

SandyLane Limited

# Sandy Lane Hotel

## Inspection report

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Sandy Lane Hotel is a residential care home providing personal care for up to 31 people. At the time of the inspection, 23 people were using the service. The service has 3 floors which can be accessed by a lift.

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

The provider had failed to make the required improvements to the safety and quality of the service. Governance systems in place were ineffective at identifying shortfalls and failed to support sufficient improvements.

People did not always receive their medicines as prescribed and processes were not followed to ensure people's medicines were in date and safe to administer. Risks to people's safety and wellbeing were not effectively assessed and mitigated and there was a lack of oversight to ensure people's care was delivered in line with their care plans. Some equipment and areas of the service could not be appropriately cleaned and were not clean during the inspection.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic. Staff did not have relevant training to meet the needs of people with a learning disability or autistic people.

People received appropriate support to eat and drink and specialised diets were catered for. Though records did not show regular monitoring and oversight of the support people received with meals and drinks to manage risks of malnutrition and dehydration.

People and their relatives were positive about the staff and the care provided. Communication with people's relatives and relevant healthcare professionals had improved whilst the new management team were in post. Feedback about the delivery of the service had started to be gathered and used to make some changes.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 12 August 2022). The service remains rated inadequate. This service has been rated inadequate for the last 3 consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider had addressed the breach of regulation regarding staff recruitment, but they remained in breach of regulations 9 (Person-centred care), 12 (Safe care and treatment) and 17 (Good governance).

At our last inspection we recommended that the provider reviewed their training procedures to ensure staff had the appropriate training to support people. At this inspection we found the provider had not acted on the recommendation and was in breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Why we inspected

We carried out an unannounced focused inspection of this service on 15 June 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person-centred care, safe care and treatment and good governance.

This focused inspection was carried out to follow up on action we told the provider to take at the last inspection regarding fit and proper persons employed, to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed and remains inadequate. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sandy Lane Hotel on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We have identified breaches in relation to medicines, risk management, infection prevention and control, mental capacity, staff training, person-centred care and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Since the last inspection we recognised that the provider had failed to notify CQC of all notifiable incidents. This was a breach of regulation 18(2) of the Care Quality Commission (Registration) Regulations 2009.

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes

to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-led findings below.

# Sandy Lane Hotel

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by 2 inspectors on the first day and 1 inspector on the second day.

#### Service and service type

Sandy Lane Hotel is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sandy Lane Hotel is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection a manager was in post and they had applied to register.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority contracts and safeguarding teams. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 8 members of staff including care staff, senior staff, the deputy manager and the manager. We also spoke with 3 people who used the service, 4 relatives and observed staff interactions.

We looked around the home to review the facilities available for people and the infection prevention and control procedures in place. We also looked at a range of documentation including care files, daily records and medication administration records for 4 people. We looked at 3 staff recruitment files and reviewed documentation relating to the management and running of the service such as staff rotas, training and audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 (2) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People did not always receive their medicines as prescribed as stock was not effectively monitored which meant at times people ran out of their medicine.
- The provider could not be assured medicine was safe to use as medicine opened dates had not always been recorded.
- Handwritten medicine records were not always completed by 2 staff which meant staff could not be assured the administration instructions were correct which placed people at risk of having their medicines administered incorrectly.

The continued failure to ensure the proper and safe management of medicines placed people at risk of harm. This was a continued breach of regulation 12 (2) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded following the inspection. They confirmed a medicines champion was in place, they were moving to a new medicine administration system and staff competencies for the safe administration of medicines were checked.

- Staff were knowledgeable about when people needed their 'as and when required' medicines, how to record these and administering time specific medicines.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to manage risks to the health and safety of people. This was a breach of regulation 12 (2) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risks to people's safety and wellbeing were not effectively assessed and mitigated. One person required support with positional changes every 2 hours to help maintain their skin integrity. However, records showed they did not always receive pressure relief in line with their care plan. This placed them at risk of skin breakdown.
- Care plans and risk assessments were not always up to date and did not always support staff to effectively monitor changes in the level of risk.
- Sufficient systems were not in place to ensure all equipment was in good working order and safe to use. For example, there were no safety checks completed on bedrails to ensure they were well maintained and to manage the risk of entrapment.
- Regular fire drills were completed. However, records did not show any fire drills had been completed at night when less staff were in the building which meant the provider could not be assured all night staff were aware of fire procedures.

