Methodist Homes

Sandygate Residential Care Home

Inspection report

57 Sandygate
Wath Upon Dearne
Rotherham
South Yorkshire
S63 7LU

Tel: 01709877463
Website: www.mha.org.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 17 and 18 January 2017. The home was previously inspected in May 2015 when we checked the service was meeting the regulation it had been in breach of in December 2014, which was regarding staffing levels. At that inspection we found action had been taken to address the breach.

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

Sandygate Residential Home is a purpose built care home located on the outskirts of Wath Upon Dearne. The home provides accommodation for up to 54 people on two floors, a lift is available to access the first floor and all rooms have en-suite facilities. The care provided is for people who have needs associated with those of older people, this includes a dedicated unit for people living with dementia.

The service did not have a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run. However, a registered manager from one of the company's other homes was overseeing the home and a new manager had been appointed the week before our visit.

We found people were cared for by a stable staff team who knew them well. We saw staff encouraged people to be as independent as they were able to be and spoke with them in a friendly and respectful way.

People who used the service, and the visitors we spoke with, told us that overall they were happy with how care and support was provided at the home. They spoke positively about how staff delivered their care, but the majority of the people we spoke with raised concerns regarding the number of staff on duty, especially on the upstairs unit. They told us they felt this sometimes affected the timeliness of the care provision. We saw action was being taken to address this.

Systems were in place to make sure people received their medications safely, which included key staff receiving medication training. However, new monitoring checks needed embedding to ensure medication was administered correctly.

People we spoke with felt the home was a safe place for people to live and work. We saw there were systems in place to protect people from the risk of harm. Staff we spoke with were knowledgeable about safeguarding people and were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified any potential risks to people and plans were in place to ensure people's safety.

The recruitment system helped the employer make safer recruitment decisions when employing new staff. Staff had received a structured induction into how the home operated, and their job role, at the beginning of their employment. Following this they had access to a varied training programme that met the needs of the people using the service.

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. The people we spoke with said they were happy with the meals provided, but we saw the overall dining experience could be better.

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

People's needs had been assessed before they went to stay at the home and we found they, and their relatives, had been involved in planning their care. Care files checked reflected people's needs and preferences so staff had clear guidance on how to care for them.

People had access to activities which provided regular in-house stimulation, as well as trips out into the community. People told us they enjoyed the activities they took part in.

There was a system in place to tell people how to make a complaint and how it would be managed. We saw the complaints policy was easily available to people using and visiting the service. When concerns had been raised they had been investigated and resolved in a timely manner.

There were systems in place to monitor and improve the quality of the service provided. However, there had been some delay in the provider highlighting shortfalls such as staff appraisals and support meetings, as well as people's care reviews not being completed in line with the company policy. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. Assessments identified risks to people and plans were in place to manage any identified risks.

Recruitment processes were thorough which helped the employer make safer recruitment decisions when employing new staff.

It was not evident that there was always sufficient staff on duty to meet people's individual needs in a timely manner.

Systems were in place to make sure people received their medications safely, which included key staff receiving medication training. However, new monitoring checks needed embedding to ensure medication was administered correctly.

Is the service effective?

Good

The service was effective.

Staff had completed training in the Mental Capacity Act and understood how to support people whilst considering their best interest.

A structured induction programme and a varied training programme were available, which enabled staff to meet the needs of the people they supported.

People received a well-balanced diet that offered variety and choice. The people we spoke with said they were very happy with the meals provided, but we saw the dining experience could be better.

Is the service caring?

Good

The service was caring.

People were treated with respect, kindness and compassion.

Staff demonstrated a good understanding of respecting people's preferences and ensured their privacy and dignity was maintained.

We observed that staff took account of people's individual needs and preferences while supporting them.

Is the service responsive?

Good

The service was responsive.

People had been encouraged to be involved in care assessments and planning their care. Care plans reflected people's needs and preferences.

People had access to various activities and outings into the community, which they said they enjoyed.

There was a system in place to tell people how to make a complaint and how it would be managed. People told us they would feel comfortable raising any concerns with staff.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service did not have a registered manager, but alternative management arrangements had been made.

There were systems in place to assess if the home was operating correctly and people were satisfied with the service provided. This included meetings and regular audits. However, shortfalls had not always been identified by the provider in a timely manner and new systems needed to be embedded to ensure they were effective.

