

Inspection Report

Name of Service:	Sandringham
Provider:	Ann's Care Homes
Date of Inspection:	24 October 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation:	Ann's Care Homes
Responsible Individual:	Mrs Charmaine Hamilton
Registered Manager:	Mrs Tracey Palmer
Service Profile – This home is a registered nursing home which provides nursing care for up to 63 patients. The home is divided in two units; one unit provides specialist care for up to 32 patients living with dementia and the second unit provides general nursing care for up to 31 patients. Patients have access to communal lounges and dining rooms and each unit has an enclosed garden/courtyard.	

2.0 Inspection summary

An unannounced inspection took place on 24 October 2024, from 9.45 am to 4.45 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 2 November 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was established that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated again. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patient comments included: "Everyone is very good to me, I feel safe here", "The staff are very good and the food is lovely" and "I am quite content".

Two returned questionnaires were from patients and they told us; "The care is excellent, I couldn't be happier and the staff do their best" and "The staff are like family to me, they are very kind and do a great job".

Patients also told us that staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Relatives spoken with on the day of the inspection confirmed they were very happy with the care their loved one receives in Sandringham. One relative completed and returned a questionnaire; the comments included; "10/10 good care for mum" and "I don't worry about mum anymore".

Staff spoken with said that Sandringham was a good place to work, they felt supported and reported that teamwork was good. Staff also commented positively about the management team and described them as very supportive and approachable. Discussion with the manager and staff confirmed that there were good working relationships between staff and management. Two staff completed questionnaires, the comments included; "Sandringham is a great place to work, we all want to make a difference" and "I feel valued".

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). Records showed that any nurse taking charge of the home had competency and capability assessments reviewed annually, to ensure they held the knowledge and skills required.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty and it was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

The atmosphere throughout the home was warm, welcoming and friendly. Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients.

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Patients who required care for wounds had this clearly recorded in their care records. There was evidence that nursing staff had consulted with specialist practitioners in the management of wounds, for example, the tissue viability nurse specialist and were following any recommendations made by these professionals.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they commenced neurological observations and sought medical assistance if required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Observation of the lunchtime meal served in both dining rooms confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising and nutritious. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. The patients commented positively about the food in Sandringham.

The importance of engaging with patients was well understood by the manager and staff. The home has dedicated activity staff employed. A number of patients were observed enjoying a demonstration by the activity staff of soup making, this was accompanied by singing and reminiscing. Once the soup was ready the patients all enjoyed a bowl of it.

Observation of this planned activity confirmed that staff knew and understood patients' preferences and wishes. The activity staff helped patients to participate in the activity and the patients appeared to enjoy it.

Other patients were observed in their bedrooms with their chosen activity such as reading, listening to music, watching television or waiting for their visitors to come.

The programme of social events was displayed in the several areas of the home and copies were available in patient bedrooms; arrangements were in place to meet patients' social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Patients' Environment

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, comfortable and welcoming. Patients' bedrooms were tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home. The manager advised of ongoing work towards the homes redecoration and refurbishment plan.

A sluice room was observed open with access to cleaning products. An area for improvement was identified to ensure staff compliance with the Control of Substances Hazardous to Health (COSHH) regulations.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Tracey Palmer has been the registered manager in this home since 16 August 2019.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

However, it was observed that the patient weight audit had not been completed regularly by the manager, this was discussed with the manager who advised of her current processes for the oversight of patient weights. It was agreed that the manager would forward her monthly weight audits to RQIA for review and the ongoing management and oversight of weights will be further reviewed at the next care inspection.

A review of records of accidents and incidents in the home evidenced that a number of notifiable accidents and incidents had not been reported to RQIA in keeping with regulation. This was discussed with a manager who agreed to audit the accident and incident records and submit notifications retrospectively. An area for improvement was stated for a second time.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	2*	0

*the total number of areas for improvement includes one regulation that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Tracey Palmer, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 30 Stated: Second time To be completed by: 25 October 2024	The Registered Person shall ensure that accidents and incidents are appropriately reported to RQIA in a timely manner. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: The Registered person is monitoring accidents and incidents on a daily basis and shall report to RQIA as per scope of notification in a timely manner. The importance of meeting compliance has been discussed with Deputies and all Registered Nurses during flash point and clinical governance meetings.
Area for Improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: 24 October 2024	The Registered Person shall ensure that sluice rooms are locked that contain chemicals; so that they are securely stored in accordance with COSHH regulations. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Registered person checked the lock following inspection, it was identified that the lock mechanism was not catching properly. This was changed and has resolved the issue. The importance of checking locks and reporting any issues with same has been discussed with staff. Spot checks will continue and be conducted by Home Manager and Nurse in charge during daily walkabouts.

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