

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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

The inspection was unannounced and took place on the 21 and 22 November 2018. At the last inspection we identified breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we identified that some improvements had been made with regards to Regulation 12, however there remained issues which meant the registered provider continued to be in breach. Improvements had not been made with regards to Regulation 17 which meant this breach remained.

This is the fifth consecutive time the service has been rated Requires Improvement. This has been reflected in the rating of inadequate awarded in the well led domain.

Following the last inspection, we asked the registered provider to complete an action plan to show what they would do and by when to improve the overall rating to good. At this inspection we identified that improvements had not been made.

Sandiway Manor 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 is registered to accommodate up to 29 people. People each have their own bedrooms and have access to well- maintained gardens. There is a lift to provide access between the first and ground floor, and level access throughout for people who require the use of a wheelchair.

At the time of the inspection there was a manager in post 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.

At this inspection we identified ongoing breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also identified an additional breach of Regulation 13.

You can see what action we told the provider to take at the back of the full version of the report.

We identified issues with the leadership provided by the registered provider. Sufficient action had not been taken to ensure stable leadership within the service after the previous registered manager had left in May 2018. The registered provider had poor quality monitoring processes in place and was not fully aware of their role and responsibilities in relation to meeting the standards required by the Regulations. This had been identified as an issue at the last inspection, however action had not been taken to address this. At this inspection the new manager and new Chief Executive had started to implement new processes.

Issues had been identified by the local authority safeguarding team with the completion of investigation into safeguarding concerns. In this instance significant harm had not occurred, however action needs to be taken in a timely manner to ensure appropriate protective measures can be implemented where required. Poor processes place people at potential risk from ongoing harm.

Recruitment processes were not robust enough to ensure staff were of suitable character. Action was taken immediately by the manager when we raised this as an issue and assurances were given which showed risks had been mitigated. We have made a recommendation regarding this.

Ongoing issues with the completion of nutritional risk assessments were identified which placed people at potential risk of harm. Immediate action was taken when we raised these issues and it was identified that no one had come to harm. A review of other people's care plans were undertaken to ensure this risk was addressed with other people.

The quality of information contained in people's care records was mixed. Some care records contained a good level of detail, whilst some were incomplete and not up-to-date. Following the inspection, the manager confirmed that these were all in the process of being reviewed and updated.

Staff training was not being kept up-to-date. This meant there was a risk that staff knowledge and skills would not be kept in line with best practice. However, during the inspection we observed staff practice to be good.

People commented that there were limited activities available to them and told us they were "bored". During the inspection we did not observe any activities taking place with people. One person told us that people spent a lot of time sleeping in the lounge area. This put people at risk of social isolation. We raised this with the manager so that action could be taken.

People had received their medicines as prescribed. Staff had signed Medication Administration Records (MARs) to show that these had been administered as required.

Infection control procedures were being followed as required by staff. We observed staff using personal protective equipment (PPE) where required which helped prevent the risk and spread of infection.

People told us they enjoyed the food that was available. This was freshly prepared on a daily basis. Alternative options were available to meet people's preferences or special dietary requirements. This helped ensure people's nutritional needs were met.

Positive relationships had been developed between staff and people using the service. We observed people and staff chatting together in a friendly manner and we also observed staff being kind and respectful towards people.

People were treated with dignity and respect. Staff spoke kindly and respectfully towards people and we observed examples where they took action to prevent people from becoming distressed or upset.

People's communication needs were being met. We observed people wearing their glasses and/or hearing aids as required which helped ensure they were able to communicate to the best of their ability.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Recruitment practices were not robust.

Safeguarding processes were not being followed in a timely manner which placed people at potential risk of harm.

Nutritional risk assessments were not always being completed as required which placed people at risk of malnutrition.

People were receiving their medication as prescribed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff training was not up-to-date.

People commented positively on the food that was available.

People had access to health professionals where required.

Is the service caring?

Good ●

The service was caring.

Positive relationships had developed between people at staff.

People were treated with dignity and respect.

People's confidentiality was maintained.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's care records were not always kept up-to-date.

Activities were not consistently being made available to people.

There was a complaints process in place which people

commented they felt comfortable using.

Is the service well-led?

Inadequate 

- The service was not well-led.
- A clear leadership structure had not been in place which had undermined the effective running of the service.
- Quality monitoring processes were not being completed as required.
- The registered provider was not aware of their roles and responsibilities in relation to meeting the requirements of the health and social care act regulations.
- The registered provider did not have an effective quality monitoring system in place.
- The registered provider was not aware of their roles and responsibilities in relation to meeting the requirements of the regulations.

