

Meridian Healthcare Limited

Sandon House

Inspection report

Market Street
Mossley
Ashton Under Lyne
Lancashire
OL5 0JG

Tel: 01457834747

Date of inspection visit:
08 February 2018
16 February 2018

Date of publication:
03 April 2018

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

This inspection was unannounced and took place on the 8 and 16 February 2018.

Sandon House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

We last carried out a comprehensive inspection of this service on 26 April and 2 May 2017. At that inspection we found two breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of accurate records in relation to the care people who used the service received and the providers systems of checks and audits was not sufficiently robust.

We also made one recommendation that the provider reviews their procedures for ensuring and recording peoples consent and involvement in care planning.

Following the last inspection, we asked the provider to complete an action plan to tell us what they intended to do and by when to improve the key questions; the service is safe, effective and well led to at least good. At this inspection, we found that improvements had been made in all areas.

Sandon House is a large purpose built establishment located in the village of Mossley which is in the Tameside area. The home provides 24 hour care and support for up to 42 people who require residential care without nursing. At the time of our inspection there were 32 people living at the home.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. People who used the service spoke very highly of the registered manager and the way the service was run. We found the registered manager to be polite, friendly and helpful.

Staff were positive about working at the home and the changes the provider had made. Staff told us they enjoyed working with the people who lived at Sandon House. We observed staff had a kind and caring attitude towards people who lived at the home.

Staff were trained in safeguarding adults and were aware of how to identify and respond to allegations and signs of abuse. Staff were aware of the whistleblowing (reporting poor practice) policy, and how to raise any concerns.

Recruitment procedures were in place which ensured staff had been safely recruited. There were sufficient staff to meet people's needs. Staff received the training, support and supervision they needed to carry out

their roles effectively.

Medicines were stored safely and securely and procedures were in place to ensure people received medicines as prescribed.

Accidents and incidents were appropriately recorded. Appropriate health and safety checks had been carried out and equipment was maintained and serviced appropriately.

People had access to a range of health care professionals. People at risk of poor nutrition and hydration had their needs regularly assessed and monitored.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The registered manager was meeting their responsibility under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people's rights were considered and protected.

Everyone we spoke with told us staff at Sandon House were caring. During our inspection we observed staff had a kind and caring attitude towards people who lived at the home. The atmosphere was calm and relaxed.

Care records contained risk assessments and care plans that were person centred, detailed and written using respectful terms. People told us they received the support and care they needed.

There were a range of activities and social events in the home and in the community on offer to reduce people's social isolation. People told us they enjoyed the activities.

There was a system in place to gather people's views about the home and to record complaints and the service's responses to them. People told us they didn't have any complaints but were confident that they would be listened to and action would be taken to resolve any problems they had.

Staff meetings were held regularly where staff had an opportunity to raise any issues and were used to look at developing good practise. Staff we spoke with liked working for the service and told us they felt supported in their work.

There was a robust system of weekly, monthly and annual quality monitoring and auditing in place to help improve the quality of the service provided.

The service had notified CQC of any accidents, DoLS, serious incidents, and safeguarding allegations as they are required to do. The provider had displayed the CQC rating and report from the last inspection on their website and in the home.

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.

People told us they felt safe because they were supported by staff they knew and trusted.

Staff were trained in safeguarding adults and were aware of how to identify and respond to allegations and signs of abuse. Staff were aware of the whistleblowing (reporting poor practice) policy, and how to raise any concerns.

Medicines were managed safely. Risks to people's health and wellbeing were identified and direction was given to staff on how to reduce or eliminate those risks.

Is the service effective?

Good ●

The service was effective.

People's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff gained people's consent before care or support was provided.

Staff received the induction, training and supervision they needed to be able to provide safe and effective care.

People who used the service received appropriate support to ensure their health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People told us staff were caring and kind.

The registered manager and staff had detailed knowledge of people and were able to tell us what was important to the people, their likes and dislikes and the support they required.

People's records were stored securely so that people's privacy

and confidentiality was maintained.