The continued failure to effectively manage risks to people's health and safety placed people at risk of harm. This was a continued breach of regulation 12 (2) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection

At our last inspection we identified the provider had failed to ensure the risk of spread of infection was managed. There was a breach of regulation 12 (2) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Some areas of the service and equipment were dirty and could not be effectively cleaned. For example, 2 wheelchairs and an air-flow mattresses were dirty, flooring in the laundry was damaged, a commode had damage to the arms and rusty wheels which meant these areas could not be properly cleaned.
- There was sufficient stock of Personal Protective Equipment (PPE) in the service. However, PPE was not always stored appropriately which placed it at risk of cross contamination.

The continued failure to effectively manage the risk of the spread of infection placed people at risk of harm. This was a continued breach of regulation 12 (2) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

At our last inspection we identified the provider had failed to ensure staff were recruited safely. This was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had reviewed and amended their recruitment processes which had supported the safe recruitment of suitable staff.
- The provider used a tool to help determine safe staffing levels. The manager monitored staffing levels and had increased staffing levels in the morning to ensure people received support in a timely manner. Though staff told us they felt staffing should also be increased in an afternoon.

Systems and processes to safeguard people from the risk of abuse

- Staff were able to identify safeguarding concerns and understood reporting processes.
- Safeguarding concerns had been reported to the local authority safeguarding team.

Learning lessons when things go wrong

- Appropriate action had been taken following accidents and incidents.
- Systems were in place to support learning from accidents and incidents to reduce the risk of them happening again.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had failed to ensure the MCA was effectively applied to ensure consent was gained and care was delivered in the least restrictive way. People's capacity to make specific decisions around support and restrictions had not been assessed to ensure people could consent. Where people were unable to make decisions, records were not in place to show decisions made were in people's best interests and they were the least restrictive option.
- The provider had not ensured an individual approach to the use of the MCA. We found generic capacity assessments were in place which were not decision specific. This was not in line with the MCA.
- DoLS had been applied for and authorisations granted. However, the provider had not ensured all DoLS conditions were met. Conditions included ensuring mental capacity assessments and best interest records were in place and applying for further DoLS authorisations within set timeframes.

The failure to effectively apply the MCA and meet DoLS conditions meant people's care was not always provided with the relevant consent and the use of restrictions had not been appropriately explored. This was a breach of regulation 11 (1) (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded following the inspection. They confirmed the manager had completed further training around the MCA and DoLS and care plans were updated.

Staff support: induction, training, skills and experience

- In the PIR, the provider told us staff were registered for training to support people with a learning disability and autistic people. However, we found this had not happened as staff had not been enrolled and had not completed relevant training as required.

The failure to ensure staff were trained in understanding the needs of people with a learning disability and autistic people placed people at risk of their needs not being met. This was a breach of regulation 18 (2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised this with the manager as some people who used the service had a learning disability. The manager ensured 2 staff completed appropriate training by the second day of the inspection and advised remaining staff had been enrolled.

- Staff received support and supervision in line with the provider's policy.
- New staff completed an induction which included training and shadowing experienced members of staff. Staff were mostly positive about training the induction process and time spent on induction.

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

- Food and fluid records were not effectively completed or monitored to manage risks associated with dehydration and malnutrition.
- People's weight was monitored, though this was not always completed in line with their needs and care plans were not always updated with action taken by staff to mitigate the risk of weight loss.
- Staff were knowledgeable about people's preferences and their needs related to eating and drinking. A relative told us, "My relative has been fed well, I've seen what they fed them and staff will provide an alternative if my relative doesn't want it and because they are diabetic they have gone and bought diabetic marmalade. Staff know to keep an eye on them and their blood sugars are within the target range."
- Where required, staff supported people to eat and drink and catered for specialised diets.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's needs were assessed prior to using the service and the views of people and their relatives were recorded. A relative told us, "The manager came to hospital to assess [Person's name's] needs, I was present then and the deputy manager did an assessment for my other relative".
- Care plans were created and reviewed but did not always contain up to date or detailed information about people's needs and preferences.
- Pictures were used to help people identify toilets, but there was a lack of signage to help people find their bedrooms.
- The service was spacious and had different areas where people could spend their time. A relative told us, "It's more of a home form home for them which is important for my relatives. They've got their comfortable areas and it is decorated how a home should be."

