

# Mr S Holroyd and Mrs Tracey Holroyd

# Snydale Care 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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Our inspection took place on 8 December 2017 and was unannounced. At our last inspection in May 2017 we rated the service as 'requires improvement' overall and identified two breaches of regulations relating to safe care and treatment and person-centred care. At this inspection we found the provider was making improvements, however remained in breach of the regulation relating to safe care and treatment. We also identified a breach of regulations relating to good governance.

Snydale Care Home 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 home can accommodate 52 people. At the time of our inspection there were 39 people using the service. There was no registered manager in post, however the person managing the home had applied to become registered. 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.

At this inspection we found most areas of medicines management had improved, however some medicines were not being managed and recorded properly, and we saw medicine storage was not always secure. Some areas of risk assessment required improvement.

People told us they felt safe, we found they lived in a home which was well maintained, and we saw any accidents and incidents were managed appropriately. Staff understood how to identify and report any potential abuse. We observed the same staff engage in poor moving and handling on three occasions, and brought this to the attention of the Director of Care.

Staff were recruited safely and deployed in sufficient numbers. Staff told us they received regular training and effective support.

Not all documentation relating to capacity and consent was fully or appropriately completed. People were able to choose how and where they spent their time, and lifestyle choices were respected.

People said enjoyed the food served, and told us they had choice. The chef had good knowledge of people's nutritional needs.

We saw staff and people who used the service knew each other well, and we saw examples of caring practice during our inspection. Equality and diversity principles were well embedded in the culture of the home.

The provider was in the process of making improvements to people's care plans which evidenced people who used the service participated in the process. We found some care plans which had not been re-written

contained some incorrect information, and we made a recommendation about planning to rewrite the remainder of care plans. We observed a detailed handover between night and day staff.

There were systems in place to ensure complaints were managed appropriately, and people told us they were confident their concerns were dealt with well.

We saw some improvement in areas of audit, however we found further improvement was required. Audits carried out by the home manager did not always evidence action was taken when needed.

Staff and people who used the service felt it was well-led, and we saw the home manager and operations director were a visible presence in the home. People and staff had a stake in the running of the service. There was evidence of a lessons learnt culture.

We identified two breaches of regulations during the inspection. You can see what action we have told the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Some medicines were not administered effectively, and we saw storage of medicines was not always secure.

People told us they felt safe, and we saw any accidents and incidents were investigated appropriately. Risk minimisation guidance was inconsistent, and we observed some examples of poor moving and handling practice during the inspection.

Staff were recruited safely and deployed in sufficient numbers.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Some records relating to people's capacity and consent were incomplete or incorrectly completed. We saw people were able to make choices about their daily lives.

Staff had access to good training and support. Induction of new staff was effective.

People gave good feedback about the meals served at the home, and we saw people's dietary health was well managed.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People gave good feedback about their experience of living in the home, and we observed a homely and relaxed atmosphere during the inspection.

Staff understood how to maintain people's privacy and dignity, and we saw examples of good practice.

There was a good approach to equality and diversity to ensure people who used the service did not experience discrimination.

**Good** ●

### Is the service responsive?

**Requires Improvement** ●

The service was not consistently responsive.

We saw some care plans contained contradictory information about people's care needs, however we saw the provider had begun re-writing these documents.

Staff had access to a detailed handover before they started their shift, and any concerns about people were referred to appropriate health professionals.

The provider had systems in place to ensure complaints were managed appropriately, and people told us they were confident action would be taken if they had any concerns.

### **Is the service well-led?**

The service was not consistently well-led.

Although we found some improvements had been made, this is the third consecutive inspection where we have rated the service as 'requires improvement.' We identified one continuing breach and one new breach of regulations during this inspection.

Audit activities were not always effective. We saw action was not always taken when audits identified issues, and some issues we identified at this inspection in relation to the management of medicines had not been identified.

People and staff said the service was well-led and gave good feedback about the manager and provider.

**Requires Improvement** 

# Snydale Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 took place on 8 December 2017 and was unannounced. The inspection team consisted of three adult social care inspectors, a medicines inspector and an expert-by-experience with personal experience of caring for someone who uses this type of service.