Is the service responsive?

The service was responsive.

Care records contained information about people's needs and wishes. They provided staff with the information they needed to support people appropriately.

Activities and events were provided helping to promote people's health and wellbeing and maintain links with the local community.

There was a complaints procedure for people to voice their concerns.

Good ●

Is the service well-led?

The service was well-led.

The registered manager knew people well. Staff were positive about the provider and the changes that had been made to the service.

Systems were in place to assess and monitor the quality of the service provided

Arrangements were in place to seek feedback from people who used the service.

Good ●

Sandon House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 and 16 February 2018 and was unannounced on the first day. It was undertaken 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. This person had experience of services for older people and dementia care.

Prior to the inspection we reviewed information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We also asked the local authority and Healthwatch Tameside for their views on the service. We were aware of recent safeguarding allegations. These allegations were subject to on-going police and local authority investigation. We brought forward our inspection, in part, as a result of these allegations. We did not look at the specific incidents but we used some of the issues raised to help us plan the inspection.

As some people living at Sandon House were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

During our inspection we spoke with nine people who used the service, three visitors, the registered manager, the area director, quality manager, a housekeeper, a laundry assistant, the assistant cook, the activity coordinator and six support workers.

We carried out observations in communal areas of the service. We looked at three care records, a range of documents relating to how the service was managed including medication records, three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe living at Sandon House. One person who used the service told us that before they moved into Sandon House they had been worried about the move from their home. They said, "I felt terrible... [But now] I feel safe; there is no bullying or threatening." Other people told us, "This is a safe place", "Oh yes I feel safe, I haven't seen anyone bullying or being mean" and "I feel safe, there is no bullying or threatening, all staff are very kind." Another person who used the service said, "I have a buzzer in my room and staff came quickly when I used it. It has been good. All the equipment I need is here; I brought my own hoist and trained the staff how to use it."

All the visitors we spoke with felt people were safe. One visitor said, "[Person who used the service] has a buzzer at all times...this is good for me to know as [if there is a problem] within seconds someone will show up." Another visitor said the home was; "Well staffed and the staff seem friendly."

At the last comprehensive inspection of the service on 26 April and 2 May 2017 we found that the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records of care provided were not always accurate or complete. The overall rating for this key question was requires improvement.

Following the last inspection we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key question to at least good. At this inspection we found the required improvements had been made.

During this inspection we looked at the care records for three people who used the service who had different care and support needs. We found that where required, records of the care provided were kept. These included people's weights, personal bathing, food and drink intake and positional changes to prevent pressure sores. We saw that the registered manager or senior member of staff audited these every day to ensure they were being fully and appropriately completed by staff.

We saw that risk management plans were in place to guide staff on the action to take to mitigate the identified risks. Risk assessments included; personal care, skin integrity, mobility, falls, moving and handling, nutrition and medicines. We saw that risk assessments had been regularly reviewed and updated when people's needs changed.

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. We found there were policies and procedures for safeguarding people from harm. These provided staff with guidance on identifying and responding to signs and allegations of abuse. We saw that the service had a whistleblowing policy. Training records identified staff had received training in safeguarding people from abuse. We saw that following a recent safeguarding investigation the contact number for the provider's whistleblowing telephone line was prominently displayed in the reception area. Following recent concerns a human resource (HR) surgery had been held at the home, this was to give staff the opportunity to raise any concerns they had about the home or the way it was run. Staff we spoke with said they were now confident

to raise any concerns they had. One staff member said, "I would go straight to HR" another said "I would go to the seniors. They make sure things are ok." Other staff we spoke with told us, "It's definitely better. I could tell someone [if they had concerns]. If there was something I didn't like I would say so", "I would report it [concerns] immediately. [Registered manager] would act" and "I would go to my manager. But she always says 'if you don't feel confident telling me go to my bosses'."

