

Jurvicka Limited

Sandhurst Residential Home

Inspection report

49-51 Abbotsham Road
Bideford
Devon
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Ratings

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

Summary of findings

Overall summary

Sandhurst Residential Home is a residential care home providing personal care to 23 people aged 65 and over at the time of the inspection. On the first day of inspection, 19 people were living at the home. On the second day there were 17 people as one person had been admitted to hospital and another had returned to their own home.

People's experience of using this service:

People were positive about their experience of living at the home. For example, they said about their relationship with staff as being "more like friends."

People said they felt safe; there was a stable caring staff group. People continued to be supported by staff who respected their privacy and dignity. Staff relationships with the people they supported continued to be caring and supportive. People's nutritional needs were met; people praised the quality of the food. Care plans for each person held information about their dietary needs and their likes/ dislikes.

Risk assessments identified when people could be at risk and covered people's physical and mental health needs and the environment they lived in. The registered manager recruited staff who suited the caring values of the service and recognised the importance of team work to provide consistent and safe care. People were protected from abuse because staff understood their safeguarding responsibilities.

People were supported by staff who completed appropriate training and understood their needs. Staff spoke confidently about the care they delivered and affectionately about the people they supported. They understood how they contributed to both people's physical health and mental wellbeing.

Referrals were appropriately made to health care services when people's needs changed. People were supported to maintain good health and had access to appropriate services, which ensured they received on-going healthcare support. Medicine administration, recording and auditing had improved and was safe.

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. Information was in place to ensure people's legal rights were protected.

Improvements to how the quality and safety of the service was monitored meant the service was well led. There were clearer lines of responsibility and with records of actions taken to address identified issues, such as maintenance actions.

The management team, through regular reviews, unannounced spot check visits and observations of staff practice ensured people received a good quality service. Feedback from people using the service and quality assurance records showed this had been achieved.

Rating at last inspection (and update):

The last rating for this service was requires improvement (published June 2018). 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.

Why we inspected: This inspection was scheduled for follow up based on the last report rating.

Follow up: We will continue to monitor the intelligence we receive about the service. If any concerning information is received, we may inspect sooner.

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

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 safe.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring 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 well-led.

Details are in our well-Led findings below.

Good ●

Sandhurst Residential 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 Care Act 2014.

Inspection team

The inspection was carried out by two adult social care 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

Sandhurst is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

What we did: Before the inspection, we reviewed relevant information that we had about the service including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We checked the last inspection report and contacted the local authority for information.

The service completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make.

During the inspection, we spoke with seven people living at the home, three relatives, four staff members, the registered manager and one health professional. Most people using the service were living with dementia or illnesses that limited their ability to communicate and tell us about their experience of living there. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us and share their experience fully. We reviewed three people's care records, including assessments, staff files, records of accidents, incidents and complaints, audits and quality assurance reports.

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 this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Good: This meant people were safe and protected from avoidable harm.

Using medicines safely

- At our last inspection in April 2018 we were concerned that the management of medicines was not always safe, and this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This had improved, and the provider was no longer in breach of this regulation. However, we have made a recommendation to further improve the way some medicines were recorded.
- People received their medicines safely and in the way prescribed for them. Some medicines charts were handwritten. These had not always been signed by two members of trained staff to show that they had been checked for accuracy. Some charts printed by the pharmacy were not up to date with the allergies recorded. Staff told us they would contact the pharmacy to make sure they were recorded in future.
- There were now policies in place for managing medicines, and staff were trained and checked as competent before they administered medicines.
- Medicines were held securely, and at suitable temperatures. For medicines requiring extra security regular checks were not being recorded in the register when they were audited. This was addressed by the second day of inspection.
- New systems were in place for recording the use of external preparations such as creams. Directions were available to guide staff how to use these appropriately.
- Some medicines were applied as patches. There was no system for recording where these were applied so that rotation of the site used could be checked. This was addressed by the second day of inspection.

We recommend that the provider update their policy and practice in relation to some aspects of medicines recording to incorporate current best practice.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to protect people's safety and had been trained on safeguarding people from abuse.
- People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. A person said, "I feel very safe here because someone is around to help me all of the time."

