

Bupa Care Homes (ANS) Limited

Sandhills Court Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Sandhills Court is a residential care home providing accommodation and personal care for up to 77 older people and younger adults including people living with dementia. At the time of our inspection 51 people were living at the service.

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

A system was in place to monitor the quality and safety of the service, however these were not always effective in identifying and addressing issues.

We have made a recommendation in relation to capturing information to support service delivery.

The provider ensured staff received mandatory training to carry out their roles. However, staff did not always receive training to meet people's individual assessed needs.

We have made a recommendation in relation to accessing additional training for staff were needed.

Staff had been recruited safely and there were enough staff on duty. People were happy with the care they received, they felt safe and well looked after.

Staff received training in safeguarding and followed clear guidance which helped to protect people from abuse. Care plans included risk assessments for known risks and staff followed support plans to help keep people safe. Accidents and incidents were monitored to identify and address trends and actions were implemented to reduce risk.

People received care and support that was developed to meet their individual needs as reflected in their care plans.

People were supported to take their medicines safely as prescribed.

People felt consulted about their wishes and they knew how to make a complaint if they wished to.

People had access to health care and support from other health professionals, which supported them to maintain their health and wellbeing.

The home was clean and tidy and additional cleaning ensured people were safe from the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 December 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the provider developed a system to assure themselves staff had the right competence and knowledge in relation to The Mental Capacity Act. We also recommended the provider followed best practice guidance in relation to reviewing and updating care plans. At this inspection we found the provider had acted on these recommendations and improvements had been made.

Why we inspected

We carried out an unannounced inspection of this service on 03 November 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, consent and good governance.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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 COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sandhills Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by three 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

Sandhills Court 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a manager in post who had applied for registration with the CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with nine members of staff including the manager, regional support director, unit managers, care workers, catering staff, domestic staff and the maintenance team.

We reviewed a range of records. This included six people's care records and medication administrations records. We inspected five staff files in relation to their recruitment, induction, training and supervision. A variety of other records relating to the management of the service, including audits and policies and procedures, were also reviewed.

We inspected the environment and spent time observing interactions between people and staff, and infection prevention and control practices.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We requested and reviewed additional records including training data and other records relating to the management of the service.

We spoke with four people who used the service and six people's relatives about their experience of the care provided.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to appropriately assess risks to people. The provider had not taken adequate steps to assess risks or done all that is reasonably practicable to mitigate those risks. This was breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe.
- Staff recorded all incidents. The manager monitored and analysed accidents, incidents and safeguarding concerns to aid learning and reduce the risk of them happening again. De-brief sessions for people and staff were completed to help make sure any lessons were learned.
- The premises were well maintained. Regular checks of the environment were completed to make sure it was safe. For example, checking the fire panel, fire exits, security and water temperatures to minimise risks to people. There was an ongoing programme of servicing, repairs and maintenance.
- Learning was shared through discussions at staff meetings.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to safeguard people from abuse.
- Referrals were sent to the local authority safeguarding team when required and outcomes followed up.
- Staff were trained to safeguard adults from abuse. They understood their responsibility to identify and report safeguarding concerns to the local authority, police or CQC if needed.
- People told us, "Staff help me feel safe."

Staffing and recruitment

- Staff had been safely recruited.
- Pre-employment checks were completed to make sure staff were suitable before they started working with people.
- Staffing levels were safe and the option to increase staffing in specific circumstances was considered, for example if specific increased support was required.

Using medicines safely

- Medicines were safely received, stored, administered and destroyed if they were no longer required.
- Staff received medicine management training and checks on their competency to administer people's medicines were completed.
- Medicines management was audited regularly with systems in place for investigating any potential medicine errors.
- Where people were prescribed pain relieving medicines, on an 'as required' basis, clear guidance was in place to ensure staff had information about when these medicines should be given.
- Where people were unable to communicate, staff used comprehensive information to assess and manage signs of pain.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

The provider supported visits to the home in accordance with government guidance. The provider had a visiting policy to support people to receive visits safely.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to follow The Mental Capacity Act (2005) to ensure people could make decisions about their care. This was a breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

- MCA and associated DoLS were in place for people, authorisations were correctly obtained, and any conditions complied with.
- The MCA and DoLS procedures followed best practice guidance and legislative requirements. Mental capacity assessments had been completed where people lacked mental capacity to make certain decisions. Best interest decisions had been made with the involvement of others such as relatives and or advocates.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, preferences and wishes were effectively assessed, and care and support regularly reviewed.
- Staff followed best practice guidance, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Staff did not always receive specific training to meet people's individual assessed needs. For example, staff were not trained in Parkinson's Disease and Diabetes where people's assessed needs reflected these diagnoses.

We recommend the provider develops systems to assure themselves staff have the right competence, knowledge and skills to meet people's needs all of the time.

- Staff received an induction, ongoing training, and regular opportunities to discuss their work, training, and development needs.
- Staff were positive about the support they received. A staff member said, "I get supervisions regularly, and these are completed to a high quality. I have time to talk about my work and development."