We looked at three staff recruitment files. We found these demonstrated that there were procedures in place to ensure staff were safely recruited. The records confirmed the required checks were completed and no member of staff commenced work until they had received appropriate references and they had information from the Disclosure and Barring Service (DBS) that the individual was safe to practice supporting vulnerable people. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff being employed.

We saw the service had policies and procedures to guide staff on staff recruitment, equal opportunities, sickness and disciplinary matters. These helped staff to know and understand what was expected of them in their roles.

We looked at the staffing arrangements in place to support the people who were living at the home. Staff rotas we examined showed that staffing levels were provided at consistent levels and that most of the cover for sickness and annual leave was provided by staff from the service. During our inspection we observed that people received the support they needed in a timely manner. We saw staff provide support in a relaxed and unhurried way. People who used the service told us they usually received support promptly when they needed it. People told us, "There are enough staff and I have a buzzer", "Normally staff do as I ask quickly" and "Staff are always busy, you can use the buzzer and they come as soon as they can." Staff we spoke with told us there had previously been shortages of staff due to staff illness and leave but things had improved recently and there was now usually enough staff to provide the support people needed in a timely manner. One staff member said, "With HC-One we have more staff."

We looked to see if there were safe systems in place for managing people's medicines. We found that people received their medicines as prescribed and saw that medicines were stored securely. People who used the service told us, "Staff look after my medication, I don't have to take much" and "Staff look after my medication and give it when they should." We found medicines management policies and procedures were in place. The training matrix and records we saw showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines regularly checked.

We looked at seven people's Medicines Administration Record (MAR). We found that all MAR contained a photograph of the person to help ensure correct identification of the person. All MAR we reviewed were fully completed to confirm that people had received their medicines as prescribed. We found the stocks of medicines we reviewed was accurate and matched what was shown on the MAR. Some prescription medicines are called controlled drugs and are subject to stricter controls to prevent them being misused or obtained illegally. We saw that controlled drugs were stored separately in a locked medicines cabinet. There was a controlled drugs register in use which was signed by the staff member administering the drug and also a witness. We reviewed the stocks of four controlled drugs and found they matched the entries in the controlled drugs register.

If medicines are not stored at the correct temperature they may become less effective or unsafe to use. The medicine storage room contained a suitable lockable fridge. The temperature of both the medicines fridge and the medicine room had been recorded daily and were within the acceptable ranges. This meant the

medicines were being stored and managed in a safe way.

All medicines that were prescribed 'as required' (when needed) had information to inform staff of what medicine to give, what to give it for and how often it can be given. We saw that care records contained information about how people may indicate they needed the 'as required' medicines. This ensured the safe and correct use of 'as required' medicines.

We also saw that risk assessments were in place for the environment. We saw evidence that the Registered Manager had undertaken a range of environmental risk assessments in November 2017 to ensure the safety of the people who lived at Sandon House.

We reviewed certificates and maintenance records from the safety checks performed on the home. We could see that there were arrangements in place for checking, identifying and rectifying premises issues promptly. Water temperatures in all the bedrooms and the communal bathrooms were checked regularly. There were contracts in place with external providers for the required checks and maintenance for gas, electricity, water quality, fire safety systems and servicing of the hoists.

We found that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person who used the service. PEEPs described the support people would need in the event of having to evacuate the building. We found that regular fire safety checks were carried out on fire alarms and fire extinguishers. Records we saw showed that staff received training in fire evacuation and fire safety. The service had a contingency plan which guided staff on the action to take in the event of a serious incident that could stop the service, such as severe weather, power failure, fire or flood.

Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident and any injury and action taken by staff or managers. We found that managers of the service and the provider kept a log of all accidents and incidents so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences.

We saw that the service had an infection control policy and procedures. These gave staff guidance on preventing, detecting and controlling the spread of infection. We saw that staff wore appropriate personal protective equipment (PPE) when carrying out personal care tasks. During our inspection we walked around the home and could see that it was clean and well kept. We saw evidence of PPE and hand gel around the home to maximise infection control and the housekeeping staff we spoke with assured us they always had plenty of cleaning products and never ran short. We did note that some mop heads looked visibly dirty. Regular cleaning of mop heads is needed to prevent the risk of cross infection. We asked how often they were cleaned and were told this was not on set days and happened when needed. We discussed this with the registered manager who said regular cleaning of the mop heads would be added to the cleaning schedule. We saw records of daily housekeeping duties and handover notes between the domestic team communicating what had been completed that shift and that staff had received training in infection prevention.