Before the inspection we reviewed all the information we held about the service including action plans, past inspection reports and notifications about incidents which the provider is required to send us. We also contacted other bodies including the local commissioning authority, safeguarding teams, the fire and rescue service and Healthwatch (a consumer champion which gathers information people's experience of using health and social care services in England), to ask if they had any significant information to share about the service. We did not receive any information of concern.

We sent a provider information return (PIR), which was returned to us. A PIR is a form that asks the provider to give some key information about the service; what it does well and what improvements they plan to make.

During the inspection we spoke with the home manager, the Director of Care, six staff and eight people who used the service. We also spoke with three visiting friends and relatives. We looked at documents relating to the running of the service including audits, maintenance records and the care plans of five people.

# Is the service safe?

## Our findings

At our last inspection in May 2017 we rated this key question as 'inadequate'. We concluded the provider was not doing all that was reasonably practicable to mitigate risks and was not managing medicines safely, we therefore identified a breach of the 'safe care and treatment' regulation. We asked the provider to send an action plan to show how they planned to improve and meet the requirements of the regulation. At this inspection we found the provider had made some improvements, however we identified some on-going issues related to the management and storage of medicines.

At our last inspection we saw records relating to thickeners used to thicken fluids for people with swallowing problems were not always completed when this medicine was used. We found this was still the case on this inspection. Information was available to staff about how to use them for individual people, however we saw staff did not always ensure people's fluids were thickened correctly when drinks were given.

We previously identified Medicines Administration Records (MARs) were not always completed with the same instructions as stated on the label attached to the medicines. During this inspection we observed that the situation had been rectified. The senior care worker told us that the prescriber had been contacted to confirm that the route of administration was correct. However, for a person prescribed a medicine to be administered regularly but not daily, there was no system in place to ensure that it would be given when due. This meant that we could not be sure that this person had received their medicine as prescribed.

Written guidance was in place to enable staff to safely administer medicines which were prescribed to be given only as and when people required them, known as "when required" or 'PRN'. Some medicines were prescribed with a variable dose i.e. one or two tablets to be given. We saw the quantity given had been recorded, meaning that records accurately reflected the treatment people had received. However, some people were prescribed pain killers to be given every four hours. The timing of the medicines rounds meant that this could not always be achieved; the exact times of administration were not recorded. This meant it was not possible to demonstrate this was being managed safely.

Medicines were stored securely and at the correct temperature. However, access to medicines was not restricted to authorised staff, as we saw the keys were accessible to staff not authorised to handle medicines.

We made observations of moving and handling practice during our inspection. We observed some staff did not follow good practice when assisting one person to transfer on three occasions, with one incident also observed by the operations director. We looked at the person's care plan and saw the guidance provided to staff was not clear as it referred to the person needing 'assistance from 2 carers', but did not detail what that assistance was or how it could be safely provided. We discussed this with the operations director, who told us they would take immediate action and ensure the staff received additional training to reduce the risk of repeat incidents.

We found variation in the quality of documentation about risk and risk management in people's care plans.

Some contained very detailed information, however in some others we found risks associated with people's care and treatment were not always being robustly measured or documented. For example, in one care plan we saw the falls risk assessment had not taken into account information about the person's sensory impairments, meaning the risk was not accurately determined. The person's pressure risk assessment did not include the presence of a wound on their leg, and their moving and handling plan contained information which was not up to date. This meant the guidance for staff to follow to minimise risks was not always clear. In another care plan we saw some contradictory information about the level of assistance the person needed and the risks of pressure damage to their skin.

We concluded the provider remained in breach of Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they felt safe living at Snydale Care Home, and said the presence of staff they trusted contributed to this. Comments included, "I'm quite safe here and comfortable," "I feel safe here and I trust them," "Staff are good if I ring they come. I've had a few falls, they have put up handrails for me, did that really quickly," and "It's a very nice place. I feel safe here." Relatives also told us they were confident people were safe. One relative said, "I know [my relative] is safe here. We all have peace of mind now they are here."

We saw records which showed accidents and incidents were managed appropriately, including notifying other bodies such as safeguarding teams and the CQC as needed. We saw lessons learnt from incidents, including those at other homes owned by the provider, were discussed at staff meetings. Staff we spoke with understood how to recognise signs of potential abuse and were aware of their responsibility to report any concerns, and how they could do this.

