Care For Your Life Ltd

Sandbeck House Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Sandbeck House Residential Home is registered to provide accommodation for up to 38 people requiring nursing or personal care, including older people and people living with dementia. There were 21 people living in the home on the first day of our inspection.

People's experience of using this service and what we found
A new manager had been in post for about four months. With the support from the registered manager, they were working systematically to improve the service. The manager had an open, reflective leadership style and responded positively to our feedback. Staff understood the need for change and were supportive of the manager's approach.

Under the leadership of the new manager, significant progress had been made. All five breaches of regulations identified at our last inspection had been addressed.

However, further improvement was required to provide people with more stimulation and occupation; to ensure staff consistently worked in accordance with the training they had been given and to ensure staff worked consistently in a person-centred way.

More positively, staff were kind and caring and were aware of the importance of promoting people's dignity, privacy and independence. People received food and drink of good quality that generally met their individual preferences. The care planning system was effective.

Staffing resources were managed safely and effectively to meet people's needs. Staff recruitment was safe. Staff worked together in a mutually supportive way and liaised with a range of external health and social care agencies on behalf of the people in their care.

The provider assessed and managed potential risks to people's safety and welfare. Systems were in place to ensure effective infection prevention and control. Staff knew how to recognise and report any concerns to keep people safe from harm

Staff were aware of people's rights under the Mental Capacity Act 2005 and supported people to have choice and control of their lives, in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The home was well-led. The manager provided supportive, hands-on leadership and had the respect and trust of her team. A range of audits was in place to monitor the quality and safety of service provision. Senior staff were aware of the need to notify CQC of any significant events.

Lessons were learned when things went wrong and any complaints were managed effectively. The provider

was committed to the continuous improvement of the service.

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 Inadequate (published 31 March 2021) and there were multiple breaches of regulations.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulations.

The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

This service has been in Special Measures since 31 March 2021. At this inspection the provider demonstrated that improvements have been made. The service is no longer rated as Inadequate overall, or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected
This was a planned inspection based on the previous rating. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Sandbeck House Residential 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 checked whether the registered 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.

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
Our inspection was conducted by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Sandbeck House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager at the time of our inspection was the provider's area manager. A new service manager ('the manager') had been in post since July 2021 and was in the process of applying to become the registered manager. When that happened, the area manager told us she planned to cancel her own registration.

Notice of inspection
The inspection was unannounced.

What we did before the inspection
In planning our inspection, we reviewed information we had received about the service. This included information shared with us by other organisations including the local authority contract monitoring and safeguarding teams. We also reviewed notifications submitted to CQC. Notifications are events which happened in the service that the registered provider is required to tell us about.

During the inspection
We conducted our inspection between 3 and 10 November 2021.

During the inspection we spoke with the registered manager, manager, activities coordinator, support services manager and two care staff. We also spoke with three people living in the home and seven relatives.

We reviewed a range of written records including six people's care file, two staff recruitment files and information relating to the auditing and monitoring of service provision.

After the inspection
We reviewed further information we had requested from the provider, including data relating to Deprivation of Liberty Safeguards (DoLS).

Good

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 of this key question, it was rated as Inadequate. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Using medicines safely; Learning lessons when things go wrong.

At our last inspection the provider had failed to properly assess and manage a range of potential risks to people's safety. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

• Systems were in place to assess and manage potential risks to people's safety and welfare, including risks related to nutrition, skin care and mobility.
• Since our last inspection, the provider had taken action to modernise premises and equipment, addressing the safety hazards we had identified. For example, new flooring had been laid in corridors and communal toilets; new equipment had been installed in the kitchen and stair safety gates had been replaced.
• The home was clean and, we were assured that the provider had taken all steps necessary to strengthen infection and control measures in response to the ongoing impact of the COVID-19 pandemic. For example, staff no longer went through communal areas to get changed at the start of their shift.
• Rigorous check-in procedures were in place for all visitors and, one isolated incident apart, staff wore personal protective equipment (PPE) as required. The provider ensured people and staff were tested regularly in line with national guidance. All staff were vaccinated, prior to this becoming a legal requirement. One staff member told us, "We are still being extremely careful."
• If people needed support to take their medicines, this was provided safely in line with their individual needs and preferences. A relative said, "There are no problems. They [stay and] watch, to ensure [name] takes their medicines."
• We reviewed medicine administration records and saw that these had been completed accurately. Controlled drugs (CDs) were stored in accordance with legal requirements and, in response to feedback from one of our inspectors, the manager took prompt action to increase the frequency of CD stock level checks.
• Staff received training in the safe handling of medicines and their competency was checked on a regular basis. Senior staff conducted regular medicine audits, following up any issues identified.
• Both the registered manager and manager had an open, reflective leadership style and reviewed significant incidents to identify any lessons for the future. For example, following a recent local authority safeguarding investigation, additional checks had been introduced to ensure people's personal safety equipment was always available to them.