Staff had access to policies and procedures to inform and guide them.

Sandygate Residential Care Home

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 checked 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 comprehensive inspection took place on 17 and 18 January 2017 and was unannounced on the first day. The inspection was undertaken by an adult social care inspector who was accompanied by 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.

Prior to the inspection visit we gathered information from a number of sources. For instance, we looked at notifications sent to the Care Quality Commission by the provider and the provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also obtained the views of professionals who may have visited the home, such as service commissioners and Healthwatch Rotherham. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 52 people using the service. We spoke with four people living at the service and six relatives. We also 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 talk with us. We spoke with three members of the management team, including the new manager, as well as four care workers, the activities co-ordinator and the cook.

We looked at the care records for three people using the service, as well as records relating to the

management of the home. This included staff rotas, minutes of meetings, medication records and two staff recruitment files, as well as the training and support staff had received. We also reviewed quality and monitoring checks carried out by senior staff and the home's management team.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with said Sandygate was a safe place to live and work. One relative told us, "I think she is very safe here. They care for her and call me if anything happens."

We found care and support was planned and delivered in a way that promoted people's safety and welfare. Care files sampled showed records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. Staff demonstrated a good understanding of people's needs and how to keep them safe. They clearly described how they encouraged people to stay as independent as possible while monitoring their safety

The management team were aware of the local authority's safeguarding adult's procedures, which aimed to make sure incidents were reported and investigated appropriately. We saw concerns raised had been documented and action taken to ensure people were being supported safely. This had also been monitored at company level. Staff had access to clear guidance, as well as on-going training, about keeping people safe from abuse and reporting any incidents appropriately. The staff we spoke with could identify the types and signs of abuse and were knowledgeable about what to do if they had any concerns.

Overall we found people's needs were met in a timely manner, but there were times when people had to wait to receive support. For instance, one person had to wait for assistance from the toilet for longer than would be expected. We also saw that at lunchtime on the first day of the inspection dining tables had not been fully set prior to people sitting down for their meal and people had to wait for drinks because glasses had not been collected and washed. Senior staff also told us the morning medication round on the first floor could take over two hours to complete, which left only three care workers to assist the 33 people living on that floor. Therefore they felt additional staff was needed to ensure people's needs were met in a timely manner.

One person using the service on the first floor commented, "When it's very busy they can't get to you, sometimes you are waiting an hour." Another person living upstairs told us, "Sometimes they could do with more staff especially at night when there are only three [staff] on, I can see to myself, but a lot in here can't and they do wait a long time, although staff are doing their best." A relative said, "I don't think there are always enough staff, when we had a meeting some months ago and they said there were supposed to be six staff up here and six downstairs, it looks as if there are quite a lot in today, but not normally, sometimes there are as little as three and even two and they can't cope." However, another relative said they felt staffing levels had improved over the past few months.

On the ground floor staff felt there were sufficient staff with a senior care worker and three care workers to support the 21 people living of the unit. However a relative told us "There aren't enough staff most of the time for me, but the care quality is good." Another relative said, "At weekend there are a lot less staff on I don't mind taking [female family member] to the toilet but [male relative] had to take her [on one particular occasion] because there was no one to ask."

On the first day on the inspection there were four staff on each floor, plus management and ancillary staff. Managers told us they had recently increased the numbers to nine, so there would normally be an extra care worker available on the first floor, which was the case on the second day of our visit. The new manager said she had identified that additional support was needed, especially on the upstairs unit in the morning, to support the senior care worker in administering medications, and this was to be discussed with her line manager later that week. Following the inspection the new manager confirmed that a new rolling rota had been devised and would be introduced to staff shortly. They said as well as the additional care worker, plans had been approved to have an extra senior care worker, or someone training in an extended role to administer medication. This would ensure more staff were available to support people at busy times and medication would be administered in a shorter timeframe. Staff rota's provided showed the service planned to have a minimum of nine care staff on duty each day.

We checked the arrangements in place to ensure that people's medicines were safely managed, and our observations showed that overall these arrangements were appropriate. However, we noted that although some people prescribed 'when required' [PRN] medicines had protocols to provide staff with information about how and when that PRN medication should be administered, other people did not. We discussed this with the management team who addressed any shortfalls straight away.