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.

Prior to the inspection we attended a safeguarding meeting during which leadership within the service was raised as an issue. The timely completion of safeguarding investigations was also raised as an issue. Following this meeting the registered provider and manager implemented some strategies which meant risks were mitigated. We used this information to help plan our inspection.

This inspection took place on 21 and 22 November 2018 and was unannounced.

Prior to the inspection we used information the provider sent us in the Provider Information Return as part of our inspection planning. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we spoke with the local authority quality monitoring and safeguarding teams, who raised some concerns regarding the service which we considered as part of this inspection.

The inspection was completed by an adult social care inspector, and Inspection Manager and an Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with two members of staff, the manager and the Nominated Individual. We looked at four staff recruitment records. We spoke with 13 people using the service and looked at four people's care records. We made observations on the interior and exterior of the premises. We looked at

records relating to the day-to-day running of the service, such as maintenance records and audits.

Is the service safe?

Our findings

In September 2018 we attended a safeguarding meeting with the local authority. During this, the local authority raised concerns over the timeliness of reporting a safeguarding issue and the poor response by the registered provider in investigating this. The incident had occurred in August 2018 and the local authority had requested an investigation be carried out. At the time of the inspection on the 21 November 2018 this had still not been completed. The registered provider stated that the change in management had impacted upon this. This showed that safeguarding processes were not robust enough to investigate incidents and protect people from the risk of harm.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At our previous inspection we identified that nutritional risk assessments were not being completed. At this inspection we found that two people did not have a nutritional risk assessment in place, and one of these people was not having their weight monitored at all. In another example we found that a person had lost weight and were documented as needing to be weighed on a weekly basis, however this was not being done. Whilst we identified that people had not come to harm as a result of this, people were placed at the potential risk of harm because adequate monitoring was not in place to identify and address the risk of weight-loss.

These are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We looked at recruitment processes and identified that these were not always robust. In one instance a member of staff had been employed without references being obtained. References allow employers to make decisions regarding the suitability of applicants for the job role. In another instance we identified that a risk assessment had not been put in place where a member of staff had a previous conviction. These issues were addressed immediately.

As part of the recruitment process staff had been subject to a check by the Disclosure and Barring Service (DBS). However, the registered provider's recruitment policy did not include a timeframe within which these should be reviewed. This is important as it enables the registered provider to determine if staff are still of suitable character to work with vulnerable people. For example, one member of staff had not had a criminal record check since 2012, and had not been asked to confirm any changes to their circumstances since 2016.

We recommend that the registered provider seek advice and guidance from a reputable source around safe and effective recruitment processes.

At our previous inspection in August 2017 we identified issues with the safe management of people's medicines. At this inspection we found that these issues had been addressed. We checked a sample of people's medicines and found that the correct quantities were being stored. We found one discrepancy

where a person's Medication Administration Record (MAR) had not been signed, however this had already been identified and addressed. Where medicines needed to be administered on an 'As and when' (PRN) basis, a protocol was in place for staff to follow. This showed improvements had been made.

Previously, follow up action had not been taken in response to accidents and incidents, to identify the cause of any unexplained injuries. During this inspection we looked at accident and incidents records and found that appropriate action had been taken to keep people safe.

During the inspection we observed that there were sufficient numbers of staff in post to meet people's needs. This was confirmed by people whose comments included, "There are lots of staff" and "I don't wait for anything. Staff are always around."

Environmental risk assessments had been carried out to ensure people's safety. Radiators were covered to protect people from the risk of scalds. The lift had been serviced and was in good working order. Fire extinguishers had been checked and serviced to ensure they worked appropriately. A gas safety check had been carried out and a fire risk assessment was in place. We checked water temperatures and found these to be safe and did not pose a risk of causing burns.

During the inspection we observed staff wearing personal protective equipment (PPE) such as disposable gloves and aprons prior to supporting people with their personal care needs. The service was clean throughout and smelled fresh. This showed that appropriate infection control procedures were being maintained.

Is the service effective?

Our findings

Staff had not always received the training they needed to carry out their role. For example, records showed that not all staff had completed training in health and safety, food hygiene, infection control or safeguarding. The registered provider had already identified this and was in the process of organising training for staff to complete. However, during the inspection we observed staff supporting people in ways that promoted their safety, wellbeing and dignity. This showed that there had been minimal impact on people because of this issue.

