

Sandylane Limited

Sandy Lane Hotel

Inspection report

33 Sands Lane
Bridlington
Humberside
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Tel: 01262229561

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 24 April 2018 and was unannounced. At the last inspection in February 2017 we found breaches of Regulations 12 Safe Care and Treatment and 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found that sufficient improvements had been made and the provider was no longer in breach of regulations.

Sandy Lane Hotel is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 31 older people who may be living with dementia. There were 24 people living at the service on the day of the inspection.

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were managed safely and in line with the company policy. Staff had received training and we saw checks had been completed to ensure staff were competent.

People told us they felt safe at the service. The service followed local safeguarding authority procedures in order to protect people and staff were trained accordingly.

Risks to people's health, safety and well being had been assessed. There were some minor issues around infection control which the registered manager addressed immediately. Where needed people were referred to healthcare professionals for support.

Accidents and Incidents had been recorded and analysed. Actions plans were in place where it had been identified that improvements or changes were needed to prevent reoccurrence of incidents.

There was sufficient staff on duty to meet people's needs. The recruitment process was robust. Staff were trained in subjects that enabled them to meet people's needs. Staff were supported through supervision, attended meetings with the management team and told us they enjoyed working at the service.

The environment was suitable for the needs of the people living there and had some positive dementia friendly areas. Communal areas displayed items for reminiscence and people's bedrooms had been personalised.

The provider had developed policies and procedures around equality and diversity to ensure a fair and equal service for all service users.

We observed some positive interactions between staff and people who used the service. Staff treated people with dignity and respect.

People had person centred care plans which reflected individual needs. We saw an activities programme displayed but people told us they would like to do more. People's sensory needs had been identified although this area could be developed further in line with the Accessible Information Standard.

People were aware of who they should talk to if they had a complaint.

There was a quality monitoring system in place with audits and checks of the service completed. The service had notified us of important events in a timely way.

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.

Medicines were managed safely in line with the company policy.

Risks to people's health and safety had been considered and risk assessments put in place to address these.

Accidents and incidents had been reviewed and an action plan put in place where actions were necessary to prevent any reoccurrence.

Is the service effective?

Good ●

The service was effective.

Staff received adequate training and support to be able to carry out their roles. They were supported through supervision.

People's mental capacity had been considered and where necessary deprivation of liberty authorisations had been sought.

We observed that people's nutritional needs were met although we received mixed feedback about the food provided. People had been referred to healthcare professionals when further support with eating and drinking was needed.

Is the service caring?

Good ●

The service was caring.

The feedback from people about staff was positive and we observed good relationships between them. Relationships were supported.

People's privacy and dignity was respected.

People were clean and tidy and their rooms were personalised to their taste. The service had policies and procedures around equality and diversity.

Is the service responsive?

Good ●

The service is responsive.

Care plans reflected people's individual needs and staff had all the information required to care for people. People's social needs were met through a programme of activities but people told us they would like to do more. There were communication care plans in place which identified any individual needs.

People knew who to speak to if they wished to make a complaint.

Is the service well-led?

Good ●

The service is well led.

There was a registered manager in post and they were supported by a deputy manager and senior care workers. Staff told us they felt supported by the management team.

Audits and checks had been carried out to monitor all aspects of the service. Action plans were devised where there was a need for action to be taken.

Regular meetings were held for staff which enabled them to be updated on any changes to practice or the law.

Sandy Lane Hotel

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 24 April 2018 and was unannounced.

The inspection team was made up of two adult social care inspectors.

Prior to the inspection, we checked information we had received about the service, including any notifications the provider had sent us. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. They enable us to monitor any trends or concerns within the service. The provider completed a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make. We contacted the local authority's safeguarding adults team and contracts and commissioning teams. All the information helped us to plan the inspection.

During the inspection we spoke with the registered manager, deputy manager and three care workers. We also spoke with three people and two relatives on the day of the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff administering medicines, the lunch time period and activities taking place.

We looked at three care plans, audited four people's medicines administration records, reviewed information relating to staff training. We looked at three staff recruitment files as well as audits and checks relating to the management of the service and the premises such as meeting minutes.

