

Sands Care Morecambe Limited

# The Sands Care Home

## Inspection report

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Date of inspection visit:  
24 May 2022  
25 May 2022  
10 June 2022

Date of publication:  
21 June 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Sands Care Home in Morecambe provides accommodation and personal care, including nursing for up to 97 people. Accommodation is provided in single ensuite rooms over four floors. There are spacious communal areas on each floor. At the time of inspection there were 97 people living in the home.

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

People told us they felt safe living in the home and praised the kindness and quality of the staff team. There were enough staff to help keep people safe; and people told us their call bells were always answered promptly. The provider maintained safe staffing levels. Some people living in the home and some staff felt they would benefit from more staff at times but did not feel unsafe. Staff had received training and new staff had a robust induction programme which both helped to ensure staff had the skills necessary to keep people safe and well.

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.

People living in the home, their relatives and staff felt confident the home was well managed. The registered manager ensured the quality of care and care records had been maintained, which helped ensure people received high-quality, person-centred care. The provider had ensured the premises and equipment had been maintained to a good standard. The registered manager had good oversight of the service and maintained a daily presence in each of the units. Staff told us the registered manager was approachable and supportive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (Published 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.

### Why we inspected

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 and Well-led which contain those requirements. For those key questions not inspected, we reviewed the information we held about the service. No areas of concern were identified in the other key questions. Ratings from previous comprehensive inspections were used in calculating the overall rating at this inspection. 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 comprehensive inspection, by selecting the 'all reports' link for The Sands Care Home on our website at [www.cqc.org.uk](http://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?**

**Good** ●

The service was safe

Details are in our safe findings below

### **Is the service well-led?**

**Good** ●

The service was well-led

Details are in our well-led findings below

# The Sands 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 one inspector and two Experts 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

The Sands Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Sands is a care home with nursing care. 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 registered manager in post.

#### Notice of inspection

The 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 eight people living in the home and the relatives of ten people. We met with the registered manager and the deputy manager. We spoke with seven staff. We looked at a range of records which included; medicine records for 25 people and care records for five people. We looked at the recruitment records for three staff and the training records for all staff. We reviewed a range of documents relating to the maintenance and safety of the premises and the audit and governance records.

# 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.

### Using medicines safely

At our last inspection we found medicines were not managed safely and people were placed at risk of harm. This had been a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the service was no longer in breach of regulation.

- The providers medicine administration policies were understood and followed by staff. The registered manager ensured staff received training in administering medicines and their competencies had been checked regularly.
- People received their medicines as prescribed, for example; where a person needed medicine at a specific time or prior to food this was recorded clearly in MAR. Comments included; "I know exactly what I take and I get it at the same time every day." and "They have told me what my tablets are for...I get them the same time every day, more or less."
- Staff had not consistently signed the topical MAR when they had applied topical creams. No harm was identified and we were assured staff had applied creams. We discussed this with the registered manager who addressed this during the inspection.

### Systems and processes to safeguard people from the risk of abuse

- The providers safeguarding policies and procedures were robust and helped ensure people were protected from the risk of abuse.
- Staff understood how to recognise abuse and were able to describe how they would raise their concerns.
- Incidents had been reported to the local authority and to CQC when required.
- People living in the home told us they felt safe. Comments included; "I feel very safe." and "Oh yes I feel very safe."

### Assessing risk, safety monitoring and management

- People were supported to manage risks, including in relation to moving and handling, skin care, eating and drinking, making decisions, and medicines. The registered manager ensured risks were assessed and plans in place to guide staff how to support people to stay safe.
- Staff had received appropriate training which helped ensure they could support people safely. Staff told us there was enough information in the risk assessments and management plans to guide them.
- Risk management plans had been reviewed and updated in response to any changes in the person's needs.

### Staffing and recruitment.

- The registered manager calculated the number of staff needed using a system based on people's needs. Care records showed people's level of need had been reviewed regularly.
- Staff told us they had enough time to support people to be safe but would prefer more staff. People living in the home had mixed views about staffing levels. Comments included; "Yes there is enough staff." and "I do think they are short staffed, but they are very good." and "There is enough staff except in the morning due to sickness. I have never been left in limbo." Everyone we spoke with said staff always responded to their call bells quickly. The provider and registered manager were proactive in recruiting staff and before the inspection ended new staff were beginning their induction.
- The providers recruitment policies were robust. Staff had been recruited safely and in line with the regulation. Recruitment files we looked at included all the relevant information and pre-employment checks.

#### Preventing and controlling infection

- The home was clean, tidy and well presented. There was information available at the entrance and throughout the home about maintaining good hand hygiene and using personal protective equipment (PPE).
- The provider ensured they followed the most up to date guidance on managing the risks associated with COVID-19.
- Staff had received training in preventing and controlling infection. Staff wore PPE in line with current guidance.

#### Learning lessons when things go wrong

- The registered manager ensured all incidents and accidents were investigated to establish the possible causes and to learn lessons to avoid the risk of reoccurrence.
- Staff praised the approachability and openness of the management team which helped ensure lessons could be learned.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

# 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 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At the last inspection we found the providers' systems to assess the quality and safety of the service had not identified the issues we had found in relation to the safe use of medicines. This had been a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008. At this inspection we found enough improvement had been made and the service was no longer in breach of the regulation.

- The providers systems to monitor the quality and safety of the service were robust. The registered manager followed the audit and governance schedule. This helped ensure people received safe care.
- The registered manager ensured any actions, identified by audits, were shared with staff and completed in a timely way. We saw examples of this in relation to medicines, record keeping and care practice. Staff told us the management team were clear with them about the standards they expected.

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

- The registered manager and management team were praised by staff for their approachability, presence on the units and supportive methods.
- People living in the home told us; "This is by far and away the best home around here", and "I think you would go a long way to find better".
- Care records were person-centred and identified what each person wanted to achieve. People's cultural needs and experiences had been included.

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 registered manager was aware of their obligations in relation to the duty of candour. Relatives told us they were kept up to date with any events or incidents which affected their relations.
- The registered manager ensured any incidents which needed to be reported to other organisations had been completed. These included; notifications to CQC, public health and local authority safeguarding.

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

- The provider had a variety of systems in place to engage with people living in the home, their relatives and the staff. During the COVID-19 pandemic methods of communicating were adapted to maintain regular

contact.

- People living in the home and their relatives praised the responsiveness of the management team and staff to any concerns they raised.
- Staff told us their views were sought by the management team and they felt they were supported and responded to.

Working in partnership with others

- The provider continued to work in partnership with other agencies. Care records included guidance from other professionals, which staff were able to follow.
- Local authority commissioners had completed their own quality monitoring processes which the provider had cooperated with fully.