Staffing and recruitment

• The provider kept staffing levels under regular review, taking account of the number of people living in the home and their support requirements. Most people we spoke with told us there were sufficient staff to meet their needs without rushing. One relative commented, "There seems to be enough staff. If [name] treads on the sensor mat they come quickly." A staff member told us, "There is definitely enough staff at the moment. It's working well. Everything is going really smoothly."

• Reflecting feedback from our inspectors on the first day of our inspection, the provider took immediate action to reorganise the rota to ensure additional staffing in the evening, reducing potential risks to people's safety at this busy time of day.

• We reviewed recent recruitment decisions and saw that the necessary checks had been carried out to ensure the staff employed were suitable to work with vulnerable adults.

Systems and processes to safeguard people from the risk of abuse

• The provider had a range of measures in place to help safeguard people from the risk of abuse. For example, staff had received training in adult safeguarding procedures and knew how to report any safeguarding concerns. A relative commented, "[Name] is safe alright. [Staff] pop their head around the door to check on her." Another relative told us, "[Name] feels safer [here] than [she did] at home."

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection of this key question, it was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of some aspects of people's care, treatment and support remained inconsistent.

Staff support: induction, training, skills and experience
• Since our last inspection, the provider had taken action to ensure a comprehensive training programme was in place to provide staff with the knowledge and skills they required. A staff member told us, "We get lots and lots of training! They are also funding me to do [an NVQ]. It's … good."
• Staff also received regular one-to-one supervision from the manager and other senior colleagues, which provided the opportunity to discuss any developmental or support needs. A staff member commented, "I had supervision with [the manager] recently. It was good."
• However, despite this systematic approach, recent feedback from a visiting healthcare professional combined with our own observations confirmed some isolated instances when staff had failed to put their training into practice, in the areas of moving and handling and infection prevention and control. Further action was required to ensure good practice in all aspects of care provision was embedded and sustained over time.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection the provider had failed to uphold people's rights under the Mental Capacity Act (2005). Two people had been deprived of their liberty, without the necessary legal authority. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 11.

• We checked whether the service was working within the principles of the MCA and were satisfied that appropriate legal authority had been obtained whenever it was necessary to deprive people of their liberty.

• Senior staff made use of best interests decision-making processes to support people who lacked capacity to make significant decisions for themselves. These were generally well-documented in people's care records. Reflecting feedback from our inspectors, the manager took action to include more detail in some of the records.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Systems were in place to assess and determine people's individual needs and preferences. These were set out in each person's care plan and were reviewed regularly by senior staff.
• Senior staff used a variety of information sources to ensure they were aware of any changes to good practice guidance and legislative requirements. Looking ahead, the registered manager told us she planned to get more involved with the local care providers' association, as a further potential source of information sharing and advice.

Staff working with other agencies to provide consistent, effective, timely care
• The new manager had established effective working relationships with a range of external organisations. A local healthcare professional told us, "Since [the manager] was appointed, [things] are going in the right direction. I can go to her [with any queries or concerns] and I know it will be done. This is not a service of concern."

Supporting people to eat and drink enough to maintain a balanced diet
• Most people we spoke with were satisfied with the food and drink provision in the home. For example, a relative commented, "[Name]'s chuffed with it, he never complains. There's plenty of choice." The support services manager told us cooked breakfasts were available every day, and always cooked to order, ensuring people could have what they felt like each morning.
• In response to feedback from our inspectors, the manager told us she would take action to ensure the food and drink served at teatime was to everyone's complete satisfaction.
• Staff were aware of people's individual nutritional requirements and used this to guide them in their menu planning and meal preparation. For example, the catering team were aware of people who required a soft food diet to reduce the risk of choking.

Supporting people to live healthier lives, access healthcare services and support
• Staff worked closely with GPs, district nurses, chiropodists and other healthcare services to ensure people had access to any support they required. For example, staff had arranged for one person to be seen by the tissue viability nurse who had provided support and guidance. A healthcare professional said, "I am really happy since [the new manager] took over. [For instance] there has been an improvement in wound care. And documentation is up to standard." One relative told us, "[Name]'s looking a lot healthier [since they moved into the home]."

