Prasur Investments Limited

Sandrock Nursing Home

Inspection report

1-3 Sandrock Road
Wallasey
CH45 5EG
Tel: 0151 630 3254
Website: www.sandrocknursinghome.co.uk

Date of inspection visit: 26 November and 1 December 2014
Date of publication: 26/01/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

The inspection took place on 26 November and 1 December 2014 and was unannounced on the first date. The service provided accommodation with either personal care or nursing care for up to 28 people. The home had a manager who was registered with the Care Quality Commission. 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.

There was a team of 35 staff including registered nurses, health care assistants, and ancillary staff. During our visits we saw that there were enough staff to support people and meet their needs, and people we spoke with considered there were enough staff. All staff had received training about safeguarding vulnerable people from abuse and were updating their training.

We found that the home was clean and adequately maintained, however improvements were needed to ensure that people were protected from the spread of infection.

Summary of findings

Medicines were stored safely, however improvements were needed to arrangements for medicines prescribed to be given 'as required' to ensure that this was done consistently.

People we spoke with confirmed that they had choices in daily living and we observed that people could choose where they spent their time, but improvements were needed to involve people more in the planning of the care and how the staff recorded this information

People were registered with local GP practices and district nurses supported people who were not funded for nursing care. The care plans we looked at gave details of people's health and support needs and the care plans had been kept up to date.

Improvements had been made to the kitchen and food storage areas and people were happy with the meals they received.

People's needs were assessed before they moved into the home and referrals were made to medical professionals as needed.

The manager carried out audits of the service and a satisfaction survey had been carried out and responded to.

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?

Requires Improvement

We found that the service was mainly safe however improvements were needed to ensure that people were protected from the spread of infection and from inconsistent administration of medication.

All staff had received training about safeguarding and were updating this training. A recent incident had been reported and handled appropriately.

We found that the home was clean and adequately maintained and records showed that the required routine safety checks were carried out.

There were enough staff to support people and keep them safe and satisfactory recruitment procedures had been followed when recruiting a new member of staff.

Is the service effective?

Good

The service was effective.

There was an established team of staff, including registered nurses, health care assistants and ancillary staff. Training records showed that all of the staff team were working through a comprehensive new programme of training and the manager gave an undertaking that this would be completed by the end of January 2015.

People were all registered with a local GP practice and district nurses supported people who were not funded for nursing care. People told us that they were happy with the care and their needs were met. Staff had a good understanding of people's care and support needs.

Improvements had been made to the kitchen and food storage areas and people were happy with the meals they received. People’s weights were recorded monthly.

Is the service caring?

Good

The service was caring.

We observed staff caring for people with dignity and respect. People had choices in daily living and some social activities were provided.

Is the service responsive?

Requires Improvement

The service was responsive in some areas.

People's needs were assessed before they moved into the home. When people's needs changed they were referred to relevant health professionals such as GP, tissue viability nurse and dietician.

Care plans were not person centred and did not involve the person in the planning of their care.

Summary of findings

The home's complaints procedure was displayed in the entrance area.

Is the service well-led?

Good

The service was well led.

The manager monitored the quality of the service and had a good relationship with the staff team.

A satisfaction survey had been carried out and issues raised were responded to.

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.

The inspection took place on 26 November and 1 December 2014 and was unannounced on the first date. It was carried out by one adult social care inspector. Before the inspection we received information from Wirral Council's Quality Monitoring and Contracts department. They told us that they had concerns about the maintenance and safety of the premises and about staff training. We looked at all of the information that CQC had received about, and from, the service since the last inspection in April 2014.

During the inspection we looked at all parts of the premises including all of the bedrooms. On the first day we spoke with seven members of staff and with five people who lived at the home. On the second day we spoke with the registered manager and the provider. We observed staff providing support for people in the lounge and the dining room. We looked at medication storage and records. We looked at staff rotas, training and supervision records, and recruitment records. We looked at maintenance and refurbishment records and cleaning schedules. We looked at care records for three people who lived at the home. We looked at records of the audits that the manager had carried out.

Requires Improvement

Is the service safe?

Our findings

People we spoke with said that they felt safe living at Sandrock. One person told us "We are very well cared for. The staff are always patient with us." We observed that people who were not able to communicate verbally appeared confident and comfortable when interacting with members of staff. The manager told us that over the last few years all staff had received training about safeguarding vulnerable people from abuse, however we did not see records to verify this. The provider had recently subscribed to an on-line training programme and all staff were updating their training, including safeguarding training. Records we looked at showed that this was almost complete and the manager gave a commitment that this would be completed by the end of January 2015. The home had safeguarding policies and procedures and senior staff were familiar with the process for reporting safeguarding concerns to Wirral Council. CQC records showed that a recent issue had been reported and dealt with appropriately.