We checked records and saw safer recruitment practices had been maintained, with background checks such as requesting references and a referral to the Disclosure and Barring Service (DBS). The DBS is a national agency which holds information about people who may be barred from working with vulnerable people. People who used the service had the opportunity to be involved in interviewing staff, and we saw on the day of inspection one person was assisting with this.

People we spoke with were generally positive about the staffing levels, however some people expressed concerns. One person told us, "Sometimes I think it feels as if they are short of staff, but mostly OK." One staff member told us, "There are enough staff." Some staff we spoke with told us they felt the home was occasionally short staffed, and this was also discussed at a staff meeting we attended on the day of the inspection. The operations director said this was an issue they would look at further. Our observations during the inspection were that people received timely care and support, however we discussed the feedback we had received from people with the home manager and operations director. They told us they did not use a dependency tool to calculate staffing levels, but had responded to feedback from staff and increased the number of staff present at certain times.

We saw up to date records relating to checks of the safety of the premises, for example in relation to fire, operation of equipment, gas and electrical installations and infection control. We observed the home was well maintained, with appropriate standards of cleanliness and tidiness throughout.



# Is the service effective?

## Our findings

At our last inspection in May 2017 we rated this key question as 'requires improvement'. We did not identify any breaches of regulation, however made a recommendation about oral care. We also identified that systems for obtaining consent needed further development. At this inspection we found some progress had been made in ensuring people's oral care needs were met, however further improvement was needed to ensure consent was consistently gained and recorded in appropriate ways.

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

We saw the home manager had processes in place to identify people who needed DoLS authorisations, and was liaising with the authorising authority as needed

At our last inspection we found there were inconsistencies in documentation relating to capacity and consent, however noted this had also been identified in the provider's care plan audits. We saw some consents were signed by family members when the person had capacity to do so themselves, and consent for use of bedrails was signed only by staff. We reported that there was an action plan in place to address this. However, at this inspection we saw some inconsistencies had not been addressed. For example, in one care plan we saw capacity testing and best interest documentation was blank, however a member of the person's family had signed consent documentation for the person. In another care plan we saw a capacity assessment for the decision to reside at Snydale Care Home had concluded the person was able to make the decision, however there was also a record of a best interests decision being made on the person's behalf. A further care plan showed the person had bed rails in place, however we could not see any consent documentation for this.

Although capacity assessments were in place, information about people's capacity was not always consistently recorded in their care plans. For example, one risk assessment stated 'no' in response to the question about whether the person was confused, however another risk assessment stated, 'Short term memory loss, can be confused.' This meant it may not always have been clear to staff whether the person was able to make decision in relation to their care and support.

We concluded the actions identified in care plan audits had not been completed in a timely way, and this evidence contributed to a breach of Regulation 17 Good Governance.

Staff we spoke with said they had received training in the MCA, and records people to make decisions if they could not do so for themselves, referring to encouragement and patience as important in ensuring people made their we looked at confirmed this. Staff could describe how they supported own choices as far as possible.

Staff we spoke with said they received good support in their roles. New staff received an induction and spent time 'shadowing' more experienced staff before beginning to work unsupervised. A member of staff told us, "I had training in my induction and shadowed shifts for a week. After that there was always someone [more experienced] to work with." The home manager told us that recently recruited staff who had not worked in care before would complete the Care Certificate. This is an identified set of standards that health and social care workers adhere to in their daily working life.

One member of staff told us, "We're always doing training here." Another staff member said, "They are good with training here, it's useful and all up to date." Staff said they had supervision meetings at which they could speak freely about topics such as their performance and training needs, and staff we spoke with said these were useful meetings at which they also got positive feedback. One member of staff said, "We have supervisions – they are useful. We can ask about training and we get compliments too." The registered manager showed us how they planned supervision activity, and we saw the Director of Care monitored this as part of their audit activity

People we spoke with were mainly positive about the food served at mealtimes. Meals were provided by a catering company and heated at the home when needed. We asked the home manager about the content of the meals, and were given data sheets which showed they were nutritionally balanced. People told us there was variety and choice, and staff were able to provide alternative meals when people changed their minds about what they had ordered. We saw people who needed assistance to choose their meal were shown plates of food, meaning they were able to use visual and aromatic information in order to select a meal. We observed breakfast and the lunchtime meal in the main dining room and saw staff chatted to people throughout, offering second helpings when people had finished. People were offered drinks before and during their meal, including sherry before lunch for people who wished to have it.

