

The Cheshire Residential Homes Trust

Sandiway Manor

Residential Home

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 24 and 26 of May 2016 and was unannounced.

Sandiway Manor is located five miles from Northwich in Cheshire and is run by a charitable organisation. It provides accommodation and personal care to older people and can accommodate up to 28 people. At the time of the inspection there were 24 people living at the service.

At the last inspection on 19 January 2016 we found that a number of improvements were needed. People were not always protected from the risk of unsafe care and treatment and there were issues relating to poor management of infection control. Staff did not always have a good understanding of their roles and responsibilities in relation to the Mental Capacity Act 2005, and DoLS were not always in place for those people who needed them. Action was not always taken to ensure people received the care and support they needed in response to changes in their care needs, and quality monitoring systems were not always effective in identifying where improvements were required. The registered provider had also failed to notify us of specific incidents as required by law.

After the inspection, the registered provider wrote to us to say what they would do to meet legal requirements in relation to the breaches identified. They informed us they would meet all the relevant legal requirements by 4 March 2016. This inspection found that the registered provider had met their own action plan and had demonstrated full compliance with the Health and Social care Act 2008 (regulated activities) 2014.

There was a registered manager at the service however they retired on the first day of the inspection. The registered provider had recruited a replacement manager who was in the process of registering with the CQC. 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.

People were supported to take their medication as prescribed. Medicines were stored safely, and records indicated that staff administered these appropriately. There were examples where some medicines had been over stocked which we drew to the attention of the manager. We have made a recommendation about the management of medicines.

Improvements had been made to the safety and security of the premises. Doors were secure and alarms were in place to alert staff to anyone attempting to exit the building without the necessary support. Whilst improvements had been made, some aspects of the environment would benefit from further consideration by the registered provider. For example there was nothing to prevent people from accessing the busy road outside the premises, which placed people living with dementia at risk of injury. We have made a recommendation about supporting people living with dementia.

People were protected from the risk of abuse. Staff had completed training in safeguarding vulnerable people and were able to describe how they would report any concerns they had and to who.

Recruitment processes were robust and ensured that people were protected from harm. Checks were completed to ensure staff were of suitable character, and new staff members went through an interview process during which their suitability for their role was assessed.

People told us that there were sufficient numbers of staff in place to meet their needs, and rotas indicated that staffing levels were consistent. Staff told us that they felt they had time to spend with people and did not feel rushed.

People's rights and liberties were protected. Deprivation of liberty safeguards (DoLS) were in place for those people who needed them and staff had completed training in the Mental Capacity Act 2005 (MCA). Staff were aware of their roles and responsibilities in relation to the MCA and people confirmed that they were given choice over their care and support.

People told us that they enjoyed the food that was available, and we observed them complimenting the chef during lunch time. People were given the option of having a second helping of food if they still felt hungry. Staff offered appropriate support where people required assistance with eating.

People were treated with dignity and respect. People commented that they felt relaxed with staff during personal care interventions, and that staff were respectful in their approach. Relatives commented that they were made to feel welcome when they visited, and there was a calm, relaxed atmosphere throughout the service.

People told us that they would feel confident in making a complaint, and felt their concerns would be addressed. The registered provider had not received any recent complaints, however there were examples where people had written 'thankyou' cards in response to the quality of the service received.

There were a number of systems in place to monitor the quality of the service being provided. Audits were completed around safeguarding, the environment and accidents and incidents. There were examples where appropriate action had been taken to address safeguarding concerns and accidents and incidents. The registered provider had also sought feedback from people using the service, and action had been taken in response to any issues raised.

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 safe.

Action had been taken to improve safety. Doors were locked and alarmed to make sure that people did not leave without the necessary support to keep them safe.

The outside of the premises were not always dementia friendly, which may place people at risk of harm.

Checks had been completed on the water system to ensure that it was free from harmful bacteria. Staff had received training in Infection control, and effective measures were in place to minimise the risk and spread of infection.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service effective?

Good ●

The service was effective.