Staff responsible for administering medicines had completed appropriate training and were subject to on-going observational competency assessments to ensure they were following company polices. However, at the time of our inspection the management team were looking into a reported discrepancy in one person's medication. The provider had taken appropriate action to make sure people were receiving their medication safely. The local authority had visited the home prior to our inspection; they reported they had found no major concerns. Additional monitoring had been introduced and the manager had arranged for the dispensing pharmacist to carry out a further audit shortly after the inspection.

There was a satisfactory recruitment and selection process in place which a manager told us was supported by the company human resources team. The staff files we checked demonstrated that all the essential pre-employment checks required had been undertaken. This included at least two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. New staff had completed a structured induction to the home, as well as the company's mandatory training.

Good

Is the service effective?

Our findings

People we spoke with made positive comments about the way they or their family member was cared for by staff. We saw staff interacted well with people and had the skills and knowledge to ensure people's needs were met to a good standard. A relative told us, "They [staff] keep me informed if anything happens I am satisfied with the home." Another relative commented, "They [staff] can't do enough for you. Staff are great."

On the first day of the inspection we observed lunch being served in both dining rooms and spoke with people about their satisfaction with the meals provided. Menus were displayed on each table. People had either chosen what they wanted to eat prior to the meal or staff offered a selection of options on the day. The dining room in the unit for people living with dementia had a relaxed atmosphere and tables were nicely set with tablecloths and cutlery.

The dining room on the first floor seemed less organised with tables only partially set. For instance, several tables had no glasses so people had to wait while more glasses were found and distributed before they could have a drink. We also saw care staff trying to set tables with serviettes and cutlery after the hot trolley had arrived and meals were being served. We spoke with the management team and the head chef about this. The chef explained that the dishwasher was broken and awaiting repair which could affect the glasses available, but we saw staff had not taken this into account in advance. The new manager asked the head chef to carry out an inventory of cutlery and glasses so an order could be placed if there were any shortfalls.

All the people we spoke with were happy with the meals provided. One person who lived at the home told us, "I do enjoy my food, I eat it all, it's very nice. They cook special food for me as well, they are very good". Another person commented, "There is always a choice of food, a huge choice of breakfast and tea and snacks." A relative said, "My mother's food is always nice, the sweets are all separate and the custards are lovely."

We saw people who needed assistance to eat their meal were supported appropriately. We noted that one person would not sit down to eat their lunch at the same time as everyone else, although staff tried very hard to encourage them. We asked a care worker if they would be offered something to eat later. They told us, "We will wait until everyone has gone, put their favourite music on and give them some one to one [attention] then maybe they will take something."

The head chef gave good examples of catering for people's medical and cultural dietary needs, as well as their preferences. At lunchtime we saw they were present in the dining rooms to make sure people were served the correct meal and were enjoying it. They talked to people and were very involved in making sure they were happy with the meal.

A trolley was taken round midmorning and mid-afternoon, with a good selection of snacks and drinks. People commented that the cakes were lovely and the tea was nice and hot. The head chef told us how alongside regular favourites they also prepared some experimental taster dishes for people to try, if they

wanted to. The home had a snacks menu which was displayed in the reception area and available in each person's room, it outlined the snacks that could be provided at any time of the day or night.

We checked three people's care records to look at information about their dietary needs and food preferences. Each file contained up to date details, including screening and monitoring records to prevent or manage the risk of poor diets or malnutrition. We found healthcare professionals such as GPs, dieticians and the speech and language team had been involved if there were any concerns about meeting people's dietary needs.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found applications had been made to the DoLS supervisory body. We saw two applications had been approved, and the manager said they were waiting for the outcomes of other applications.

Records demonstrated that where people could not speak for themselves decisions had been made in their best interest and these were recorded in their care files. Relatives told us they had been involved in planning their family members care and decisions made in their best interest.

New staff had completed a structured induction into the home. We saw this included completing an induction workbook and shadowing an experienced staff member until they were assessed as confident and competent in their role. We saw they had also completed the company's mandatory training, which included moving people safely, health and safety, food safety and safeguarding vulnerable people from abuse. Staff were also given pocket sized laminated flashcards which provided information on topics such as The Mental Capacity Act, different food textures guidance, duty of candour and safeguarding people.