We spoke with the chef and found they were knowledgeable about people's dietary and nutritional needs, and how to meet these. For example, some people who were at risk of losing weight had their food fortified before it was served, and people who chose not to eat meat had access to vegetarian alternatives. Additional items such as pizzas and steaks were purchased for people who expressed a preference for these meals.

People's right to lead the lifestyle of their choice was respected. One person we spoke with said, "You can do what you want here; go to bed when you want, get up when you want. The staff are very helpful." We saw people chose to spend time in their own rooms or one of three lounge areas as they wished, and we saw there was access to a garden from one of these areas. People told us relatives and other visitors were welcome at all times. A drinks station had been set up in one of the lounge areas, at which people and their relatives could make hot drinks. The home manager told us this had been set up in response to feedback from people wishing to entertain their visitors independently as they would at home.

## Is the service caring?

### Our findings

People's feedback told us the service was caring. One person said, "I can't criticise the staff at all, they can't be any better. You can do what you want here; go to bed when you want, get up when you want the staff are very helpful." Another person said, "The staff are very caring, I've had to ask for a lot of help and they have given it without any fuss. If you can have a joke with them it helps, I think the people here really do care."

During the inspection we observed a homely and relaxed atmosphere. People, their visitors and staff chatted to each other and clearly knew each other well, and there was often lively and appropriate banter between them. We saw people also knew the home manager and operations director well, meaning they were both a visible presence in the home. A person who used the service told us, "You couldn't ask for better staff, I'm happy here." We saw staff were discreet when offering and providing assistance.

Staff we spoke with gave examples of how they maintained people's privacy and dignity, for example, ensuring doors and curtains were closed before giving any personal care, ensuring discussions about care were discreet and private, and ensuring people made choices about what they wore each day. Staff were also confident in their ability to promote people's independence by encouraging people to do appropriate things for themselves before stepping in to provide assistance. Examples included supporting people to brush their own hair or teeth, or providing verbal prompts and praise to help people mobilise independently when they were able. One person we spoke with told us, "The staff encourage me to manage some of my own personal hygiene, I wash all the bits I can reach and they do the rest. This helps protect my dignity."

The provider had taken action to help ensure equality and diversity principles were embedded into the service. Staff were undertaking extended training in this area, with workbooks to complete to demonstrate their knowledge. The home manager told us they reviewed any completed workbooks and talked with staff to ensure they had understood the training. They said all staff should have completed this activity by the end of January 2018. The home manager also demonstrated a good understanding of how they ensured people did not experience discrimination based on 'protected characteristics' such as religion or beliefs, age, race or sexuality. They were able to give examples to show how the home was inclusive including supporting people to practice their religion and maintain important friendships and relationships.

The home manager told us that information such as people's care plans could be made available in alternative formats such as large print on request. They told us there was no one using the service at the time of our inspection who needed or had asked for this kind of adaptation.

## Is the service responsive?

### Our findings

At our last inspection we rated this key question as 'requires improvement'. We found the care planning system was not always person-centred, and there was an inconsistent quality of guidance relating to care needs for staff to follow. We identified a breach of regulation related to person centred care. At this inspection we found although the provider had begun making improvements to care plans, and had involved people in writing detailed and person-centred care plans, there was still some improvement needed in the accuracy of information.

Although there was work in progress to improve care plans, we found some care plans contained incomplete or contradictory information. For example, in one care plan the personal evacuation plan stated the person needed assistance of one or two staff to help them mobilise with a wheelchair, however the mobility care plan stated they needed assistance from two staff and required the use of a hoist when transferring. In the same care plan we saw the risk score calculated in their assessment of risk of developing pressure sores was different to the score which had been used to plan their pressure care.