Action had been taken to improve the effectiveness of the service. Staff had completed training in the Mental Capacity Act 2005, and applications had been made to the local authority for those people who required deprivation of liberty safeguards.

People received appropriate support from staff during meal times. They told us that they enjoyed the food.

Is the service caring?

Good ●

The service was caring.

There was a warm atmosphere throughout the service and there were positive interactions between people and staff.

People were treated with dignity and respect and their confidentiality was maintained.

People's relatives told us that they were made to feel welcome within the service.

Is the service responsive?

The service was responsive.

Action had been taken to improve the responsiveness of the service. Improvements had been made in ensuring that care records were updated in response to significant events, which ensured that staff had access to up-to-date information.

Staff had a good knowledge of the people they were supporting which enabled a personalised approach.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Action had been taken to improve the leadership within the service. The registered provider had notified the CQC of specific incidents as required by law. The service did not have a registered manager in post.

Systems were in place to monitor the quality of the service, which ensured that appropriate actions had been taken to maintained standards of care.

Whilst improvements had been made we have rated this domain as requires improvement. To improve the rating to 'Good' would require a longer term track record of consistent good practice.

Requires Improvement ●

Sandiway Manor Residential 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 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.

The inspection was unannounced and took place on the 24 and 26 May 2016. The inspection was completed by one adult social care inspector and an adult social care inspection manager.

Prior to the inspection, we reviewed the information that the registered provider had given us following the last inspection. We also looked at the information provided by the local authority, safeguarding team and quality monitoring team. They raised no concerns about the service. Healthwatch who is an independent consumer champion created to gather and represent the views of the public also had no concerns about the service.

Before the inspection, the provider completed a 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 reviewed notifications that had been sent to us by the registered provider. A notification is information about important events which the service is required by law to send to us.

During the inspection we spoke with four people using the service and one relative. We reviewed three people's care records and spoke with six members of staff, including the previous manager and the current manager.

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 also made observations on the interior and exterior of the premises, and reviewed records relating to the management of the service.

Is the service safe?

Our findings

People told us that they felt safe using the service. Their comments included, "It's safe here. I feel relaxed", "Yes, I feel safe" and "My valuables are safe". One person's relative also commented, "My [Relative] is safe here".

During our previous inspection in January 2016 we found a breach of Regulation 12 of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014. The registered provider did not ensure that people's safety was adequately maintained and measures in place at the service were not sufficient to prevent the risk and spread of infection. On this inspection we found that these issues had been resolved.

Records indicated that Legionella checks had been completed on the water supply to ensure that it was safe from harmful bacteria. We saw examples where staff used personal protective equipment (PPE), prior to supporting people with their personal care needs, or entering the kitchen area. Staff had also received training in infection control. This meant that people were protected from the risk of infection.

Premises were secure and doors were locked to prevent vulnerable people from leaving without the necessary level of support they required. A key pad was in place on the front entrance, and the back door was bolted with the alarm turned 'on' to alert staff if anyone tried to leave. Where vulnerable people have access to windows large enough to allow them to fall out and be harmed, those windows should be restrained sufficiently to prevent such falls. We noted that not all windows to the upstairs of the premises had window restrictors in place, in line with regulations. We brought this to the attention of the manager and asked them to take urgent action to assess the risks to people's health and safety. Following the inspection we received confirmation that window restrictors had been put in place. This ensured that people were safe from the risk of falling from the window.

Maintenance checks were carried out on specific aspects of the environment to ensure they were safe. These included checks on electrical equipment, a gas safety check and maintenance records also indicated that the lift had been serviced. People had personal emergency evacuation plans (PEEPs) in place, which outlined how staff needed to support people with leaving the premises in the event of an emergency. Records also indicated that fire drills were regularly completed, which ensured that staff knew what to do in the event of a fire.

Whilst progress had been made in monitoring and ensuring the safety of the environment, there were aspects of the premises that were not always well-suited to people living with dementia, and may place people at risk. For example, one person who enjoyed spending time in the garden had been able to leave the premises during a period of confusion, because there was nothing in place to prevent access to the busy road. Action had been taken to minimise the risk of this reoccurring by ensuring that staff were available to support this person whilst they were spending time in the garden.