We looked at the systems in place for the management of the laundry and found the procedures ensured people's clothes were cleaned and people were protected from the risk of infection. The service had a system for keeping dirty and clean items separate and used red alginate bags to safely wash soiled items. We asked how the laundry staff recorded what they had done and if this was audited by the Registered Manager. They told us the Registered Manager had instigated a book that they initialled what they had achieved each shift. We found this had not been consistently completed and was blank for January 2018. We discussed this with the registered manager who said they would discuss this with the laundry staff. The

registered manager told us that a building survey had been requested for updates to the laundry area and to find out if the area could be improved.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). During this inspection we checked to see if the registered manager was working within the principles of the MCA. People had been assessed in line with the MCA to determine whether they had capacity to make specific decisions and also whether a DoLS authorisation was required. We saw the assessments were detailed and included a wide range of decisions including spending time with family, personal care, medicines, social interaction, care planning, end of life care and personal safety.

Applications for DoLS had been submitted to the relevant local authorities where appropriate and a record of this was kept. A central record was kept of all the people who had DoLS in place and when applications had been made for authorisation. The registered manager told us that to ensure staff were aware who was subject to a DoLS authorisation was now part of the morning handover.

During the last inspection we found the care records of two people did not indicate these people had been involved in decisions about their care when they first came to the home or had given their consent. However, there was evidence that they had been involved in regularly reviewing their care. We recommended the provider reviewed their procedures for ensuring and recording peoples consent and involvement in care planning.

At this inspection we found care records contained evidence people or their representatives had been involved in deciding how care and support should be provided. There was also information to guide staff on how best to support people to enable them to give their consent. Everyone we spoke with said staff asked for their consent or agreement before providing care. One person who used the service said, "Staff ask me to agree to anything first."

We looked to see if staff received the induction, training, supervisions and support they needed to carry out their roles effectively. Records we reviewed showed that staff employed in the service had received training to help ensure they were able to safely care for and support people.

The registered manager told us that new staff received an induction to the service which was in line with the 'Care Standards Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care. This was a twelve week induction which included training, an introduction to the service, information about the individual staff member's role and responsibility.

Records we looked at and staff we spoke with showed that staff received training that included, moving and handling, infection control, health and safety, fire safety, safeguarding adults, medicines, food safety, nutrition, dementia awareness, and MCA and DoLS. The provider used an electronic system 'Touch' for staff to access training and gave them protected time to ensure their skills were up to date.

Records we looked at and staff we spoke with demonstrated staff received regular one to one and group supervisions and attended regular staff meetings. Supervision is important as it provides the opportunity for staff to review their performance, set priorities and objectives in line with the service's objectives and identifies training and continual development needs. Records we saw showed that recent supervisions had been themed and the focus of the supervisions had been on food textures and the importance of managing peoples nutrition needs safely.

To ensure the safety and security of the building the main entrance was kept locked. All visitors were asked to sign in so that the service was aware of those people in the building.

We saw that people were provided with a good standard of accommodation. We spent time looking around the home. We found it to be well maintained and tastefully decorated. There were some photographs on the walls of people who lived there taking part in various activities. The home was welcoming and warm. There were handrails on the walls in the corridors to maximise people's independence and the signage to the toilets was pictorial as well as worded. We noted the doors to individual bedrooms were all the same colour and the person's name was not at eye level. This made navigation around the home more difficult for people with orientation or memory difficulties. We discussed this with the area director and registered manager. They told us the provider was planning to have a consultant advise them on how the homes environment could be improved for those with dementia related illnesses.