At the last inspection we identified that appropriate adaptations had not been made to the environment to meet the needs of people living with dementia. At this inspection we found that there were fewer people being supported by the service who were living with dementia. This meant that the environment was suitable to meet the needs of people living there.

Staff supervisions were being carried out and an induction was in place for new members of staff. The induction included a period of shadowing experienced members of staff. This also included the completion of the Care Certificate. This is a national qualification which new care staff are expected to achieve.

Initial assessments had been completed prior to people starting at the service which included information about their needs. This information was used to assess whether the service was able to meet people's needs. This helped to ensure that people received the support they needed.

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found that they were. DoLS applications had been made to the local authority as required and people's care records contained details of their cognitive ability.

People told us they liked the food that was served. Their comments included, "The food is good", "I like the food", "I get enough to eat and drink. I have no concerns". Home-made food was served on a daily basis and were nutritionally balanced. Fortified diets were provided to people and action had been taken to refer people to the dietician where required. We identified some issues with monitoring people's risk of malnutrition which we have reported on under the Safe domain.

Adaptations had been made to the premises to meet the needs of people using the service. Level access was available throughout and there was a lift in place to ensure people could access all areas of the building. At our previous inspection we identified that adaptations had not been made to meet the needs of those people living with dementia. During this inspection we found that there were fewer people who required this level of support.

Where required people had been supported to access health professionals such as their GP, the dietician or district nurse. This helped ensure that people's health and well-being was maintained.

Is the service caring?

Our findings

People commented positively on the staff that supported them. Their comments included, "Really nice girls, I'm looked after well", "They (staff) are very kind to me and others I know. I couldn't ask for better" and "Staff are really nice and friendly".

The registered provider had a policy in place around making information accessible to people who had additional communication needs. At the time of the inspection the registered provider informed us that there was no one who required alternative formats, however this would be made available should a person require this. We observed that those people who required glasses were wearing these, and people who needed hearing aids had these in place. This helped ensure people were enabled to communicate to the best of their ability.

Positive relationships had developed between people using the service and staff. Throughout the inspection we overheard laughter and conversation between people and staff. People spoke freely and raised concerns without hesitation. In one example we overheard a person challenge a member of staff, who responded by apologising and continued to offer their support.

Throughout the inspection we overheard staff speaking kindly to people, offering gentle and supportive encouragement where needed, or reassurance where people were upset and distressed. In one example we saw a person was uncomfortable and anxious. A member of staff walked with this person, offered them reassurance and helped them to keep calm.

People were treated with dignity and respect. Staff knocked on bedroom doors before entering and announced who they were, when they went in. One person commented, "Staff knock before coming in to ask me if I need anything". People's choices were also respected, for example one person had decided that they wanted to stay in bed and had been enabled to do so. We observed staff checking on this person during the day to make sure they were alright.

Staff respected people's right to independence. One person told us, "I can do a lot for myself. Staff know this and respect that", whilst another commented, "If I am able to do some things for myself then it's ok, I like it though if I can't there is always someone around". This helped promote and maintain people's dignity.

At the time of the inspection there were no people who required the use of an advocate. However, the manager was aware of those circumstances where an advocate would be appropriate and knew how to access their services. An advocate acts as an independent source of support to people where decisions are being made about their care needs.

People's confidentiality was protected. Information regarding people's needs was stored in cupboards that were locked when not in use, and the office door was secured when unattended. The registered provider used electronic equipment to store informed. This had been password protected to prevent unauthorised access.

Is the service responsive?

Our findings

People each had their own personalised care record in place. These outlined to staff the support that people required. These contained personalised information about people's life histories, their personal preferences with regards their daily routine and information about support networks, such as family and significant others. This helped to enable staff to get to know the people they were supporting and facilitated the development of positive relationships.

Some care records contained a good level of detail regarding their physical and mental health needs and how staff should act to support them. However, in other examples we observed that care records were not being kept up-to-date. For example, two people were not being weighed on a weekly basis as specified by their care records. In another example a person's risk of malnutrition was not being monitored. This had the potential to impact up on the safe delivery of care. We have reported on this further under the Safe domain.

Daily notes were included in people's care records. These outlined the support that had been provided to people during the day/ night and any significant developments in people's presentation. This provided an insight into people's well-being and needs on a day-to-day basis.