Is the service safe?

Our findings

At the last inspection in February 2017 we had concerns about medicines management, infection control and the health and safety of people which resulted in a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found that sufficient improvement had been made and that there was no further breach of regulation.

People who were able to communicate with us told us they felt safe living at Sandy Lane Hotel. One person said, "I feel very safe. The staff are lovely." A relative told us they felt their family member was safe at the service. Our observations during the inspection indicated that people were kept safe by staff.

Medicines were managed safely in line with the company policy. We reviewed medicine administration records for four people and found they had been completed appropriately and that stocks were correct. Medicines were locked in a cabinet which was in a secure room. Medicines were only administered by senior staff who had completed training. Staff told us they followed the '6C's' when managing people's medicines. They are right resident, right medicine, right route, right time, right dose and right to refuse.

There were information sheets available where specific medicines were used. This meant staff had the information they needed to ensure people's safety when taking these medicines. The National Institute for Health and Care Excellence (NICE) guidance was used by staff to ensure they were following best practice guidance. NICE provides national guidance and advice to improve health and social care.

There were protocols in place for, 'when required' medicines giving staff the information they needed to administer these medicines safely. Fridge and medicine room temperatures had been completed to ensure that medicines were stored at the correct temperature. However, there were no daily maximum or minimum temperatures recorded. Recording these ensures that the fridge or area where medicines are stored does not go outside of the safe temperature range for storage.

We checked the controlled drugs (CDs) and saw that staff completed an audit of CDs weekly. We checked the CD register and saw that it was completed in line with guidance.

Infection control at the service had improved although there were some minor issues identified. For example, soap dispensers were not in every toilet but the registered manager carried out an environmental check and devised an action plan. Actions, were completed promptly.

Risk assessments were in place for people's physical and mental health conditions. Where people had specific conditions more detailed risk management plans would be of assistance in helping staff understand what they should do in emergency situations. One person displayed some challenging behaviours and although they had a management plan this would have been more effective with more detailed information. This is so that staff could be clear about the responses they should make to the behaviour.

Environmental risk assessments were completed and checks of the environment and equipment carried

out. Guidance showing the assistance people needed to evacuate the building in an emergency was seen at different points throughout the service. Practice drills were completed so that staff could practice getting everyone to a safe area in the event of a fire. A fire risk assessment had been completed and emergency instructions were visible. Maintenance and servicing of equipment and mains services was up to date although we were unable to see the electrical wiring certificate at the inspection. The registered manager agreed to send this for the attention of the inspector and this was provided the next day. Some areas of concern had been identified by the quality monitoring team from East Yorkshire of Yorkshire council (ERYC) in 2017 during their monitoring visit who had felt a top floor fire exit was unsafe for people. This information was shared with Humberside fire service and CQC. The provider had addressed those concerns and no longer used one of the top floor flats which ensured people's safety.

There were safeguarding policies and procedures in place and the service followed local area safeguarding protocols. All staff had received training or were booked on a safeguarding adults course. In 2017 ERYC had raised concerns around a number of areas and had put an improvement notice in place following their own safeguarding investigation. ERYC told us that the provider was initially slow to implement the plan but this has now been completed.

Accidents and incidents were recorded thoroughly. An action plan was completed and lessons learned were identified and recorded. This assisted staff in the prevention of further incidents therefore maintaining people's safety as far as possible.

Staffing levels were sufficient to meet people's needs. Recruitment of staff was robust and included collecting references for prospective applicants and carrying out background checks. This was done through the Disclosure and Barring Service (DBS) which carries out background checks of prospective staff assisting providers to make safer recruitment decisions.

The registered manager had completed a risk assessment as part of their planning to be compliant with the General Data Protection Regulation (GDPR). They were aware of their obligations under this legislation. We saw that documents were stored appropriately.

Is the service effective?

Our findings

Relatives were complimentary about the effectiveness of staff. They told us that staff knew what they were doing. One person commented, "They [Staff] know how to care for [Relative.]"

Staff told us they felt equipped to carry out their roles and said that there was sufficient training available. One staff member said, "Training is good. I like the distance learning which is very good. I complete different training and have an NVQ 3 (National Vocational Qualification)."