We recommend that the registered provider seek advice from a reputable source around current best practice on adapting the premises to accommodate the needs of people living with dementia.

People were supported to take their medication as prescribed. Staff used medication administration records (MARs), which they signed to indicate that people had received their medicine. We looked at a selection of people's MARs and found that staff were accurately recording when medicines had been administered. A medication audit had been completed which ensured that the amount of medication held was accurate. It was evident from observations and from the audit process that there was an issue with overstocking medicines, for example we found that one person had 176 tablets of a medicine that was only given on an 'as required' (PRN) basis.

We recommend that the registered provider seek guidance from a reputable source on the management of medication stocks.

At the last inspection we found that staff had completed training in safeguarding vulnerable people, and they were aware of how to report their concerns. Records showed that staff training was up-to-date and they remained familiar with safeguarding procedures. This meant that people were protected from the risk of abuse.

Accidents and incidents continued to be monitored appropriately. People had continued to be referred to appropriate professionals to ensure that they received the care and support that was needed. An example of this was where one person had been supported to access ongoing medical support to identify and address the cause of them having multiple falls.

People told us that there were enough staff in place to keep people safe. One person commented, "There seem to be enough staff. If I press the buzzer they come and help". During the night time shift there were two staff in place to support people. Training records indicated that these staff had received appropriate training in areas such as the safe administration of medication, which ensured that they had the necessary skills to carry out their role.

The registered provider had safe procedures in place for recruiting staff. At this inspection we looked at an additional recruitment records and saw that appropriate checks had been completed including the Disclosure and Barring Service (DBS) check. The DBS 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. This ensured that staff were of suitable character to work with vulnerable people.

Is the service effective?

Our findings

People told us that staff were good at the job and carried out their roles to a high standard. Their comments included, "They seem skilled when they're helping me. They're very helpful", "Carers are excellent" and "The carers are very good". One person's relatives also told us, "The service here is excellent".

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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 and found that they were.

At our last inspection in January 2016 we found a breach of Regulation 13 because staff did not always understand their roles and responsibilities in relation to the MCA, and DoLS were not always in place where required. During this inspection we found that efforts had been made to rectify this. People's care records contained information about their mental and emotional wellbeing, and where appropriate applications had been made to the local authority to put a DoLS in place for people.

Staff had completed training in the MCA and they were aware of their roles and responsibilities in relation to this. Their comments included, "Mental capacity is about people's rights. They have rights like anyone else, unless they're in danger in which case a DoLS would be needed" and "Where people aren't safe to make a decision, a decision should be made on their behalf which is as least restrictive as possible to keep them safe". People also confirmed that they had choice and control over their care needs. Their comments included, "I can suit myself with what I choose to do", "I choose to sit in my room, but will wander down to the lounge if I want to" and "I choose to have breakfast in bed as I like to watch the TV".

At the last inspection we found that staff had undertaken training in a number of areas such as fire safety, infection control and moving and handling. This remained the case at this inspection. There was an induction process in place for new staff which included a period of shadowing experienced members of staff and the completion of training in areas such as those outlined above. The manager confirmed that a formal induction programme was in the process of being introduced which required new staff to complete the care certificate. The care certificate is a set of national minimum standards that care staff are required to meet. This ensured that staff had the necessary skills and knowledge to carry out their role effectively.

Records and comments from staff indicated that they received supervision and appraisal. Supervision enabled the registered manager and staff to identify areas of development and improvement, and also

allowed a formal setting to discuss any issues. This helped identify areas where improvement was needed. Staff also commented that they felt able to approach the manager with any issues outside of a formal supervision setting.

People made positive comments about the food that was available. Their comments included, "The food is first class" and "The food here is very nice. Once I complained about it not being hot enough but they soon put that right". During meal times people made a number of comments to the chef which included, "That was very nice" and "That was excellent". Meals were well presented and staff offered support to people who needed help. A second helping of food was available to people if they wanted more.