We concluded this evidence contributed to the breach of Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the start of the inspection we observed the handover between night staff and those starting their day shift. Detailed information was shared about each person, which meant staff had up to date knowledge of people's general health and any changes in their needs. Where staff had noted people appeared unwell arrangements were made for referral to appropriate health professionals.

We looked at care plans which had been re-written since our last inspection. These evidenced people were being supported to produce care plans which detailed their needs and preferences in their own words, and we saw the guidance produced for staff to follow to minimise risk and provide care was also detailed, personalised and accurate. At the time of our inspection, however, only three plans had been re-written in this style. We discussed the progress towards improving the care plans with the home manager, and recommended a plan was put in place to ensure this work was completed in a timely way.

People we spoke with said they would know how to raise concerns and were confident in doing so. One person told us, "I can say if things are not right and can complain, but I don't want to." We saw the provider had systems and processes in place to ensure complaints and concerns were acted on appropriately, and one person who had raised an issue told us it had been handled to their satisfaction. The operations director also checked on the management of complaints as part of their regular monitoring activity.

## Is the service well-led?

### Our findings

At our last inspection in May 2017 we rated this key question as 'requires improvement'. We did not identify any breaches of regulation, however we did find audits of medicines and care plans had not always been sufficiently robust to enable the provider to identify the breaches of regulation identified during the inspection.

At this inspection we found some improvements to the auditing of medicines, with some actions taken to rectify issues found. However, the audit process had failed to identify the issues we identified at this inspection. The provider was in the process of updating care plans, however we saw monthly audits had identified issues with existing care plans that had then not been actioned. For example, one care plan had been audited on 10 October 2017, however the actions identified had not been completed and there was no evidence to show who was responsible for this or an expected date for completion. Another care plan audit we looked at showed actions identified on 15 November 2017 had also not been completed. This meant the audit process was not always being used to drive the required improvements. We asked the home manager if they had developed any systems to ensure that they had an overview of the results of the care plan audits to help them ensure action was taken as required. They told us they did not.

Our review of audit activity showed the home manager was keeping these up to date, and the Director of Care also conducted regular audits of quality in the home. We discussed with the home manager some improvements that could be made to the format of audits to ensure they were formatted in ways which enabled emerging issues and trends to be more easily identified. Audits we looked at did not always show how the data captured had been analysed to drive improvements in the service. For example, there was a matrix completed each month showing the number of accidents and incidents which had taken place, but there was no evidence to show how this information had been analysed to enable the manager to identify any emerging trends and take appropriate action.

We concluded the provider was in breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection there was not a registered manager in post. The previous registered manager had left the service after our last inspection, and a new manager had been appointed. They had applied to become registered and were awaiting the outcome of their registration interview. We received good feedback about the management of the home. One person said, "I think [name of manager] is a good manager." Another person said, "I think it [the home] is well managed." Comments from staff included, "[Name of manager] is supportive," "Management here are good when you raise issues with them," and "It was good that we already knew [name of manager] when they were appointed. That helped." Staff we spoke with told us the home manager was approachable, listened to and acted on suggestions and was available to give advice by phone out of hours when this was needed.

Staff we spoke with told us they felt the service had improved since our last inspection. One staff member said, "Since the last inspection we work together more, there are handover sheets and more notes to help us

get things done. We share knowledge more."

Staff were consulted in the running of the home through formal staff meetings and a culture where suggestions were welcomed and listened to. We attended a staff meeting which took place during our inspection. The discussion was meaningful and covered subjects such as staffing levels, complaints, activities, and a staff survey planned for 2018. We observed lessons learnt in the provider's other homes were shared at this meeting, for example changes in moving and handling care plans resulting from an incident at another home. This meant the provider recognised when actions taken in one home may also have a positive impact on care in other locations and prevent the occurrence of similar incidents.

People and their relatives were also consulted through surveys and meetings, and during the inspection we saw people who used the service regularly stopped to chat with the home manager and Director of Care as they passed the office.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Some medicines were not being administered and recorded in line with good practice. The medicines were not always stored securely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Care plans contained some contradictory and incomplete information, and action was not always taken to ensure improvements were made when care plans were audited.  Governance systems were not always used effectively to drive improvements in the service.