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Snydale Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Snyderdale is a care home which was providing personal care for up to 50 people aged over 65, who may be living with dementia. There were 43 people using the service at the time of the inspection. There were a further two people in hospital.

People's experience of using this service:

- Improvements to the management of medicines and quality audits have been made since our last inspection in December 2017.
- The service met the characteristics of Good in all areas; more information is in the full report.
- Staff were kind and caring and there were sufficient numbers to keep people safe and to meet their care needs.
- People were supported by staff who were motivated, enjoyed their job and felt well supported through supervision and training.
- Care plans were up to date and detailed exactly what care and support people wanted and needed.
- Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified.
- People felt safe at the home and appropriate referrals were being made to the safeguarding team when necessary.
- Medicines were being administered safely and people's health and dietary needs were met.
- Activities and outings were arranged to keep people occupied.
- The home was well maintained, clean and tidy.
- There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.
- The registered manager provided staff with leadership and was very approachable. Audits and checks continued to be used to drive improvements to the service people received.
- People's feedback was used to make changes to the service, for example, to the menus and activities.

Rating at last inspection: Requires Improvement (report published 31 January 2018). The overall rating has improved following this inspection.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Snydale Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Two adult social care inspectors 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. This expert had experience with older people and older people living with dementia.

Service and service type:

Snydale is a care home which provides personal care and support to older people living with dementia. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in December 2017. This included details about incidents the provider must notify us about. We assessed the 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. We used all this information to plan our inspection.

People using the service at Snydale Care Home were not all able to fully share with us their experiences of living at the service. Therefore, we spent time observing staff with people in communal areas. We spoke with five people who were using the service, four care workers, five relatives, the cook, one housekeeper, the

activities co-ordinator, a health care worker, the registered manager, the registered managers assistant and the director of care.

We looked around all the home and reviewed a range of records. These included five people's care records and medication records. We also looked at some records relating to the management of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- At our last inspection on 6 December 2017 we found some medicines were not being administered and recorded in line with good practice and medicines were not always stored securely.
- At this inspection we found those issues had been rectified.
- Staff completed training in medicines administration and their competency was checked.
- A computerised medicines management system had been put in place. This system ensured medicines were managed safely. For example, it would not allow staff to give medicines which need four hours between doses too early.
- Staff had completed the electronic records to show medicines had been given as prescribed.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the service was safe. Comments included, "This place makes me feel very safe." "I've been here a fair amount of time and I am very safe and happy" "Yes we think it's safe, that's why we chose here."
- The registered manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm.

Assessing risk, safety monitoring and management

- Regular safety checks took place to help ensure the premises and equipment were safe.
- Staff held practice fire drills to check if people could be safely evacuated in the event of an emergency. Personalised plans were in place to guide staff and emergency services about the support people required in these circumstances.
- Risks to people were identified through individual risk assessments. Appropriate risk management plans were incorporated in to care plans. These were detailed and provided care staff with information which ensured they delivered care in the safest way possible. A visitor told us, "Definitely safe they [Name] has a pressure mat at the side of the bed if they get out of bed at night and a buzzer she can reach."

Staffing and recruitment

- Staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.
- The registered manager kept staffing levels under constant review to ensure there were enough staff on duty to meet people's needs and keep them safe.

Preventing and controlling infection

- Staff completed training in infection control. Gloves and aprons were available and waste was disposed of

correctly.

- The home was clean, tidy and odour free. People's comments included, "They keep me and my room nice and clean," and "They keep my room lovely and clean."

Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which may have helped to prevent a reoccurrence.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and people could visit for a meal if they wished before deciding if they wanted to live at Snyderdale. One visitor told us, "[Name] came for respite and we were so impressed they moved in."
- The registered manager ensured any specialist equipment the person needed was in place before they moved into the home. One person told us, "This is the only place that could meet my needs, they have all the special equipment I need."
- The registered manager made sure there were staff available to greet new admissions. This allowed staff to spend time with the person to help them settle in.

Staff support: induction, training, skills and experience

- Staff were trained to be able to provide effective care.
- Staff spoke highly of the training, support and supervision they received.

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

- People were provided with a choice of food and drinks which met their needs and preferences.
- People liked the food and said there was always a choice available. Comments included, "I get plenty of nice food, I like the bacon and egg sandwich for my breakfast. I love my food here, we get good dinners lots of different meats and nice veg." "I love my food it's nice and hot."
- The cook had a good understanding of people's dietary needs and menus showed a choice and variety of meals. People were offered a choice of drinks and snacks throughout the day.
- People could request a range of meals and snacks 24 hours a day.
- People's weight was monitored for any changes. People who had lost weight had been provided with a fortified diet and referred to the dietician.
- People's mealtime experience was varied, with some people having to wait for staff to assist them. We discussed this with the registered manager who made immediate arrangements for people to receive additional support.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager had developed links with social workers, advocates, independent mental capacity advocates and health care professionals.
- If people's needs changed the links required to get support from other agencies were in place.
- If someone needed to go to hospital a system was in place to ensure all of the relevant information would be sent with them.