At the last inspection people's care records indicated that they had been supported to access health and social care professionals where appropriate. Care records indicated that people continued to receive support with this where required.

Is the service caring?

Our findings

At our last inspection in January 2016 people spoke positively about staff, telling us that they were kind and respectful. During this inspection people told us that this was still the same. Their comments included, "The staff here are very nice. I feel relaxed with them" and "The carers are very good".

The atmosphere throughout the service was warm and welcoming. People appeared relaxed and settled, either in their own room or in the lounge area, whilst some people had chosen to spend time sitting outside in the sun. There was a conservatory area which was light and airy, where some people were spending time chatting with visitors. People commented positively on the gardens which were well tended. One relative commented, "Staff are welcoming. I can choose to have lunch if I want to".

People told us that staff cleaned their rooms on a regular basis, and we saw that rooms were kept clean and tidy. People had brought their own personal belongings into their rooms to help them feel more at home and comfortable living at the service. One person commented, "It's very nice. It feels homely here".

People told us that they had a good rapport with staff, which was evident from interactions that were observed. For example throughout the inspection we saw people and staff chatting and laughing together. During meal times we saw that staff spoke to people respectfully and conducted themselves in a professional manner. One member of staff commented to us, "Different people like to be approached in different ways. Some people prefer a more formal approach. You have to use a common sense approach".

People told us that staff treated them with dignity and respect during personal care interventions. One person commented, "I feel relaxed with staff. They talk to me whilst helping which is nice. They're all willing to help me". Staff gave appropriate examples of how they would ensure people's privacy and dignity was respected. One member of staff commented, "I ensure people's doors are closed and ask permission before I provide support". This ensured that people's privacy and dignity was respected.

People's records contained information around how they should be supported by staff to express their gender and sexuality. This indicated that the manager and staff understood the importance of allowing people to express themselves, and enabled people to retain important aspects of their identity. The local church also provided holy communion for people on a fortnightly basis which ensured that people were able to engage in spiritual and religious practices that were important to them.

Care records contained relevant information for those people who did not want to be resuscitated in the event of their death. However, we found one example where the appropriate documentation was not in place around this, despite there being information to suggest that a 'do not attempt resuscitation' had been put in place. We raised this with the manager, and following the inspection we received confirmation that the appropriate documentation was now in place.

Records containing people's personal information was kept securely in locked offices, which ensured that their confidentiality was maintained.

Is the service responsive?

Our findings

People told us that they received care and support that was appropriate to meet their needs. One person commented, "They help me to have a shower every morning. I get all the help I need", whilst another person's relative told us, "The service is excellent. I'm quite happy with it". People using the service looked smart and well-dressed and one person we spoke with had well-manicured, nicely painted nails.

At the last inspection In January 2016 we found that there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because action was not always taken to ensure people were provided with the appropriate level of support in response to incidents that had occurred. Following the inspection we issued a warning notice to the registered provider. At this inspection we found that the registered provider had taken action to remedy this.

People's care records contained information around their care and support needs, and these had been updated to reflect significant changes in people's needs. For example, we found that appropriate action had been taken to ensure one person's safety was maintained in response to a specific incident. This person's care records had been updated to reflect a change in the level of support they required whilst spending time in the garden. In another example, the care records for one person who was at risk of infection and injury, were detailed and contained up-to-date and important information that enabled staff to provide the correct level of support.

People's care records did not always contain personalised information. There were some examples where these were not up-to-date, or information was inconsistent and conflicting, which we drew to the manager's attention. Despite this, we saw a good level of communication and interaction between people and staff which enabled staff to deliver a personalised approach. It was apparent from observations and discussions we had that staff had a good understanding people's needs. For example, staff were aware of those people who required a higher level of support, and during meal times staff were available to ensure that the correct support was provided. Staff were also aware of those people who would be at risk of harm if they were to leave the premises without the appropriate support which allowed them to take appropriate action to keep people safe.