Supporting people to eat and drink enough to maintain a balanced diet

- Arrangements were in place to support people to receive a healthy and balanced diet; to ensure they received the individual support and encouragement they required to meet their nutritional and hydration needs.
- Care files contained information about each person's health needs and the support they required to remain as independent as possible.
- People benefited from staff monitoring their wellbeing and health.

Staff working with other agencies to provide consistent, effective, timely care

- Procedures were in place to share information with external health care professionals to support people with their ongoing care.
- People's care records confirmed referrals to other external agencies were made in a timely manner.
- Relatives were confident staff had a positive approach to information sharing and working with external agencies.

Adapting service, design, decoration to meet people's needs; Supporting people to live healthier lives, access healthcare services and support

- The premises were adapted to meet people's needs.
- The layout of the service enabled people to move around the service freely. People accessed communal rooms where they could socialise.
- Staff involved people with decision making. For example, easy read surveys supported people to make suggestions about menu choices and activities.
- People's rooms were personalised with their own belongings and family photographs.
- Staff sought support from health care services where needed in line with people's care needs.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- Staff knew people well and used this knowledge to provide personalised care. They gave detailed histories of each person, including likes, dislikes and the best way to approach and support the person.
- Support plans were in place for people. They contained personalised information about people's need, and the things they could do themselves.
- People were involved in developing and reviewing their care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff assessed people's communication needs and took them into account when planning care.
- Care plans included detailed guidance for staff to help them communicate with people.
- Staff produced accessible information that people could understand. There were a wide range of documents in easy-read and pictorial formats such as care plans, weekly schedules and service user guides. Staff also produced accessible information to support policies and procedures, for example, to describe the complaints procedure.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered opportunities to engage in social activities. A list of upcoming events was posted in the communal areas each week.
- People were encouraged to develop activities that interested them. For example, people had suggested they liked quizzes, coffee mornings with quizzes were introduced to support people's choices and engagement.
- Staff supported people to maintain relationships with family and friends.

Improving care quality in response to complaints or concerns

- The service had a formal complaints policy in place. Any complaints received were investigated and a response provided.
- People told us they would speak with the manager or support staff if they had any concerns or wanted to raise a complaint.

- Meetings were held for people to attend and share their views or raise concerns. Information on how to make a complaint was on display in the home. People told us "I have attended relatives' meetings and they act upon people's suggestions."
- Relatives knew how to make a complaint and told us the provider was approachable.

End of life care and support

- People's care plans provided evidence that people were encouraged to discuss their futures and end of life care wishes if they wanted to. Some people had chosen not to which had been respected. This information was used to provide staff with guidance of how a person may wish to be cared for at the end of their life.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had systems and processes that monitored quality and safety. This included regular internal checks and audits and covered a variety of areas such as health and safety and medicines management. However, these were inconsistent and did not always capture the required information.
- Records did not always evidence important information about people using the service. For example, handover records did not always capture actions needed and completed to ensure staff understood peoples most current needs.

We recommend the provider develops a system to ensure records are reflective of the service's needs.

At our last inspection the provider had failed to use systems effectively to monitor and improve the quality of the service which meant people were at risk of harm and of receiving a poor service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the time of the inspection, an improvement plan was in place to develop the service. There was a clear staff structure and staff were aware of their roles and responsibilities and accountability. The manager was supported by an area manager who had regular contact with the service and a deputy manager.
- The provider had met regulatory requirements. CQC and the local authority safeguarding team had been notified appropriately of all incidents.
- The manager was supported by the provider to continuously develop their own knowledge and skills.
- The provider analysed accident and incident reports to identify trends, make changes and improvements to prevent recurrence.
- People benefitted from partnership working with other local health professionals. For example, GPs, community nurses and a range of therapists .

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- Joint communal meetings with people using the service continued to take place. Topics discussed ranged from menu planning to raising concerns. This promoted inclusion within the service.
- Staff described the objectives of the service and understood the changes that had been made and what this meant in their day to day work. They embraced the change that was occurring.
- The values of the provider promoted personalised support, dignity, privacy and anti-discriminatory practice.
- The home was welcoming, and the atmosphere was warm and supportive. People were treated with respect and in a professional manner. A professional told us, "The home is very responsive and quickly adapt to any recommendations."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was committed to providing good quality care to people.
- Staff told us they felt listened to and that the manager was approachable. A staff member said, "There is an open door approach and [manager's name] is always there to speak to."
- The provider and manager were clear of their role and responsibilities to be open, honest and apologise if things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider worked closely with relatives and staff to make sure people received consistent support. One relative told us "We are well informed and consulted."
- People were consulted and involved in day to day decisions about the running of the home through regular meetings. For example, people developed their own menu's and activity choices.
- Staff were consulted and involved in decision making and were encouraged to contribute ideas and raise issues at regular staff meetings.