All the visitors we spoke with said the home was clean and there were no unpleasant odours. One visitor we spoke with said, "The home is clean, I look at [person who used the service] bedroom and on occasion in the bathroom, they are clean and [person who used the service] would flag up if they were not." During our inspection we found that some of the bedrooms we went in had an unpleasant odour. We asked the housekeeping staff about this and they told us that whilst carpets were shampooed regularly it was difficult to get rid of the malodour and told us "the smell doesn't go." We discussed this with the registered manager. On the second day of our inspection we saw that 6 bedroom carpets had been replaced.

We found there were access problems for people who need hoisting into the bath in one of the bathrooms. The registered manager told us improvements to the bathrooms were planned. This included creating a larger space in the ground floor bathroom area which would improve privacy and access for people who used wheelchairs. We saw that estimates had been requested for this work and plans were in place to redecorate the remaining toilet areas.

We looked at the systems in place to ensure people's nutritional needs were met. Care records we looked at showed that people were assessed for the risk of poor nutrition and hydration. Malnutrition Universal Screening Tool (MUST) monitoring sheets were in place for the people at risk of malnutrition and were reviewed monthly and were up to date. The MUST is an assessment tool, used to calculate whether people are at risk of malnutrition.

We looked to see if people were provided with a choice of suitable and nutritious food. We observed a lunch time meal being served. We saw when staff were involved at mealtimes they wore a different coloured cloth apron rather than a plastic one. They told us it was to create a café style environment rather than appearing too clinical. We observed that two staff members served the food, five staff helped take and collect meals

and drinks, and one staff principally supported two residents. The staff checked whether anyone wanted more, and changed one resident's fork for a spoon as the food was falling through. One resident refused a pudding; a staff member offered an alternative and showed this to the resident who accepted it. People later told us that staff show them two plated meals and they can then choose which one they want. "Staff bring meals to you; they show you two meals to choose from."

Throughout our inspection we saw that staff regularly went around the home with a trolley containing snacks and drinks. We observed one person request bread and butter instead of the available snack. The staff immediately organised it. People who used the service told us, "I can get a snack if I want one...the food is good" and "I can get a snack if I want one and it isn't meal time."

We found the kitchen was clean. Checks were carried out by the kitchen staff to ensure food was stored and prepared at the correct temperatures. Sandon House had been awarded a five star rating for food hygiene in September 2017 which was the highest National Food Hygiene rating. This meant they followed safe food storage and preparation practices. There were some issues identified during that assessment including missing tiles in the store room (above the electric cupboard), the wooden windows needed to be cleaned and there was embedded dirt at floor/wall junction and behind dry store shelving. During our inspection we saw that these issues had been addressed. We saw that there were plentiful supplies of fresh meat, vegetables and fruit, as well as tinned and dried goods.

People who lived at the home had access to healthcare services and received on going healthcare support. Care records contained evidence of visits from and appointments with their General Practitioner (GP), district nurses, opticians, speech and language therapists and dieticians. People we spoke with told us that when people need to go to hospital staff always escorted them and stayed until family arrived. A person who used the service said, "I tell the manager if I want to see the nurse that day."

One visitor we spoke with told us the person who used the service was well supported with their health needs and that since starting to live at the home the person's mobility had improved. They said, "[Person who used the service] can walk maybe 20 yards now, into the dining room, sit down for [their] meal, and then walk back when [person] is ready."

We asked how the home used technology to improve care provided. We were told by the registered manager that technology was used to help people communicate with the friends and relatives. People used the WIFI that was available throughout the home and some people used a hand held electronic device to telephone and see relatives who were not able to visit regularly.

Is the service caring?

Our findings

Everyone we spoke with told us staff at Sandon House were caring. People who used the service told us, "All staff are very kind" and "They are polite and kind." A visitor we spoke said staff were; "Kind... but not patronising. When I see a member of staff, I can tell that they are listening and paying real attention, they can be fun and light too."