During our visit the activities co-ordinator was holding a reminiscence group which a number of people were participating in. There was also a party taking place which a large number people and their relatives were attending. There was an activities rota in place which included arm chair aerobics and painting classes. One person commented, "I don't feel lonely or bored. I can watch TV or go down to the entertainment if I want to". This ensured that people were protected from the risk of social isolation.

The service had developed and maintained links with the local community. The local church visited on a fortnightly basis, and a local wool shop had previously donated wool to the service which had enabled the service to start a knitting group.

People told us that they felt confident that any concerns they raised would be addressed. One person

commented, "The manager would listen to any concerns I have. Everyone is willing to help me". The manager informed us that no complaints had been received, however they had received a number of compliments. Some of the comments made included, "To all staff, thank you for looking after me during my time with you. Everyone was so friendly and helpful", and "Thank you for a lovely day at the resident's lunch. The food was delicious and the atmosphere very enjoyable".

Is the service well-led?

Our findings

The service had a registered manager, however she retired on the first day of the inspection. The registered provider had recruited a replacement manager who was in post and in the process of registering with the CQC. People spoke positively about the service and staff. Their comments included, "I am very happy living here. The carers are very good", "It's first class here" and "It's very nice here".

At the last inspection in January 2016 we found that the registered provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 because they had failed to notify us of specific incidents that had occurred within the service, in accordance with the law. Prior to this inspection the registered provider had appropriately contacted us and notified us of any incidents that had occurred. This ensured that appropriate action was being taken to maintain people's safety and wellbeing.

At the last inspection we found that the registered provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the quality monitoring systems in place were not robust enough to identify where improvements were required. During this inspection we saw that action had been taken to address this.

Audit systems were in place to monitor the quality of the service. For example checks were completed around accidents and incidents, the safety of the environment and safeguarding concerns. There was an example where the previous manager had contacted the local authority and the CQC with information around a safeguarding incident that had occurred. Appropriate action had been taken to keep this person safe. Another example identified where one person had been supported to access professional support in response to ongoing health issues and the person having a number of falls. An audit of care records was carried out on a regular basis, and an action plan had been completed to ensure action was taken in response to issues found. The action plan had been signed and dated where actions had been completed. This indicated that systems in place were effective in monitoring people's needs and ensured that people received the support they required.

The registered provider carried out regular monthly checks, during which they spoke with people using the service to ascertain their views, and any concerns they may have. Records indicated that any concerns raised had been passed to the manager to action. At our last inspection questionnaires had been sent out to people to ascertain their views of the service. People had commented that they wanted a greater variety of options during meal times. During this inspection people made positive comments about the quality of meals on offer, as reported under the 'effective' domain. This showed that the registered provider had listened and responded to people's feedback.

Some areas of the environment were in need of repair and required investment by the registered provider. The manager was in the process of completing an action plan around making improvements. Examples where improvements had been scheduled included repairs to the roof, replacing the boiler, and dining room carpet. The manager also told us that a plan was in place to replace some of the baths, and one of the bath lifts which had become rusty. This showed that the registered provider was taking action to improve the

service.

Team meetings were held on a regular basis which allowed the manager to disseminate important information to staff, and also gave staff the opportunity to discuss any team issues. The previous manager had shared the findings from the last inspection report with staff, and minutes from team meetings indicated that discussions had taken place around how to address the concerns identified. This meant that staff were kept up-to-date with any important developments or information affecting the service.

Staff demonstrated a good understanding of their roles and responsibilities and spoke about promoting people's dignity and independence. Staff told us that they enjoyed their work and spoke positively about people using the service. Their comments included, "I like working here. People are safe and well looked after", "I love my job. I've always wanted to do this" and "I enjoy working here, and enjoy working with the people we support". We observed positive interactions between people and staff which supported this. For example, one member of staff respectfully asked if they could ask permission from people using the service before the inspection team entered the lounge area, stating it was "their space". This highlighted a positive culture that was person-centred.