We spoke with the manager about how risks to people's safety and well-being were managed. They were able to tell us how they put plans in place when a risk was identified. Comprehensive risk assessments relating to nutrition, pressure areas, moving and handling, and falls were recorded in people's care plans and were kept up to date.

At the time of the inspection the environment was adequately maintained and a full-time maintenance person was employed. The maintenance person provided a list of improvements that had been made to the premises over the last six months. This included redecoration and the provision of new carpets and equipment. The maintenance person showed us the regular safety checks he carried out of hot water temperatures, fire alarm and emergency lighting systems, bed rails and pressure mattresses, wheelchairs and walking aids. Portable electrical appliances were tested annually to ensure they were safe and this was last done in September 2014. A fire risk assessment for the premises was dated October 2013. Hoists and slings were tested, and serviced as required, by an external contractor. Wardrobes were attached to a bedroom wall with a small chain to ensure they could not be pulled over. Window opening restrictors were in place on the first and second floors. There was a contract with an outside company for pest control.

Following concerns about food hygiene, a new kitchen had been fitted and arrangements for food storage improved. The home had been revisited by an environmental health officer and awarded a five star food hygiene rating. We noticed that there were no facilities for care staff to be able to make drinks for people without going into main kitchen where meals were prepared. The manager told us that alternative arrangements had been tried but were not successful.

We looked at the staff rota which showed the staffing levels at the home. There was always a registered nurse on duty over 24 hours. The manager, who was also a nurse, was supernumerary to the staff rota. There were five care staff on duty in a morning, three in an afternoon and evening, and two at night. During our visits we saw that there were enough staff to support people and everyone we spoke with considered there were enough staff. We were told that the manager or a senior nurse was always available either working in the home or on call in case of emergencies.

The manager told us that the home had a very low staff turnover and some staff had worked there for many years. Only one new member of staff had been recruited since our last visit and we were able to look at the recruitment records relating to this person. The records showed that the required checks had been carried out to confirm that the candidate was of good character.

We looked at the arrangements for the management of people's medicines. Medicines were only handled by registered nurses. Adequate storage was provided in a locked room. The medicines room was rather shabby, for example the front of a drawer was falling off, and it would benefit from more cupboard space. The room and fridge temperatures were recorded daily to monitor

that medicines were kept at the correct temperature. Monthly repeat medicines were dispensed mainly in blister packs and a running total was maintained for all non-blistered items. A record was kept of any items that were carried forward from one month to the next. There were no signatures on the medicine administration record (MAR) sheets to confirm that the correct quantities of medicines that had been received.

In general, the records we looked at, and checks of the items in the medicine trolley, showed that people received their medication as prescribed. A number of people were prescribed Diazepam, or a similar item, to be given 'as

Requires Improvement

Is the service safe?

required' but there were no protocols or guidance for the nurses as to when these items should be given and, in some cases, whether one or two tablets should be given. This meant that the medication may not be used consistently. One person was prescribed Diazepam to be given twice a day, but the records showed that it was only being given once a day. There was no explanation why the frequency had been reduced or whether the person's GP had been consulted about this. One person frequently refused their medication and this was recorded, however there was no evidence that this had been discussed with the person's GP to decide what action should be taken. We discussed this with the manager who agreed that this would be done without delay.

During our visits we found that the home was clean and there were no unpleasant smells. Cleaning record sheets were in place in each bedroom. There was no explanation of how often each of the tasks listed on the cleaning record sheets should be carried out, whether daily, weekly or monthly, and some of the sheets had not been signed on a number of days during the last month. Paper towels and liquid soap was provided in all areas. There were gloves and aprons for staff to use, however the aprons were of poor quality so may not provide the protection they were intended to.

We had concerns relating to shared rooms where personal items, for example toothbrushes and bars of soap in soap dishes, were on the wash basin and were not labelled with the owner's name. This meant that they could be used for either one of the two people who shared the room. We discussed this with the manager who considered that the staff would know which items belonged to each person, however she agreed that alternative storage arrangements would be provided to keep each person's personal items separately.

None of the bedrooms were en-suite so commodes were provided in most rooms. All except one of the commodes appeared clean, but on lifting the lids we found that a number of the pots smelled of urine. We asked the manager about the system in place for disinfection of the commode pots, but this was unclear. We looked at the sluice room, which was cluttered with equipment, but there were no cleaning products for the disinfection of commode pots or urine bottles.