Our observations of the care being provided to people showed that staff were familiar with people's needs and knew how to support people. For example, during meal times staff knew who required fortified or special diets and ensured these were provided. We also observed staff using effective distraction techniques or providing reassurance where people became confused/ anxious, which helped to settle them.

People commented that there were insufficient activities available for them. One person told us "There isn't much to do, it's boring" whilst another person commented, "People just sit in the lounge all day and sleep. It's not very exciting". During our inspection we did not observe any activities taking place. We raised this with the manager who told us that plans were in place to put more activities and events in place for people.

There was a complaints process in place for people and their family members to use should they need to. This was available to people and was on display on the service notice board. We spoke with one relative who commented that they had not had to make a complaint, but they would feel able to if needed.

There is a legal obligation on services to ensure that information is made available in alternative formats, to people where required. The registered provider had a policy on making information accessible and would do so where needed. At the time of the inspection there was no one who required this level of support. We observed people wearing their glasses or hearing aids where required which helped ensure they were able to communicate to the best of their ability.

At the time of the inspection there was no one who required end of life support. However, there was information available in people's care records regarding their preferences where people had chosen to disclose these. This included details about their preferred place of death. This helped ensure people's last wishes could be fulfilled.

Is the service well-led?

Our findings

There was a manager in post within the service who was going through the process of registering with the CQC. The previous registered manager had left in May 2018 without serving their notice. Following the previous registered manager's departure there had been a period of instability within the service prior to the new manager starting in September 2018. The registered provider did not have a contingency plan in place to ensure the continuation of effective leadership within the service, and had not taken appropriate action to ensure strong leadership was put in place. This had impacted upon staff morale, the safe following of safeguarding procedures, safe recruitment practices, the completion of training and the maintenance of care records.

During the inspection the new manager was able to demonstrate that action had started to be taken to make improvements within the service. However, Sandiway Manor has not been rated above Requires Improvement since 2014. This has impacted upon the rating we have given under Well Led in line with CQC repeated requires improvement guidance because this shows an ongoing lack of good leadership and management regarding the service.

The registered provider had quality monitoring processes in place however these were ineffective. Quality monitoring within the service had not been consistently carried out due to the absence of a registered manager. It is important that the registered provider develops and completes their own quality monitoring processes so that they can identify and act upon issues where improvements are required. At the last inspection we raised this with the registered provider so that they could make improvements, however they had failed to take action with regards to this.

During the inspection we spoke with the nominated individual. The nominated individual acts as the link between the registered provider and CQC and is responsible for ensuring the registered provider is carrying out required activities in line with the regulations. The nominated individual confirmed that the registered provider had a limited understanding of the CQC's role and did not always read the reports that had been produced. Processes were also not in place for the nominated individual to fulfil their role. This limited the registered provider's ability to meet the requirements set out by the Health and Social Care Act.

At the previous inspection we had raised issues relating to the completion of malnutrition risk assessments and effective quality monitoring processes. At this inspection we identified that appropriate action had not been taken to address these issues. We also identified additional concerns regarding the safeguarding processes which showed these were not being followed appropriately. This evidenced poor engagement by the registered provider to protect people from the risk of harm.

These are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2018.

The above inspection findings showed that there had been a lack of strong leadership within the service and at the registered provider level. However, prior to the inspection a new Chief Executive had come into post. They had made some changes within the service which had impacted positively upon staff morale. In

addition, the new manager was also in the process of reviewing quality monitoring procedures within the service and was making changes. This showed that risks associated with poor leadership had started to be reviewed and new processes were being implemented which had the potential to effect positive changes within the service.

Staff meetings were being held with staff. These helped ensure that important information was provided to staff. At the last meeting in October 2018 the Chief Executive had introduced themselves and outlined their role to staff. They had also used the meeting to address practice issues in relation to following appropriate safeguarding processes and low staff morale.

Surveys were sent out on an annual basis to people and their relatives. This gave people the opportunity to raise any concerns or issues they may have. At the time of the inspection the most recent results were not available to view. However, when we spoke with people they provided positive feedback regarding the service. Some people commented that the entertainment available was poor. When we raised this with the manager they were already aware of this and were in the process of addressing this.

The registered provider is required by law to notify the CQC of specific events that occur within the service. At this inspection we found that this was being done. The registered provider is also required to ensure their most recent rating is on display. During the inspection we observed this was being done.

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 Processes were not in place to ensure people were protected from the risk of potential harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have sufficient quality monitoring processes in place to maintain standards within the service.