During the inspection we spent time observing the care provided by staff. We observed staff had a kind and caring attitude towards people who lived at the home. The atmosphere was calm and relaxed. All the staff we spoke with knew people well and were able to tell us what they liked or didn't like and things that were important to each person. Staff we spoke with told us they enjoyed working with the people who lived at Sandon House. Staff said, "I love my job", "I want to make a difference", "I find it very rewarding" and "I am proud of the care we provide." One staff member told us, "You are here to make sure people are happy. I don't see it as just a job."

We observed one person who used the service entering the lounge supported by a member of staff, the person started dancing with another staff member; the staff member responded kindly and then supported the person to a lounge chair. The interaction was friendly and supportive.

People who used the service told us staff helped maintain and promote their independence and choices. One person told us, "I make my own choices about food and clothes." People we spoke with told us staff always treated them with dignity and respect when supporting them with personal care. One person said, "Staff leave the room for my privacy, they help me in the bath and make sure the water only goes so far." During our inspection it was observed staff knocked before entering rooms and asked peoples permission to enter.

Care records identified whether people who used the service had a specific religion or faith and also whether they would require support to practise this. The home had links with a local church and we saw that there were regular church services held at the home.

Care records we reviewed also contained 'advanced decisions'. These identified if the person had specific wishes about how they wanted to be cared for at the end of their life. The home was a member of the six steps programme, which promotes choice and high standards of care in end of life care.

People who used the service and visitors we spoke with told us that visitors were always made to feel welcome. One person said, "Staff always make my visitors welcome." A visitor told us that on one occasion they had asked if they could bring their dog into the home, they were told this was fine and it had been a big success. After the visit they were told they were welcome to bring the dog again. During our inspection we saw lots of visitors coming and going. They were warmly welcomed by staff.

We saw that leaflets were available to people who used the service to inform them about a local advocacy service should they need someone independent to advise them.

The provider had an Equality & Diversity policy. It stated that "Residents, members of staff, visitors, family and friends and contractors are not to be subjected to discrimination, victimised or harassed." This detailed how staff and residents human rights would be protected.

We found that care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

Is the service responsive?

Our findings

People we spoke with told us the service was responsive to meeting their needs. One person said, "Staff often come at about 8.30, I tell them to go away and come back at 9.00 and they do."

The registered manager told us that before someone started to live at the home an assessment of their needs and preferences was completed. The assessment process ensured people were suitably placed, staff knew about people's needs and goals and staff could meet people's needs. Records we looked at showed that once people started to live at the home another more detailed assessment was completed. These were used to develop care plans and risk assessments to guide staff on the support and care people needed.

We looked at three people's care records. We found they contained risk assessments and care plans that were detailed and written using respectful terms. They gave information about things that were important to and for the person including life history, routines, mental capacity, social interests, preferences, nutrition, how they wanted to be supported with their personal care, likes and dislikes, health conditions and well-being, medicines, mobility, social activities and how best to communicate with the person. They also gave information about what people could do for themselves.

We saw that where people needed support with behaviours that could challenge the service respectful guidance was given to staff in how best to support them. One person's care records identified that they would often become distressed later in the afternoon. The record stated how the person would show their distress and what staff should do to help the person remain calm.

People told us they received the support and care they needed. One person who used the service told us they knew they had a care plan and that they had seen it. They told us staff followed the care plans. They said "They need to cut my food up, they do this as I want, I am happy with it."

Records we looked at had been regularly reviewed by managers of the service and updated when changes in people's needs had occurred. We saw that people, and where appropriate their relatives, had been involved in creating the care records and in the reviews of the care and support provided.

Records we saw confirmed that at the start of each shift there was a detailed handover for staff coming on duty. The handover included important information about each person. This included how they had been during the previous shift, any health concerns, whether they were subject to a DoLS, any appointments they had for the day and any specific care and support needs such as fluid monitoring or pressure relief. Staff we spoke with told us this information helped them to ensure they provided the care people needed and that they were up to date with people's needs.