The laundry room was very small and had no separate hand washing facility. There was no space for bags of dirty laundry and a member of staff told us that these had to be stored in the next door shower room. This was not a satisfactory arrangement. We discussed this with the manager and the provider who considered that the only long-term solution was the planned extension to this part of the building.

Good

Is the service effective?

Our findings

People had their meals in the lounge or dining room but could also choose to have their meal in their room if they wished. People could have whatever they wanted for breakfast, including a cooked meal. The main meal was served at lunchtime, tea was between 5pm and 6pm, and supper between 8pm and 9pm. Food and drinks were available 24 hours a day and staff had access to the kitchen to make anyone a snack. Some people needed assistance to eat their meal and we saw that this was done in an unhurried manner. We observed that there was a pleasant and relaxed atmosphere over the lunchtime period and people were offered more if they finished all of their meal. A recent satisfaction survey found that people considered the food 'very good', and people we spoke with said they had enjoyed their lunch. People's weights were recorded monthly and a nutrition risk assessment was included in each person's care plan and was reviewed monthly.

There was a team of 35 staff including registered nurses, health care assistants and ancillary staff. At the time of the inspection, all of the staff were required to complete an e-learning programme comprising a number of modules relevant to the care and support of the people who used the service. They were able to do this using a computer in the office in the basement of the home, or in their own home if they had internet access. The subjects covered included mental capacity, dignity in care, dementia, and dealing with challenging behaviour. Some staff had made good progress towards completing the programme but others, notably those who had been on maternity or sick leave, had a number of modules still to do. The manager gave an undertaking that this would be completed by the end of January 2015. The manager also confirmed that practical instruction would continue for moving and handling, fire safety and first aid. Records showed that all members of staff had a one to one supervision meeting with the manager every two months and an annual appraisal.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards which applies to care homes. At the time of this inspection there were no Deprivation of Liberty Safeguards in place at this service. The manager was familiar with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards and one application had been made by the home earlier in the year. This subject was included in the training programme to ensure that all staff had an awareness of the legislation.

People were registered with a number of different local GP practices and they could choose to keep the GP they were registered with before moving into the home. Care plans we looked at showed that people's health needs were assessed and plans were written to show how these needs would be met. Information about people's health was up to date and reviewed on a monthly basis or before if medical intervention had taken place. We were told that GPs visited when requested and other multi-disciplinary medical staff visited people as required. We saw that charts were in place in the bedrooms of the more frail people who were being looked after in bed. The charts recorded repositioning, continence, and food and fluids taken. The charts had been completed well and showed that people had received care at least two hourly. There was a call bell system in place for people who used the service to contact staff and we observed staff responding to call bells appropriately throughout the day.

The premises were not purpose-built and had minimal storage space for equipment. Bedrooms were on the ground, first and second floors with a passenger lift as well as two staircases for access. We observed that some of the toilets did not have locks or any signage to indicate when they were in use. The bedrooms did not all have the name of the person on the door or any other aid for people to be able to find their own room. Some new carpets, bedroom furniture and vanity basins had been fitted and the maintenance person told us that people had been able to choose the colour of the paint for their bedroom. A patio garden had been made at the front of the building for people to enjoy, however equipment was kept in a caged area at the back of the building and this was unsightly.

Good

Is the service caring?

Our findings

We found that there were people who lived at the home who had dementia and were unable to communicate with us verbally in a meaningful way. We observed the staff providing support for people in communal areas and saw that they were caring, kind and good-humoured and gave people time. We saw staff explained to people what they were about to do before they carried out any care or treatment and people were asked if it was all right for them to carry on. We observed lunchtime at the service and saw that people were assisted appropriately with their meal and that drinks and condiments were available.

After lunch we saw that staff were sitting with people in the lounge and engaging them in conversation. When people became agitated, staff were gentle and patient with them and calmed the situation. We saw that staff attended to people's needs in a discreet way which maintained their dignity. Staff also engaged with people in a respectful way throughout our visit. Wirral Council's Quality Monitoring and Contracts officer told us that the local authority did not have concerns about the care provided to people at Sandrock and they had not received any concerns raised by outside agencies or individuals. CQC had not received any complaints about this service.

Twelve people shared six double bedrooms and privacy screening was available in each of these rooms. In the care notes we looked at we did not find evidence that people or their families had signed consent to sharing rooms. The manager told us that this was always discussed with people and their families and consideration was given to ensuring that people sharing double rooms would be compatible. The manager was able to show us that consent forms were included in some people's care notes, but not all.