Assessing risk, safety monitoring and management

- Risk assessments identified when people could be at risk of harm and the action to be taken by care workers to minimise the risks. Individual risk assessments in the care records covered people's physical and mental health needs. Recognised national assessment tools were used to monitor people's health risks, for

example malnutrition.

- People and relatives said the practice of staff made them feel safe. A person said, "I really appreciate that there are people looking out for me, day and night."
- Staff understood the risks to people's health and their safety and supported them in a way to help reduce these risks. For example, acting on the outcomes of risk assessments to reduce people's risk of falling. Staff recognised small actions could significantly impact on people's well-being and safety and worked with the local falls team to review people's care after a fall.
- People and their relatives said care workers had time to do their job properly. The atmosphere was relaxed, staff were not rushed and call bells were answered promptly.
- Environmental checks took place regularly to ensure people were protected from scalds from hot water or burns from radiators. Window restrictors were in place and fire equipment was checked at appropriate time scales.

Staffing and recruitment

- People said they felt safe because there was a consistent staff group. One person said, "I can't fault them. It's safe, clean and always very friendly."
- People benefited from a conscientious staff team who knew them well and could meet their current care needs.
- Feedback from visitors confirmed newly recruited staff suited the caring values of the service. Staff recognised the importance of team work to provide consistent and safe care.
- Recruitment procedures ensured necessary checks were made before new staff commenced employment. New staff had a full employment history and the provider had ensured they had relevant references, for example from previous employers in care. Disclosure and barring service checks (DBS) were carried out to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

Preventing and controlling infection

- Good infection control practice was in place. Staff used personal protective equipment to stop the spread of any potential infection.
- There were good housekeeping systems in place, which helped maintain a clean and odour free environment. Visitors commented positively on the standard of cleanliness maintained at the home. The surface of one bath seat had become worn which could compromise infection control measures. The registered manager said this would be addressed.

Learning lessons when things go wrong

- One person had been admitted to the home whose mental health care needs could not be met by the staff group. They have now moved to another home. In retrospect the registered manager recognised their assessment process on this occasion had not been adequate. For example, they had not learnt about the person's medical condition before admitting them and therefore had difficulty supporting them appropriately. Consequently, the registered manager and deputy manager said they would now ensure they fully understood the symptoms of a person's mental health diagnosis before they agreed they could meet their needs.
- However, since previous inspections, the registered manager had recognised the impact of multiple respite admissions on people living at the home. Therefore, respite stays were now staggered over a period of time to be less intrusive and reduce the workload on staff.

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 this key question was rated as good. At this inspection this key question has now remained as good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- Since the last inspection, the range of signs around the home had increased to help people find their way around the building. This included personalised signs for people's bedrooms, which linked to their previous interests. For example, for one person their sign was their previous occupation, which was central to their sense of identity and a recurring topic of conversation.
- Since our last inspection, several bedrooms had been refurbished; new furniture had been bought for other rooms. However, the décor and flooring of one communal bathroom was worn and looked tired in appearance. The registered manager said this would be addressed to bring it up to the standard of other bathrooms in the building.

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

- Assessments of people's needs were carried out before they came to live at the service. These were then regularly updated and used as a foundation for the person's plan of care. Care plans were accurate as the content described the people we met and our discussions with staff, who knew individuals well.
- The management team told us how they involved people in the assessment process before they moved into the home. Wherever possible, the registered manager encouraged people to come in for a trial visit to help them decide if the home was the right place for them. This was confirmed by relatives who said it had been a helpful process.

Staff support: induction, training, skills and experience

- People were supported by staff who were skilled and understood their needs. People described how they felt relaxed and at ease with staff. For example, "People are all so easy-going. I feel like we are a proper little community. We often do things together and have a celebration of a birthday or a big day like the Royal Weddings."
- Training was provided in different formats, including courses from external sources such as the community nurse team and training companies.
- General training topics included safeguarding, infection control, food hygiene, medicine awareness and food hygiene. Staff were encouraged to develop their skills, including undertaking nationally recognised qualifications.
- Staff were also provided with shadow shifts with experienced staff members. The practice of new staff was observed as part of the induction process.
- Staff spoke confidently about how they supported people and understood how they contributed to

people's health and wellbeing.