Adapting service, design, decoration to meet people's needs
• Since our last inspection, the provider had completed a number of improvements to the physical environment of the home, to improve the quality of service provision. For example, the dining room had been refurbished and new courtyard decking area been installed, providing people with easier access to the garden. Commenting on the recent improvements, a relative said, "[It] feels more homely."
• Despite this investment, some parts of the home still looked 'tired' and in need of refurbishment. The manager told us further initiatives were in hand, including a rolling programme of bedroom redecoration and replacement of the upstairs carpet.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection of this key question, it was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported
• Almost everyone we spoke with told us staff were kind and caring in their approach. A relative said, "[The staff] are lovely. Always laughing and joking with [name]. What's struck me is how friendly staff [are]." Reflecting this feedback, throughout our inspection we observed staff at all levels interacting with people with warmth and consideration. For example, we watched staff patiently engaging with one person to establish whether they wanted to have lunch in the lounge or the dining room. Describing the thoughtful approach of kitchen staff, one relative said, "When we go out, we don't have to be back in for a certain time, as they will cook for [name] on our return."
• Staff ensured people were well treated and supported. For example, people received a cake and buffet tea on their birthday and a present at Christmas. The manager told us staff had recently 'gone the extra mile' to enable a person to attend a family wedding, driving over 100 miles there and back, in their own time. One staff member commented, "The other day, one person said they fancied kippers. So one of the girls went into town to get kippers. Not a problem!"

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity
• Staff were committed to supporting people retain their independence for as long as possible. For example, one staff member said, "It is important to encourage their independence. We mustn't take it away from them, just because it might be quicker [for us]. That's unfair for them." A relative told us, "[Name] is moving around a lot more [than at home]."
• Staff were also aware of the importance of caring for people in a non-discriminatory way which reflected their cultural preferences. For instance, staff helped one person obtain cakes and other favourite foodstuffs from their country of origin.
• People were generally supported in ways which helped maintain their privacy and dignity. A relative told us, "They definitely treat [name] with dignity and respect." We observed staff knocked on people's bedroom door before entering. However, on one occasion we saw a staff member knocked but then failed to wait to be invited in. We raised this issue with the manager who told us she would discuss it with the staff team, as a learning point for the future.
• People's personal information was stored confidentially.

Supporting people to express their views and be involved in making decisions about their care
• Staff were committed to helping people to exercise as much control over their life as possible. For example, people had the opportunity to choose the colour scheme if their bedroom was being redecorated. Describing her philosophy of care, the manager told us, "We have to look after people in the way they want

to be looked after. Not assuming is our big thing. Reflecting this ethos, a staff member told us, "People are different [and] like different things [so] we have to give a choice. We're not regimented, that's not the way to run a care home."

• The manager was aware of local lay advocacy services and staff supported people obtain this type of support, whenever necessary. Lay advocacy services are independent of the provider and the local authority and can support people to make and communicate their wishes.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection of this key question it was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we found the provider had failed to maintain an effective care planning system. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 9.

• Since our last inspection, the provider had taken action to improve the care planning system. We reviewed a selection of care plans and found they were comprehensive and well-maintained, with generally detailed descriptions of people's wishes and requirements. For example, one person's plan gave staff detailed guidance on how to meet their particular preferences in the provision of personal care.
• Commenting positively on the care plans, a staff member told us, "The care plans do seem pretty good [now]. Everything is documented properly. They are always good to read and are very helpful when we get an admission [and] don't know the person." Senior staff regularly reviewed and updated each person's care plan.
• Staff had a good understanding of people's individual preferences and generally reflected this knowledge in the care and support they provided. For example, one staff member said, "[Name] comes down to the main lounge in the morning but likes to return to her room to watch TV in the afternoon. People are different and we have to give them choices."
• However, on the first day of our inspection, we observed an incident when a member of the care team did not act in accordance with one person's preferences on how they wished to be addressed, despite this being clearly stated in their care plan. Although the improvements to the care planning system were sufficient to address the breach of Regulation 11, further work was required to ensure these improvements were fully embedded in staff practice.

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
• The provider employed a part-time activities coordinator to coordinate a programme of activities and events. However, action was required to ensure people had sufficient stimulation and opportunities for social interaction. A relative said, "[Name]'s not getting the attention she would get at home. She's left a lot to her own devices." A staff member told us, "It would be nice to see people doing a bit more. People get tired and bored [and] can annoy other people when they are bored. People are not given enough