Staff had received refresher training and periodic support sessions to enable them to be able to carry out their roles and responsibilities. We saw a computerised training matrix was used to map when staff had completed, or needed to update their training. Although we saw some refresher training was overdue reminders had been sent to the staff concerned giving a timescale for the training to be completed. However, we were told annual appraisals had not taken place in a timely manner. This had been identified in an audit in October 2016 and the manager said action was being taken to make sure all staff received this year's appraisal as soon as possible.

Staff confirmed they had completed the company's mandatory training. Training completed included 'The Person Inside' which gave staff an insight into people living with dementia, and 'The Final Lap' which included information about different cultures, religions and end of life needs. Most staff told us they felt they were well training to carry out their job, but one member of staff said they would like training on topics, such as supporting people with diabetes, strokes and Parkinson's disease. A manager told us the company had recently changed its training provider which meant staff could access an even more varied training package, which included these subjects. The new manager said they would also check if any other training would be beneficial to staff.

Good

Is the service caring?

Our findings

We saw interaction between people using the service and staff was good. For instance, on the first day of our visit although staff on the first floor were busy interaction was very good, affectionate and respectful. A relative told us, "Interaction between [family member] and staff is really lovely." Another relative said, "The majority of them [staff] are caring, but there are the ones who will always go that extra inch [named three staff] they are always brilliant." A third relative commented, "One thing you can say about this place they are all nice people." Another relative said, "They [staff] are very busy, but always seem caring."

We found people were cared for by a stable staff team who knew them well, which gave them continuity in their care delivery. Staff were able to describe the ways in which they got to know people, such as talking to them or their relatives and reading their care files, which included information about people's preferences, their likes, dislikes and history.

Staff described to us how they preserved people's privacy and dignity by knocking on bedroom doors before entering, closing doors and curtains while providing personal care and speaking to people about things quietly, so they could not be overheard. A care worker told us, "I lead by example. I speak to people properly and listen to what their requests are. You have to weigh up the risks, like if it is safe for them to be left alone in the bathroom, but promote independence if you can." Staff communicated well with people and where necessary they spoke with people in a discreet manner and listened to them, making eye contact and waiting patiently for their reply. People living at the home looked well-presented and cared for. We saw staff treated them with dignity and maintained their independence.

We saw people were offered choice, such as where they spent their time, meals and what activities they took part in. The head chef described how they tried to see each person to find out about their food preferences and kept information gathered in the kitchen so all staff could access it. They told us how they had prepared salmon for one person that day, even though it was not on the menu, because they had not been feeling too well. They added, "It was what they fancied, so why not."

People were encouraged to share their views at meetings and individually on a daily basis. We also saw the home was trialling a 'Seize the day' programme, which was aimed at supporting people to achieve something they had wanted to do in their life.

Information was available in the reception area about various topics. This included the 'Service Users Guide' outlining topics such as how the home operated and the company's aims and objectives. Information about how to make a complaint, the last inspection report, religious services and how to access an independent advocacy service was also available.

During the inspection we saw two religious services taking place and these were arranged on a regular basis. Staff told us if people preferred to visit their own religious building this would be arranged.

Relatives we spoke with said they could visit without restriction. We saw visitors freely coming and going as

they wanted during our inspection.

There were end of life care arrangements in place to ensure people had a comfortable and dignified death.

Good

Is the service responsive?

Our findings

The people we spoke with indicated they were happy with the care and support provided. We saw they looked happy and interacted with staff in a very positive way. A relative told us, "Staff know mum well. When she rings at a certain time they just take her a cup of tea as they know that's what she wants."

The care records we sampled showed needs assessments had been carried out before people stayed at the home and this was confirmed by people we spoke with. Information collated had then been used to help formulate the person's care plan.

Care files sampled contained detailed information about the care and support the person needed, along with information about how staff could minimise any identified risks. We found care plans clearly described the person's needs and detailed exactly how staff should support each person, so that their individual needs were met. Care plans and risk assessments had been regularly assessed to ensure they continued to describe the way people should be supported, and reflected their changing needs. However, we noted that six monthly care reviews had not always taken place when due. The management team had taken action to address this by putting up a poster in reception asking relatives to arrange reviews and by sending out invitation letters to people.

The home employed a designated activities co-ordinator who arranged social activities and stimulation within the home and out in the community. We saw activities such as knitting, games and chair exercises taking place. During the afternoon on the first day of our visit we saw one person being presented with a birthday cake and their relative had arranged for an outside entertainer to sing at the party that was held. All the people in the dining room enjoyed the experience. People told us they enjoyed the activities they took part in. One person said, "We do exercises every day [staff member] is really very good. In summer we have outings on a coach to Wentworth or Cleethorpes, very nice outings and Christmas was lovely."

