking people if they wanted a drink outside of meal times and afternoon tea. It was a very hot day and drinks were not always available for people. There were water jugs and fortified milkshakes in jugs in the dining room but not everyone had a drink close by them.

At lunchtime, people were given their food on a portable table where they sat. We did not hear anyone being asked if they would like to sit at the dining table or being encouraged to move to the dining room. We did not see anyone being offered condiments to put on their food. We saw one person walk to the dining table at lunch time and for afternoon tea.

We observed two staff supporting people to eat at lunch time. They were patient and offered encouragement, however they did not wait for people to swallow their food before offering the next spoonful. We saw one staff member offering a spoonful of dessert when the person clearly still had food from their first course in their mouth. We saw people being given their desserts before they had finished their main course, which was still in front of them.

We brought these observations to the attention of the manager and we recommended that the manager considers how mealtimes can be made a more positive experience for people and staff receive further training regarding good practice in supporting people to eat and drink.

At our last two inspections of the home we found that improvements had been made to staff training and supervision. Staff we spoke with said they had supervision and appraisals and completed regular training. Visitors we met said they felt staff knew what they were doing and were competent. The manager conducted

three-monthly supervisions and a yearly appraisal with each staff member.

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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the 'Deprivation of Liberty Safeguards' (DoLS). We checked that 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, and found that they were.

We saw that some improvements had been made to the environment to provide a more pleasant and comfortable place for people to live. An improvement plan was in place for further refurbishment. The dining room had been redecorated to resemble a tea room. A ramp led to an enclosed secure garden with raised beds, a pond, and a range of seating.

There was an on-going lack of storage space which had been made worse with the addition of more equipment from another care home that had closed. A large number of slings, four wheelchairs and a washing machine were stored at end of a corridor on the ground floor, and two hoists were kept by the main entrance door. An extension had been built at the back of the building to provide additional space but it remained unoccupied.

We saw evidence that people received input from health professionals as needed including GPs, district nurses, optician, dietician and mental health teams.

Is the service caring?

Our findings

Relatives we spoke with felt staff were polite, considerate and caring and said they had never heard or seen anything untoward. One person said they didn't like it at night when "it was all going on", but their family explained this was because the person couldn't understand that the staff were working.

One person quite new to the home told us "I'm very happy here, the staff are all lovely, there's not a bad one among them." One person told us their relatives came in everyday and brought his dog in to see him. We met with them and the dog in the afternoon and they were very happy with the care their loved one was receiving. There was no issue with the dog coming into the home.

We observed a relaxed and homely atmosphere and staff were patient and supportive when people needed assistance. In the morning we noticed that one person sitting in the lounge was wearing a badly creased and stained jumper. The manager told us that this person was able to get dressed independently. Later in day we saw that staff had supported the person to get changed.

Privacy screens were provided in shared rooms and in the dining room.

We observed that when staff were transferring people using a hoist, they did not always explain what they were doing or what was going to happen next. We also saw a member of staff turning the volume up on the TV in the dining room without asking people if they wanted it louder.

There was a large number of letters addressed to people living at the home in a box in the office. One of these was dated 11 June 2018. The manager told us this person had left the home, but their mail had not been forwarded to them. The manager told us the letters were to be given to family members when they visited, but there did not appear to be any method of doing this without delay.

The manager told us that one person had an advocate who came in to see them.

A key pad had been fitted to the office door and was used when the office was unoccupied. A roller blind was available to cover the large notice-board in the office which had personal details about people living at the home. However, we saw that personal information had been left unattended in the dining room during the morning. We brought this to the attention of the manager, who said that the documents should have been returned to an adjacent cabinet.

Is the service responsive?

Our findings

At our inspection in April 2018 we found that there was some good information about people's needs and preferences recorded in their care plans. However, this was not always up to date and there were discrepancies between the risk assessments and the care plans. We also found that although reviews were recorded monthly, the reviews were often very brief and did not show that the nurse who had written them had checked to see whether there had been any changes to the person's support needs.

During this inspection we found that nurses and care staff had access to laptops and tablet computers so they could access the system and update care plans and records without being in the office. In the care plans we looked at, the monthly reviews of people's care that had been recorded during July 2018 were much more detailed and showed that the nurse had considered whether the care provided had met people's needs over the past month and whether there had been any changes to the person's health and well-being. We found no evidence of families being involved in reviews.

Most people had a 'do not resuscitate' (DNAR) agreement in their care notes and these had been kept under review. Some people did not have a DNAR. We asked the manager if they had discussed with people, or with a close family member, whether the person wished to be resuscitated in case of emergency, and any other wishes they may have regarding end of life care. She said that staff found it difficult to broach this subject.

The provider's training programme did not include end of life care, and the training records provided by the manager did not show that any staff had completed training in end of life care. We recommend that nurses and care staff should undertake further training to ensure that people's wishes are recorded and respected at the end of their lives.

We saw that a range of social activities was provided. The home employed a part-time activity organiser and there was a rota for care staff to lead activities on the other days. During the inspection we saw the activity organiser providing musical entertainment for people in lounge. There was also regular input from visiting entertainers and some trips out.

People we spoke with said they had never had cause to raise a complaint. The home's complaints policy was displayed in the entrance area of the home and included information about who people could contact with any complaints. Records we looked at during the inspection in April 2018 showed that the manager had investigated and responded to complaints received.

Is the service well-led?

Our findings

The home manager was registered with CQC and had been in post for several years. The manager expressed her commitment to the service and told us that the provider was also actively involved with the running of the home. The provider had appointed a consultant to support the manager in carrying out improvements to the service, however the role of the consultant was not clear.

Staff reported that the manager was supportive and approachable. They felt they would be listened to if they raised any concerns and that any issues they raised would be addressed. The home had a stable and loyal staff team. When we asked the staff what improvements could be made they said the extension being finished and more storage.

At our last inspection we found a breach of Regulation 17 of the Health and Social Care Act: good governance, because the provider did not have effective systems in place to monitor the quality of the service provided to people.

We looked at records of the quality audits the manager carried out. An infection control audit was done monthly and the home had an external infection control inspection the week before our visit. The manager said she had not received a report yet, but no major issues had been raised with her during the inspection.

Kitchen hygiene audits were carried out monthly and the housekeeper completed a weekly cleaning checklist, with actions for improvement identified. These were reviewed monthly by the manager, with plans for any actions needed. Three monthly improvement plans for the environment were in place and the work was up to date.

Various tools were used to check and audit medication and we saw that medicines management had improved. However, the systems used needed streamlining. The manager told us she was trying out a new format for auditing care plans, which would involve checking one or two care plans per week. Her aim was that all of the care plans would be examined over a three month period. The manager told us she reviewed the training matrix monthly and staff files six monthly.

The registered provider is required by law to notify the CQC of specific events that occur within the service. Prior to the inspection we looked at notifications that had been submitted by the manager and found that this was being done.

The registered provider is required by law to display their current CQC rating in a prominent place within the service. During the inspection we observed that a summary of the home's last CQC inspection report was available for people to look at.