stimulation."
• Reflecting this feedback, throughout our inspection we saw people sitting for long periods in the main lounge, staring into space with limited interactions with passing staff to distract them. Communal activity sessions were short and involved few people. For example, on the second day of our inspection the morning craft activity lasted around 20 minutes and involved only 4 of the 21 people living in the home.
• The activities coordinator told us she had been working as a member of the care team for most of October 2021 and that her activities role had not been covered in her absence. As a result, there were no activities at all recorded in the provider's 'daily activities record' in the 27 days between 5 and 31 October. And even in the 30 days of September 2021, when the activities coordinator had been in post, there were only 12 activities recorded. Of these, four were 1:1 activities involving only one person. Of the eight communal activities recorded, the average number of participants was three.
• In a meeting with the activities coordinator on 30 July 2021, people had said they would like to go on more outings, as COVID-19 restrictions had largely been lifted. However, despite this clearly expressed request, in the period 1 September – 31 October 2021, there were only four outings recorded, all 1:1. One relative, told us, "I'm not sure that [name] goes out into the community [any more]. He used to, and he loved being out and about." The activities coordinator acknowledged there hadn't been any "proper outings" in recent months, partly due to the home's minibus having been off the road for some time. At the time of our inspection, the minibus was still awaiting replacement or repair.

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.
• Senior staff were aware of the AIS and had taken action to incorporate it within the provider's policies and procedures. Reflecting the requirements of the AIS, staff understood the importance of responding to people's individual communication needs and preferences. For example, we noticed staff took time to kneel down beside people who were hard of hearing, to make it easier for them to hold a conversation.

End of life care and support
• Staff worked closely with specialist agencies such as Macmillan and Marie Curie to support people with sensitivity and compassion as they as they approached the end of their life. A bereaved relative had written to the manager to thank staff, 'for taking care of [name] and making her last days comfortable'.
• Not everyone had an end of life care plan. The manager told us she would take action to ensure each person living in the home had the opportunity to create one, if this was something they and their family wished to do.

Improving care quality in response to complaints or concerns
• The new manager had a high-profile presence in the home and sought to maintain good communication with people and their relatives. One relative commented, "[The manager] will phone me to give me updates. [She] even calls you back outside of [office hours]."
• Reflecting this proactive approach, most people had confidence any queries or concerns would be addressed. As a result, the number of formal complaints was low. Any complaints that were received had been handled in accordance with the provider's policy.

Good

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 of this key question it was rated as Inadequate. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led.

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

At our last inspection, we found the provider had failed to maintain effective systems to monitor and improve the quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 17.

• Since our last inspection the provider had taken action to strengthen quality assurance processes. A suite of audits was now in place to monitor and improve the quality of the service. Including regular medication, premises, infection control audits and monthly care plan reviews. A new 'audit matrix' was used to track progress on any identified actions.
• The provider was committed to the ongoing improvement of the service. For example, as described elsewhere in this report, plans were in place to continue the refurbishment of the home. The registered manager told us plans were also in place to introduce a new electronic care planning system.

At our last inspection, we found the provider had failed to notify us of significant incidents and events. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 18.

• The registered manager and manager were aware of the need to notify CQC and other agencies of any significant incidents or events within the service. Since the appointment of the manager, notifications had been submitted as required, although one had been submitted in the wrong format. The manager apologised for this error and told us she would ensure all future notifications were submitted correctly.

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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• Throughout our inspection, the manager and registered manager demonstrated an open and reflective

approach. They were both candid in acknowledging the need for further improvement in a number of areas and responded positively and promptly to our feedback. For example, in relation to activities provision; the occasions when staff practice did not reflect their training and the need for consistently person-centred care. A relative told us, "The home is well-managed now. There's still work to be done but I'm seeing a different place [since the manager was appointed]."
• The manager had worked in the home for many years prior to her recent appointment as manager. Describing her approach she told us, "I try to be firm but fair. I am also happy to go on the floor, roll up my sleeves and get stuck in. In the past, a lot of things were overlooked." One staff member told us, " [The manager] puts the residents first. Since she took up her post, it's definitely, definitely getting a lot better. If she sees things, she's on it straightaway."
• Reflecting the positive organisational culture the manager had created, staff told us they were pleased to work for the provider and enjoyed their job. One staff member said, "It's a nice atmosphere to work in now. I'd recommend it. [The directors] are organising a bowling night out [for the staff]. It's nice that things like that are happening. I feel appreciated."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
• The provider issued satisfaction surveys on a regular basis, to get feedback from people, their relatives and staff. We reviewed some recent returns and saw responses were generally positive. For example, a relative had written, 'Everything I have requested [for name] has been provided without question.' Looking ahead, the manager told us she planned to reintroduce regular resident and relative meetings, to provide further opportunities for people to get involved in the running of the home.
• As detailed elsewhere in this report, the provider had established effective partnerships with a range of other professionals including GPs, district nurses and therapists. The provider was also involved in a continence management project which the manager told us might benefit some of the people living in the home.