The registered manager provided us with a training matrix which showed that staff had completed training in areas such as safeguarding, moving people and infection control. Other training was completed to meet the specific needs of people who used the service, such as dementia care. Staff confirmed they had undertaken training as necessary.

Staff told us that they felt supported in their roles. They said they had regular supervision with a manager. This was confirmed by records we viewed. Supervision is used to review staff performance and identify any training or support requirements.

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 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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had assessed whether people's plan of care amounted to a deprivation and the registered manager had submitted DoLS applications to the local authority in line with legal requirements. Mental capacity assessments and best interest decision records had been completed for any restrictions on people's movements in most cases. One person had an advance decision to refuse treatment which was visible in their care records.

People's feedback about the meals varied. Comments included, "That was lovely"; "When I was at home my food made me happy but here it depresses me"; "They give us gateaux, cheesecake and sponge pudding, but I've gone off sponge pudding lately."

Staff were knowledgeable about people's specific dietary requirements. We saw that people were given a choice of foods but there was no menu displayed. The registered manager showed us an area they were planning to put a chalk board menu. The food was served hot and portions were adequate. Most people sat in the dining rooms. Staff showed people what was on offer so they could choose if they wanted that option.

One person was shown custard and asked if she wanted this on their sponge. They shook their head to indicate, "No."

Textured diets according to people's assessed needs were provided. For example, one person had a pureed diet. Juice and water was available on tables so that people could help themselves. Hot drinks were offered after the meal. We also saw that drinks and snacks were offered from a trolley during the day.

People had been assessed to see if they were at risk of malnutrition. Where there were any identified risks appropriate referrals had been requested to dieticians and Speech and Language therapists (SALT).

People and relatives told us that people's health care needs were met. We overheard two people chatting about a visit to have their ears syringed and we saw in records that people attended appointments or were visited by healthcare professionals when needed. Their healthcare needs were assessed prior to admission by the registered manager and then throughout their stay by healthcare professionals.

Attention had been paid to the 'dementia friendly' design of the premises. There were items for reminiscence throughout the communal areas. Bedrooms were personalised and each bedroom door had photographs and people's names on the doors to assist people in finding their way independently. There were gardens around the outside of the building to which people had access. Contrast colour had been used in important areas such as toilets to help them understand the environment. Some parts of the service had patterned carpets which can confuse people living with dementia. However, there appeared to be no current impact on people.

Is the service caring?

Our findings

There was a positive atmosphere in the service. People were generally happy, content and well cared for. This was supported by comments from people, their relatives and staff. They told us, "The staff are absolutely wonderful" and, "They [staff] work very hard but they listen to us." A relative told us, "The staff are so kind."

Relatives told us that staff also provided invaluable support to them as well as their family members. One relative said, "I hate it when [Relative] is in pain but the staff are so good. They make sure it is dealt with and reassure me too."

We observed some positive interactions between staff and people who used the service. Where one person showed distress the deputy manager intervened and used their knowledge of the person to distract them so that they remained calm. They knelt beside them and spoke with them gently. They explained carefully and clearly to the person how they would contact their relative later that day which provided the reassurance they needed.

People's privacy and dignity was respected. One relative told us, "[Name of relative] is treated with dignity and respect. The registered manager told us, "We discuss this in staff meetings as ensuring dignity and privacy for people is so important." We saw these conversations had been recorded in the staff meeting minutes.

When we visited people in their bedrooms we saw that they looked clean and tidy and their clothes were well laundered.

People had been involved where possible in their care planning and they had signed to say they agreed them and to sharing of information and photographs being taken. Where people needed additional support, this was available. We saw that one person was visited by an independent mental capacity advocate (IMCA). They supported people in making decisions in their best interest.

The service had policies around equality and diversity. We observed that staff spoke with people respectfully. Seating areas had been introduced to give people more choice about where they felt most comfortable sitting. Some chose to sit quietly away from other people or in the entrance hall where they could watch people coming and going.