The coordinator told us the home was linked with two local schools and children's choirs visited a few times a year, plus people living at the home were invited to the school for a show and tea at Christmas. A manager described how music therapy was being used at the home with the aim of calming people who were unsettled. They said a designated music therapist spent time with each person taking part over a six weeks period, and the outcome of each session was recorded and analysed to weigh up the benefits. Following this if it was found to be beneficial a referral would be made for designated one to one time for the music therapy to take place.

The provider had a complaints procedure which was available to people who lived and visited the home. We saw concerns received had been recorded and reflected any action taken to address the concern, and if appropriate improve the service. None of the people we spoke with had made a formal complaint, but a few people highlighted areas they had raised for improvement. For instance, a relative told us, "I have seen somebody in my mother's skirt and a lot of vests have gone missing" Another relative said they did not know if there was a complaints procedure, but said, "We have meetings and I give them feedback then. We do say what we think and I think they listen."

We also saw a compliments file was available in the reception area. It contained cards and letters thanking staff for the care provided.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection the service did not have a manager in post who was registered with the Care Quality Commission. However, the provider had arranged for a registered manager from another of their homes to oversee the running of the service while a new manager was recruited. A new manager had been recruited and she had commenced her induction into the company the week before the inspection. The new manager told us the two local registered managers, along with the area manager, were supporting her through her induction period. She confirmed she would be applying to become the registered manager of Sandygate in the near future.

The people we spoke with said they were happy with the overall care provided and how the home was run. However, the majority of people we spoke with felt there was not enough staff on duty. When we asked staff if they felt there was anything the provider could change to improve the service nearly all of them said staffing numbers, especially on the first floor, needed to be increased to ensure people's needs were met to a good standard. When we asked a relative if there was anything they would like to change to make things better at the home they said there was nothing, adding, "[Family member] is happy and that's good enough for me."

The provider had used questionnaires and meetings to gain people's views on how the home operated and to share information. The summary for a survey carried out by an external company in 2014 – 15 showed that people using the service and relatives were happy with how the service operated. A manager told us the 2016 – 17 surveys would be completed shortly. Minutes of meetings demonstrated that people using the service, relatives and staff had been actively involved in changes made at the home, such as the interim management arrangements, and had had the opportunity to share their views.

A manager told us staff should receive supervision sessions six times a year and this should include an annual appraisal of their work performance, including discussions about their training and development needs. However, over the last year staff had not received formal supervision and an annual appraisal in line with the Methodist Homes policy. We found most care staff had received at least four support sessions, but only one person had received their annual appraisal within the correct timescale. We saw this had been highlighted following a company audit in October 2016 and plans were being put in place to action the shortfall, but little progress had been made. Staff told us they felt morale had been very low over the last year. A staff member told us they felt the new manager was approachable and would listen to any concerns.

There were systems in place to monitor and improve the quality of the service provided, but these had not always been effective in identifying shortfalls in a timely manner. We saw various audits and checks had taken place periodically for areas such as the kitchen, infection control, fire safety, medication and care plans. We sampled a variety of audits including the last service manager's quarterly audit available, dated March 2016. Although further audits may have been completed the manager could not evidence these had taken place. We also looked at an audit completed in October 2016 by the residential support lead for the company, who had spent two weeks supporting staff. An action plan had been formulated and we found many of the areas for improvement highlighted in the audit had been addressed, but others were still

outstanding, such as the need for more sensory equipment in the unit for people living with dementia, six monthly care plan reviews and staff appraisals. The shortfalls we found, including the management of staffing levels, demonstrated that although the majority of the action points had now been met, further work was required, and any new systems needed to be embedded to ensure standards did not drop again in the future.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems were in place to monitor all safeguarding concerns, accidents and incidents to look for patterns and trends. This was shared with the company head office so the provider had a clear overview of incidents that had occurred in the home and actions taken.

We saw the service had been awarded a five star rating by the Environmental Health Officer for the systems and equipment in place in the kitchen. This is the highest rating achievable.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The system to assess and monitor the quality of the service provided did not always identify and address shortfalls in a timely manner.