Staff told us that some people liked to get up early in a morning and were supported by night staff, but if they wanted to have a lie in that was fine. Staff were seen to knock on people's doors before entering and people's safety was seen to be taken in to account when using equipment such as wheelchairs and hoists. People we spoke with confirmed they had choices in daily living for example some people chose to spend some, or most of their time in their own room. There were no restrictions on people's movement around the premises.

We saw evidence that some social activities and entertainment took place in the home including reading the daily newspaper, manicures and nail painting, knitting and watching films. People had enjoyed using the new garden over the summer months. There had been two recent changes of activities organiser and at the time of our visit a member of the care staff was learning the role. The full programme of social activities that had been in place was not currently provided but the manager told us that this would be resumed in the near future.

Requires Improvement

Is the service responsive?

Our findings

Although the service did not offer specialist dementia care, we observed that many of the people who lived at the home had dementia and related communication difficulties. We found that there was little 'person-centred' content in the care plans to help staff to understand the individual and to provide information about their past lives. There was little evidence to show that the person, and/or their family and friends, had been consulted. The care plans focussed on people's medical needs but did not describe people's daily routines, patterns of behaviour, particular likes and dislikes**.** We recommend that the service explores the relevant guidance on how to make environments used by people with dementia more 'dementia friendly', for example signage to identify bedrooms, bathrooms and toilets. We recommend that the service explores the relevant guidance on providing meaningful activities for people with dementia.

Records we looked at showed that before a person moved into the home, the manager or a senior member of staff visited the individual to determine if the service would be able to meet their needs. They also collected basic personal details about the person and their next of kin. Information was also received from the person's social worker and, where relevant, discharge information from hospital. One person we spoke with said that they had gone to the home initially for a short stay and had chosen Sandrock because it was close to their home. They were satisfied with the service provided and would probably be staying there, however the person was not clear about how the decision to stay would be made and who would be involved.

We looked at care documents for three people who lived at the home and they showed that referrals to relevant health professionals had been made when required. For example, people had received visits from dietician, wound care specialist nurse and mental health practitioner. A daily report was kept for each person and recorded any professional visits and treatment provided or prescribed.

People we spoke with said that they had no complaints but they would speak to the manager if there was anything they were not happy about. We saw that a copy of the home's complaints procedure was displayed in the entrance area for families and other visitors to be aware of. The manager told us that she had received no complaints since our last inspection but complaints forms were available and policies were in place to show how complaints should be handled.

Good

Is the service well-led?

Our findings

The manager was registered with the Care Quality Commission and she told us that she had been in post for twelve years. The home had a deputy manager who had been in post for ten years. Conversations with the manager and the deputy manager confirmed their commitment to the service and to the people who used the service. The service provider also visited the home frequently and was involved in the day to day operation of the service.

Many of the staff had worked at Sandrock for a number of years and told us that they "loved" working there. The manager told us that she usually started work at 7am and this meant that she saw the night staff and knew them well. She had also worked some night shifts recently and found this very useful in knowing the workload of the night staff. One of the nurses who worked on night duty also did a day shift each week and told us that this was helpful in seeing a full picture of the service.

Staff members said they could speak to the manager with any ideas they had and express their views, however records showed that staff meetings were poorly attended. The manager was not sure why the meetings were poorly attended but felt that people may prefer to speak to her individually rather than in a meeting. All staff had a formal supervision meeting with the manager every two months and an annual appraisal. We observed that people who lived at the home and family members were comfortable in approaching the manager.

The provider had systems in place to monitor the quality of the service. Care plans were reviewed monthly and staff practice was monitored on a daily basis by the manager and the deputy manager. There were also monthly checks of the environment and of medication, however these had not always identified issues that we found during our inspection. We saw that accidents and untoward incidents were recorded and were reviewed monthly by the manager to find out if there were any recurring issues that could be addressed.

Questionnaires were sent out to people who used the service and their relatives/advocates in May 2014 and 18 were returned. The results were analysed and a report produced. We saw a copy of the summary report which showed that people were satisfied with the care provided but they had raised some issues relating to the environment and to social activities and these were being addressed.

During our visit we met the service provider and he explained the plans he had to improve the premises in order to provide a more comfortable and safe environment for people who lived at the home. The plans included an extension to the side of the building which would not increase the number of bedrooms but would provide additional facilities including storage space for equipment and a new laundry. During our visit, contractors were on site to measure for more replacement windows. A programme of refurbishment of bedrooms was in progress.