- People benefited from a staff team who respected each other's roles and skills and worked together to provide a consistent standard of care. Staff said they would recommend working at the service.

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

- People's nutritional needs were met. Care plans held information about their dietary needs, including likes and dislikes. People praised the quality of the food after finishing their meal. They said, "The food is always excellent" and "I like the cook's meals and the fact they make them on-site."
- People were offered a choice of drinks throughout the day and staff provided additional drinks when asked. A person said, "If I'm ever thirsty I just ask and they'll bring a drink. It doesn't matter if it's the day or at night-time."
- The dining room was too small to allow everyone to eat together in one sitting. However, some people said they preferred eating in their own room. For example, one said, "I eat quite slowly, so eating in my own room allows me to go at my own pace."
- People ate in a leisurely manner without being rushed. For example, one person was supported with their meal by an attentive and caring member of staff. The staff member ensured the person knew what they were eating, assisted the person at their pace and made sure they were offered regular sips of a drink during their meal. A person said "...sometimes food is ready straight away, but it comes when it comes and nobody is in any hurry anyway."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- A health professional said staff were quick to recognise changes in people's health and request an assessment from health professionals. They said staff at the home worked closely with them, following their advice and ensuring appropriate equipment was in place. For example, taking appropriate steps when people at risk of pressure damage. We saw pressure relieving equipment was used appropriately and risks were identified and safely managed.
- Records showed staff worked with a range of community professionals to maintain and promote people's health. People who needed to use/wear items such as glasses, hearing aids or dentures said they were encouraged to wear them, which we saw happening.
- People said that routine medical, dental, ophthalmic and other important appointments were generally made by staff on their behalf. For example, one person said, "I can get to the optician or dentist whenever I want to, just by asking the staff."

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). We checked whether the service was working within the principles of the MCA.

- The registered manager checked if people had the legal authority to be involved in decisions relating to health and welfare or finances. This meant people legal rights were protected.

- Staff asked for people's consent before they received care or support.
- People had signed their care plans to show their agreement with aspects of the care. However, the management team said they would introduce a clearer way of recording how the content of the care plan had been agreed with them.

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

Good: 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; respecting equality and diversity;
Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- □ Our conversations with staff and our observations provided many examples of their dedication to support people in their preferred manner and respect their privacy. However, staff sometimes forgot their conversations in the kitchen could be overheard in the dining room, which potentially compromised people's privacy. The registered manager said they would remind staff about maintaining confidentiality.
- □ Staff relationships with people using the service were caring and supportive. For example, one person said, "The staff are so lovely; they make me feel special."
- □ Staff practice maintained people's dignity knocking on doors before entering and discreetly checking with people if they needed support to use the toilet. They respected people's privacy for example one person said, "I really enjoy the company of other people, but I can also shut my bedroom door and do my own thing if I want."
- □ Friendships between people were recognised and supported by staff. We saw people chatting, helping each other and taking pleasure in each other's company. For example, choosing to sit and actively watch a television programme together.
- □ People were treated as individuals. A relative described how staff knew "people's little ways" and we saw many examples of good staff practice throughout the inspection. People said they did not feel judged by staff; people were relaxed and at ease.
- □ The atmosphere was friendly and welcoming; relatives said they valued the emotional support provided by the staff who recognised they were often struggling to come to terms with their spouse or relative moving into a care home.
- □ In their feedback, staff highlighted their sense of pride in their job and recognised their responsibilities to the people who used the service. Our discussions with the registered manager demonstrated their empathy towards the people using the service so they provided a good role model.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained good.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- People received personalised care and support specific to their needs and preferences. One person said, "I'm allowed to do what I can for myself, but the staff are always around to help if I need it. So I can do my jigsaw but if I drop a piece, I ask and they'll pick it up because I can't." Another person said they still enjoyed going out independently into town.
- Improvements were in progress to offer more social stimulation, including visits linked to music. A visitor said their relative particularly enjoyed these sessions. Staff sat with people and chatted, including people in their rooms. There was an outside courtyard with seating, which we saw people using. Some people needed help from staff to access this area because of their mobility; three people's perception was this could be a burden for staff, although we saw staff happily assisting people to go outside.
- Care and support records were becoming more personalised. Care plans were reviewed on a regular basis so staff had detailed up to date guidance to provide support relating to people's specific needs and preferences. Care records were updated which showed how staff were responsive to people's changing needs.
- There was good communication between staff; they said the registered manager and senior staff kept them up to date about changes to people's care.
- At the time of the inspection, nobody was receiving end of life care but staff had received training in this area. However, several people were very frail and staff had liaised with health professionals to ensure pain relief was in place when their care needs increased. Their nutrition and drinks were being monitored and provided at flexible times to suit their preferences. Records showed how people were encouraged to think of how they would like to be supported at the end of life. People's spiritual needs were met, for example one person said they appreciated visits from a local vicar.
- In conversations with staff, they showed a commitment to making people feel safe and comfortable in their final days. Feedback from relatives included thanks for the "support given to our family."