People and relatives told us and records confirmed that they were involved in people's care. "They keep me informed about what is happening although I visit often." People were supported to maintain relationships with their family and friends. We saw visitors arriving throughout the day and staff were greeting them and chatting with them. It was clear that they had built up good relationships.

Is the service responsive?

Our findings

We saw that staff were responsive to people's needs. When people needed support or assistance staff responded promptly. A relative told us, "When [Relative name] gets upset the staff come and they are very good."

Each person had a care plan which reflected their needs in a person-centred way. One person had issues that required occupational therapist (OT) input. The OT had assessed their needs and assisted staff by developing a detailed management plan with pictures. Another person's care plan identified they had a blood condition requiring specific treatment. This was clearly outlined ensuring staff had all the necessary information.

One person was identified as being deaf. There was a communication care plan which stated they could sign and use lip reading. Staff told us the person only used lip reading so they made sure they spoke to the person clearly, with their face visible. This met the Accessible Information Standard (AIS) in part although further work needed to be done around this. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with the AIS.

Each person had a one-page profile. Skills for Care, [an independent workforce development charity] state, "A one-page profile can help social care professionals provide better person-centred care and support. It is a summary of what is important to someone and how they want to be supported." The profile identified what was important to the person and what people wanted to happen to make their lives better or to make changes.

There was one person at the home receiving end of life care at the time of our inspection. They had an advanced care plan in place which recorded their wishes. This meant staff had information about people's wishes at this important time in their lives. Some staff had received training in end of life care. People had anticipatory medicines in place. These are medicines which are prescribed, 'just in case' to allow symptoms to be managed. The district nursing team supported staff to care for people at the end of their lives.

Care plans were reviewed monthly and key workers wrote a report for each person every four weeks. This ensured that key changes and updates were recorded.

Activities took place during the inspection and we saw them advertised over four days but people told us they would like more stimulation. The feedback we received about the activities was, "It drives me mad because I can't go out without a member of staff"; "It is bingo on a Monday but that's your lot"; "I would like more entertainment"; "There is darts and dominoes but sometimes no-one to play with, "and "My mission is to get outside but not in a wheelchair. I make the best of whatever is available. I have my memories."

People told us that they appreciated being able to look out at the garden. The garden area was accessible for people. A gardener was employed to care for the garden and people enjoyed seeing them working.

There was a complaints procedure in place. Complaints had been dealt with in line with the company policy and procedure. The policy was displayed for people to read and people and their relatives told us they knew who to speak to if they wished to complain.

Is the service well-led?

Our findings

At our last inspection in 2017 we found a breach of the regulation relating to good governance and took action against the provider. Audits had not been fully implemented or embedded into practice and records were not up to date. At this inspection, we found sufficient improvements to show the service was no longer in breach of this regulation.

There was a manager in post who had registered with CQC. People, relatives and staff were complimentary about her. A member of staff told us, "[Name of registered manager] is good at addressing issues in the appropriate way and she is approachable. The manager and deputy are very supportive." People's relatives were complimentary about the service saying they were happy with the way in which their relative was cared for.

Audits and checks had been carried out to monitor all aspects of the service. These included health and safety, infection control, care plans and medicines management. Where concerns were noted an action plan was developed with appropriate timescales set for completion of actions.

Accidents and incidents were monitored for any themes or trends so action could be taken to reduce any recurrence.

Regular meetings for staff were held in the service. We reviewed staff meeting minutes and saw that as well as being used to discuss issues around practice or legislation there was training on the agenda. At the last staff meeting staff were given support and guidance on treating people with dignity and respect.

A survey had been sent out to people who used services during the week of the inspection and so we were unable to see the responses.

Our observations and findings during the inspection confirmed there was now an effective quality monitoring system in place. The Infection control audit had not identified every issue we found, but after discussions with the registered manager and their immediate response to our feedback it was clear there was no impact on people. However, the registered manager will need to continue to be vigilant in identifying areas of concern.

Staff told us they enjoyed working at the home. They said that morale was good and that this was in part due to the management team. They commented on the improvements made by the registered manager around the service and in respect of training.

CQC had been informed of notifiable events at the service. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. The submission of notifications is a requirement of the law. They enable us to monitor any trends or concerns within the service.