During our last inspection people we spoke with raised concerns about people's choice to smoke and availability of a suitable area for this. Since our last inspection we saw the provider had built an outside covered smoking shelter. At this inspection people told us they were supported to access the outside smoking area and that the area provided them with shelter in inclement weather.

We looked to see what activities were available for people who used the service. We found that activities were provided within the home and people were also supported to access community based activities.

Everyone we spoke with was positive about the activities coordinator and activities provided. People who used the service said, "The activities co-ordinator is lovely, I can't say nothing bad about her, this goes for all the staff", "There is a bus stop outside and a market along the road, it is very handy", "I would rather listen to music than anything else, I go to church only when it's special" and "I have joined in activities... and do all I can to help, there is enough to join in with if I want to, and [the activities co-ordinator] is wonderful." Another person told us, "I have the same range of choices as at home, I prefer this lounge as it is quieter and I wanted to paint in here, [the activities co-ordinator] gave me these paints and glitter to use. I am happy with what they offer and enjoy it."

A visitor told us that the staff try and keep people who used the service active. They told us, "They have entertainers in and a zoo thing, there are enough activities and school kids come in. [person who used the service] had lunch out on Tuesday and went out for tea and biscuits today." We saw that the activities co-ordinator had arranged for an organisation with a variety of animals to visit the home, these to include snails, a centipede, and a cockroach.

On the day of our inspection we saw evidence of a range of activities. Three of the people had gone for a coffee morning to one of the local churches, one the person was painting and staff were actively involved singing and dancing with some of the other people who lived at Sandon House. This was spontaneous and created a warm, homely feel. There was a market type barrow in the reception area selling greetings cards and pictures made by the people who lived at the care home the profits of which were for the resident's fund. There was also a small shop 'Greta's' selling a range of toiletries.

Future planned activities were advertised on notice boards throughout the home. Records we looked at showed activities included visiting entertainers, friendship scheme with a local school, art classes, reminiscence sessions, community outings in the homes minibus, luncheon club, visiting theatre and musical groups and games. People also visited the local school morning assembly every other week. The home also had a regular hairdresser on site, who people could book an appointment with.

We looked to see how the service dealt with complaints. We found the service had a policy and procedure which told people how they could complain and what the service would do about their complaint. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. We saw that a booklet about how to make complaints was available to people in all the public areas of the home.

Records we saw showed that there was a system for recording complaints, compliments and concerns. This included a record of responses made and any action taken. People we spoke with told us they had no complaints. I would feel ok to talk to a member of staff about something that's worrying me and "I have no complaints, I would speak to [the manager]" and "I would speak to my wife first of all [if there were a problem], if not I would speak to a member of staff. I would feel able to make a complaint but it has not happened yet."

We saw that the provider made information and policies available in a variety of accessible formats if people needed them. These included information in plain language large print and easy read. Posters advertising future events and activities in the home were on display throughout the home and were in large print to enable easier reading.

Is the service well-led?

Our findings

At the last comprehensive inspection on 26 April and 2 May 2017, we found that the home was in breach of Regulation 17, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider's quality assurance systems were not always effective and systems in place to gather people's feedback about the service were not sufficiently robust. The overall rating for this key question was requires improvement.

Following the last inspection we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key questions to at least good. At this inspection we found the required improvements had been made.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations. We found there were good systems of weekly, monthly and annual quality assurance check and audits. These were carried out by managers of the service and also the provider. These included care records and charts, finances, staff record keeping, activities, health and safety, infection control, food provision, falls, weights, safeguarding, cleaning, accident and incidents, training and complaints.

Sandon House used an audit tool with a set of Key Clinical Indicators (KCI) which allowed an in depth analysis of clinical risk. Each person who lived at the home had their dependency levels recorded and this was assessed and reviewed using a range of tools including how many falls they had had, their skin condition, their Waterlow score which gives an estimated risk for the development of pressure sores, their weight & Body Mass Index (BMI) and their risk of malnutrition using the MUST (Malnutrition Universal Screening Tool) calculator which. There was a traffic light system in place which highlighted the most vulnerable people and if their health was deteriorating.