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.

- Care records contained communication plans explaining how each person communicated. The registered manager provided examples of how information had been adapted to meet people's individual

needs, for example photographs of individual meals to enable a person to indicate their choice.

Improving care quality in response to complaints or concerns

- The home's statement of purpose contained the home's complaint procedure, which contained timescales and contact details. Visitors were confident that the registered manager would address any concerns. None had made a formal complaint as they had said they had not needed to.
- People said they were able to express their opinions freely. They said, "They do listen. I tell them how I feel, and they do their best to cheer me up or help" and "I never have any problems that can't be fixed just by asking [the staff] for help. They are all just lovely. Superb!"

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 this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

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

- The service was well run by the registered manager. 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.
- The registered manager had acted on the previous inspection report which meant the two previous breaches of regulation linked to medicine management and good governance had been met.
- People told us the home was well managed and had an open and friendly culture. The registered manager worked alongside care staff at mealtimes, they were visible around the home and people knew them and chatted with them. For example, "I know the manager and talk to them a lot but I wouldn't bother them with my problems unless it's something that's really bothering me." People said they had confidence in the care staff being able to resolve day to day problems.
- Relatives praised the approachability of the registered manager and care staff. They also commented all staff had a helpful and caring approach, including the housekeeping staff.
- Staff said they were well supported through training and supervision. Staff said how much they enjoyed working at the home, with some returning to work at the home after moving back to the area.
- Since our last inspection, there was a clearer range of roles and accountability within the service, including the role of the provider, who visited on a regular basis. There was a strong sense of team work which was recognised by people living and visiting the home.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager valued and recognised the commitment, kindness and reliability of the care staff.
- During the inspection, verbal and written feedback from people using the service and quality assurance records confirmed improvements to the running of the service.
- Staff had the necessary skills to meet the range of needs of people who received care from the service.
- Training was well managed to ensure staff had their skills updated to complete their work safely and with

a caring attitude. Feedback from people using the service showed this approach had been successful.

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

- Quality assurance checks were completed on a regular basis. Since the last inspection, there had been a number of improvements, including the quality of monitoring the service through regular audits, observations of staff practice and supervisions. The registered manager had also completed unannounced checks at weekends and on a night shift to ensure the quality of care was consistent. The use of an electronic care system also enabled the registered manager and the provider to monitor people's care remotely.
- People said they were listened to and could make suggestions. For example, being involved in re-decoration plans.
- Our conversations with staff, the deputy and the registered manager showed people protected under the characteristics of the Equality Act were not discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

Working in partnership with others

- The service worked with health and social care professionals in line with people's specific needs. Staff described a good working relationship with the community nursing team and the local nurse educator care homes team, who provided training. A health professional confirmed staff worked well with their team to the benefit of people living at the home.
- Discussions with the management team showed they went the 'extra mile' to reduce risks, for example buying a double bed to reduce the risks for someone who had previously rolled out of bed.