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

- Referrals were made to relevant professionals to meet people's needs. A healthcare professional said, "Staff are contacting the community nurses to report concerns in a timely manner."
- Staff knew people well and could recognise changes in people's wellbeing. Updates to people's needs were shared with staff at the start of their shift during handover.
- Communication with people's relatives had improved. We received positive feedback from people's

relatives about how staff kept them informed about their relatives' care. A relative said, "We had quite a few issues previously, but since the new team have been in, they have been brilliant, and we can't fault them with my relatives care and communication with us, as they now ring and tell me things about my relative and communication is much better."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the provider failed to ensure systems were effective, in place and robust enough to demonstrate the service was effectively managed. This was a breach of the regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The provider continued to fail to fully understand their responsibilities and understand the importance of effectively managing risk. They had not learned from and fully addressed all issues found at the previous inspection.
- Quality assurance systems were in place but were ineffective in identifying and addressing shortfalls. For example, medicine audits were completed regularly. However, they had not ensured all medicines were audited and had failed to find issues with stock, opened dates and medicine records which were found during the inspection.
- There was a lack of robust oversight to identify and address fire safety issues. The provider's fire safety policy had not been followed, as fire records did not show when fire drills were completed and there was a lack of oversight to ensure all staff had participated in fire drills. Systems had failed to identify these safety issues.
- The MCA and DoLS monitoring system was ineffective as it did not support the provider to ensure care was delivered with people's consent and DoLS conditions were not always met.
- Reviews of people's care plans had not identified shortfalls in care plans and records. Care plans and risk assessments were not always reviewed and updated following changes to people's needs and complete records were not always kept and did not always show care was delivered in line with people's care plans.

The continued failure to improve the safety and the quality of the service and records through quality monitoring placed people at risk of harm and at risk of receiving a poor-quality service. This was a continued breach of regulation 17 (1) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

outcomes for people

At our last inspection the provider failed to provide person-centred care and support to meet people's needs. This was a breach of regulation 9 (1) (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- There continued to be limited evidence that people had access to a range of meaningful activities in line with their personal preferences.
- An activity co-ordinator was not employed and there were no activity boards or menus displayed to empower people to make choices about their lives. TV shows and films were the only activities seen during the inspection.
- Although care plans contained some person-centred information, records did not always show these were followed.

The continued failure to provide person-centred care and support placed people at risk of harm through their needs not being met. This was a continued breach of regulation 9 (1) (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received positive feedback from people's relatives about the management team and their caring approach to people. A relative said, "Staff are very helpful and the manager and deputy manager have no problem talking to you. The manager knows everyone's name and talks and interacts with people."
- The management team promoted a caring culture which also extended to people's relatives. A relative said, "I could not fault the care my relative got. They phoned me to say they were really poorly, a senior staff member explained what was happening in a lovely way and afterwards another sorted out the undertaker as I didn't know what to do. They were so supportive and went over and above what I expected."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider's systems had not ensured all notifiable incidents were reported to CQC these related to safeguarding concerns, serious injuries and DoLS authorisations.

This was a breach of regulation 18 (2) of the Care Quality Commission (Registration) Regulations 2009. We will take action outside of the inspection process in relation to this matter.

- The provider had a policy in place to promote the duty of candour and the manager understood the need to be open and honest.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had started to implement systems to gather feedback from people involved with the service. This included questionnaires for relatives and professionals and staff meetings. Feedback had been used to help develop the service which included purchasing an activity table for people to use.
- Referrals were made to relevant professionals and staff sought advice when required.
- Working relationships with healthcare professionals had improved. A healthcare professional told us, "The care that is being provided has significantly improved, we have developed a good professional relationship

which only benefits the care of people at Sandy Lane Hotel."

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 9 HSCA RA Regulations 2014 Person-centred care  The provider failed to provide person-centred care and support which reflected people's preferences. Regulation 9 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider had failed to effectively apply the MCA and meet DoLS conditions. The provider had failed to ensure care and treatment was provided with the consent of the relevant person. Regulation 11 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider failed to ensure staff were trained in understanding the needs of people with a learning disability and autistic people. Regulation 18 (2)(a)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to ensure the proper and safe management of medicines. The provider failed to effectively manage risks to people's health and safety. The provider failed to effectively manage the risk of the spread of infection. Regulation 12 (1)(2)(a)(b)(g)(h)

### The enforcement action we took:

We have proposed to vary a condition on the provider's registration due to the lack of improvements to the service and delivering a poor-quality service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to improve the safety and the quality of the service and records through quality monitoring. Regulation 17 (1)(2)(a)(c)

### The enforcement action we took:

We have proposed to vary a condition on the provider's registration due to the lack of improvements to the service and delivering a poor-quality service.