The registered manager told us that twice every day they did a 'walk round' of the home. Records we looked at showed that these were used to check on the care being provided, cleanliness, staff hygiene practise, the dining experience and also to ask people who used the service for their feedback.

There was also evidence of the Registered Manager undertaking a range of health and safety audits and we could see that all the issues had been addressed. There was an infection control audit in which they had achieved 92% compliance in January 2018.

There was a 'Resident of the Day' programme which ensured that there was a review of all the care and support provided to the person including care records, food and their bedroom was deep cleaned on a monthly basis. We saw the registered manager checked the work to ensure it had been carried out to a high standard.

The service is required to have a registered manager in place. A registered manager is a person who has

registered with the Care Quality Commission (CQC) 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 service had a registered manager. We found the registered manager to be polite, friendly and helpful. We observed them engage spontaneously with residents and address them respectfully. The registered manager knew everyone who lived at the home well.

People who used the service spoke very highly of the registered manager and the way the service was run. One person who used the service said, "I know [the registered manager] and would feel able to talk to her if worried." A visitor told us the manager was approachable and said that, "She has listened to me." Another told us they would feel able to ask the manager if they had any concerns.

Most staff were positive about the registered manager and the way the home was now run. One staff member said, "You don't always get a thank you." Other staff we spoke with said, "She's lovely. I like her", "She is very fair and will support you if you have things outside of work", "[Registered manager] is very good, she will listen to us", "She is always available. I don't feel afraid of her." Staff also said of the registered manager, "She is lovely, very skilled and laid back" and "She is very approachable, really nice. You can't fault her."

Staff were positive about working at the home and the changes the provider had made. Staff told us, "There are some really good staff here. We are all good carers", "I like it here, staff are getting on now", "Other staff always help me if they can", "I wouldn't work here if I didn't like it" and "It's a nice atmosphere. The staff work together." One staff member said that since HC-One had been the provider, "The care has improved. The paperwork is better."

There was also a suggestion box that staff could use anonymously to raise any concerns or ideas. We were told no suggestion had been put forward recently. Records we looked at showed there were a variety of meetings available for staff to raise issues they had about the home. We saw that the registered manager also attended meetings with senior managers and managers from other homes the provider owns.

The provider had introduced a way for staff to share ideas for improving services or highlighting things that had worked well for staff or residents. They called this the "Blue Marshmallow idea". Staff could complete a form that identified what they thought could be improved, what their suggestion was and how the company would benefit or improve as a result.

We saw that the service had a range of policies and procedures in place. The policies we looked at included infection control, medicines administration, complaints, the Mental Capacity Act 2005, safeguarding adults and whistleblowing. These provide information and guidance to staff about the provider expectations and good practise.

We looked to see if people had the opportunity to comment on the service they received. When we looked around the home we saw on a noticeboard dates of forthcoming meetings with residents and relatives, minutes of previous meetings held and an invitation to the manager's open forum every month. People told us they were happy with the opportunities they had to give feedback on the service. People we spoke with told us, "I don't go to the residents' meetings but listen afterwards as I like to know what's going on" and "I have been to two residents' meetings, not much said about them but if you look on the board by the office they are there, I will certainly go to that, if my [family member] can come [person] will."

We saw that a survey had been sent to all residents and relatives in August 2017. We saw that people had

said that the dining experience could be improved and that the home was in need of re-decoration. We saw that as a result of this the way meal times were organised had been changed to allow staff more time to support people and that the home had started a programme of redecoration.

We saw there was a resident handbook and statement of purpose. These documents gave people who used the service the details of the facilities provided at this care home. These also explained the service's aims, values, objectives and services provided. The handbook also gave information about the provider's commitment to promoting equality and diversity in respect of the seven protected characteristics of the Equality Act 2010 namely; age, disability, gender, marital status, race, religion and sexual orientation. These documents helped to ensure people knew what to expect when they used this service.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of any DoLS authorisations, accidents, serious incidents, and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection on their website and in the home.