Adapting service, design, decoration to meet people's needs

- Refurbishment and redecoration was ongoing to ensure people were provided with high quality accommodation.
- Good signage was in place to help people find their way around the home. People had pictures on their bedroom doors which were relevant to their life and interests.
- Specialist equipment was available, when needed, to deliver better care and support.

Supporting people to live healthier lives, access healthcare services and support

- People told us they received regular visits from healthcare professionals such as the GP, chiropodist, dentist and optician and this was confirmed in care records we reviewed. One person told us, "If I need a doctor they get one very quickly."
- Staff worked together as a team to provide consistent care to people. Handover meetings between shifts gave staff opportunities to discuss people's care and informed them of any changes.

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

- The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- The registered manager ensured when specific conditions had been attached to DoLS authorisations these had been met.
- The registered manager ensured when someone lacked capacity the best interest process had been followed when a specific decision had needed to be made. For example, involvement of health care professionals before bedrails were used to ensure one person's safety.
- Where relatives had the appropriate legal authority, they had been involved in the decision making process. Where this authority had not been in place the best interest decision making process had been used.
- Staff spoke with people before any care and support was delivered to get their consent.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. A visitor said, "They make [Name] feel loved."
- Staff were thoughtful which ensured people received person centred care. Without exception everyone we spoke with praised the staff and spoke enthusiastically about how caring they were. Comments included, "I am happy here, everyone is kind and caring to me." "We shopped around and this place ticked all the boxes for caring."
- One person told us, I didn't have much when I was at home, so they gave me things for my room when I came here, that was kind."
- The activities co-ordinator and people using the service all listened with interest as one person recounted their driving experiences.
- The registered manager was interviewing for new staff on the day of inspection. One of the people using the service had been involved in this process. They said that they appreciated the level of trust put in to their opinion during this process and how they liked to be involved.

Supporting people to express their views and be involved in making decisions about their care

- A relative told us, "We have a care review every 6 months, but if we have any concerns we can just speak to someone at any time."
- When people had expressed their views about their preferences these were respected. Staff could tell us about people's preferences and records confirmed that people's views about how they preferred to be supported had been acted on.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people well and with dignity and respect. Staff knew people extremely well, their individual likes, dislikes, life history and interests. A health care worker told us staff were very knowledgeable about the people they cared for.
- People looked well cared for, they were dressed in nicely laundered clothing, hair had been brushed or combed and men had been shaved. One person told us, "They [staff] wash my clothes and I get the right ones back."
- Staff supported people in a caring way to promote their independence. For example, encouraging people with their mobility and making sure people had any necessary equipment to enable them to eat and drink independently.
- People were supported to maintain relationships with friends and relatives. Relatives told us they could visit at any time and were always made to feel welcome.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care from staff who knew them well.
- People's care needs and preferences were reflected in their care plans. One relative told us, "Staff are very responsive to the needs of the residents and keep us well informed."
- Staff understood people's communication needs. These were identified, assessed and recorded in people's care plans.
- Care records were reviewed monthly or if people's needs changed.
- Staff organised activities, entertainment and outings to keep people occupied. People told us there were activities available which they could join in with if they wanted. Their comments included, "We have a big games console and I can play lots of games on it. There are lots of things to do, I like bingo and cards." "The activities co-ordinator takes us out in the mini bus to a local café." "I don't go downstairs much, but that's my choice. I will go down tomorrow because it's a country and western night, I like that."

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and had no concerns in approaching staff if they felt there was an issue. One relative said, "I have no concerns, but if I had I know they would listen and act on it."
- Records showed complaints received had been investigated and the complainants informed of the outcome.

End of life care and support

- People's end of life wishes were sought, however, the registered manager said people were often reluctant to talk about these.
- The registered manager told us how they planned to ensure end of life care plans were put in place.
- The director of care told us relatives could stay overnight, if they wished, so they could spend as much time as they wished with their loved one.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection on 6 December 2017 we found some of the quality audits were not effective in picking up and addressing issues.
- At this inspection we found improvements had been made to ensure people received a consistently good service. Quality audits we reviewed identified areas for improvement and action plans showed these were acted upon.
- There was an open and transparent culture in the home and staff told us the registered manager and provider were approachable and supportive.
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- Staff we spoke with all said they would recommend Snydale Care Home as a place to live.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had a registered manager who was supported by a manager's assistant. Staff spoke positively about the registered manager and made the following comments, "[Name of registered manager] is fair approachable, listens and helps." "I enjoy working with [Name] they are a good manager, very organised, hands on and open to change."
- The home was well run. The provider and the manager were committed to providing high quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service were involved in day to day decision about what they wanted to eat and what social activities they wanted to take part in.
- Meetings were held to discuss what people wanted from the service and these were responded to.
- Staff meetings were held and staff were also consulted during handovers between shifts.
- The registered manager made themselves easily available to people using the service, relatives and staff.

Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.

- The registered manager demonstrated an open and positive approach to learning and development. Improvements had been made following our previous inspection to ensure regulatory requirements were met.
- Information from the quality assurance system, care plan reviews and incidents were used to inform changes and improvements to the quality of care people received.

Working in partnership with others

- The registered manager had some links with the local community and key organisations to benefit people living in the home and to help with the development of the service.
- The registered manager attended meetings held by Bradford Council, this enabled them to keep up with best practice issues.