

Sandylane Limited

# Sandy Lane Hotel

## Inspection report

33 Sands Lane  
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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Sandy Lane Hotel is a residential care home providing personal care to 27 people aged 65 and over at the time of the inspection. The service can support up to 31 people. The building has three floors and a lift which operated between all levels.

### People's experience of using this service and what we found

People were not receiving a service that provided them with safe, effective, high-quality care. Care and support were not tailored to meet people's specific needs. Care plans were not always in place and where they were, they were not personalised or contain information to inform staff of people's preferences'.

Risks to people were not always identified and managed. Recruitment of staff, infection control and medicines practices were not safe or robust.

Staff did not always receive effective training to support their role.

People's dietary needs were not always recorded and records to monitor food and fluid intake required improvement. We have made a recommendation about this.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We have made a recommendation about this.

Governance systems were not robust. The oversight of the service was not always effective and had not identified the issues we found at this inspection. People and their relatives gave positive feedback about the service.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 26 June 2018).

### Why we inspected

We received concerns in relation to the management of medicines, staffing training and people's care needs. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed from good to inadequate. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well- led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safety, staffing, record keeping and oversight at this inspection. The provider was issued a warning notice.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-led findings below.

# Sandy Lane Hotel

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

Sandy Lane Hotel is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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. However, the registered manager no longer worked at the service and a newly appointed manager was in place and being supported by the manager from the provider's other service.

#### Notice of inspection

This inspection was unannounced on the first and second days and we informed the management team we were returning on the third day.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the provider, supporting manager, manager, deputy manager, senior care workers, and care workers. 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 reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two relatives.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were not managed or mitigated. Risk assessments and care plans were not in place to inform staff how to manage and mitigate risks associated with people's needs and health conditions.
- People were exposed to the risk of harm in the event of an emergency as risk was not appropriately managed. Information stored at the service to support people in the event of an emergency was incorrect
- Fire safety measures were not robust. For example, a number of fire doors were not closing properly. This exposed people to risk in the event of a fire. We contacted the Fire service due to the concerns we found with fire safety.
- Accident forms were poorly completed. This had been identified by the provider; however, we saw no evidence of any action taken to address this with staff.
- The last three months auditing systems had identified that improvements were required to accident reporting documentation. This had not yet led to improvements.

Whilst we found no evidence people had been harmed, people had been placed at risk of harm as a result of the issues we found. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection the provider informed us they were updating all care plans and risk assessments for people.
- The management team took action during the inspection to address fire safety and implemented weekly checks of fire doors.

Staffing and recruitment

- There was not always enough staff to meet people's needs in a timely manner. On the second day of the inspection three care staff were deployed to support 27 people over three floors, nine people required two members of staff to assist them.
- Although the provider told us they assessed the skills of staff on the rota, we were not assured these were always effective. There was no recorded system in place to ensure the service had safe staffing levels to meet people's needs.
- Staff told us they needed more staff. Comments included, "Staffing levels could be improved" and "We struggle sometimes with staffing."

Failure to have sufficient numbers of staff deployed at the service was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recruitment was not robust. Appropriate checks were not completed to ensure staff were of a suitable character to work with vulnerable people.

Whilst we found no evidence people had been harmed, people had been placed at risk of harm as a result of the issues we found. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider informed us that they were actively recruiting. They had recruited three new staff and ensured all appropriate checks were in place.

#### Using medicines safely

- Medicines were not managed safely.
- People did not always receive their medication as prescribed. For example, people who were prescribed medicine to be taken with food and medicine to be taken 60 minutes before food received their medication at the same time.
- Documentation used to support the administration of medicines was not in place. This included protocols to guide staff when 'as and when required' medicines should be given and body maps to show where creams should be applied.
- Clear recorded processes for people who received medicines administered in a disguised form were not in place.
- Staff who worked during the night, were not trained to administer medicines. There was no written protocol in place for staff to follow should medicines be required during the night. However, the provider told us night staff could call the on-call manager should people require medicines during the night.

Whilst we found no evidence people had been harmed, people had been placed at risk of harm as a result of the issues we found. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider stated that all staff are aware of the on-call procedure if medicines are needed during the night. The provider also stated that the training matrix was incorrect, and they would send the up to date training matrix. We did not receive this.
- Following the inspection being concluded, the provider submitted further evidence to demonstrate that staff signed to show when people had been supported to use prescribed creams. We could not be fully assured these records were always accurate.

#### Preventing and controlling infection

- Whilst the service had no outbreaks of COVID-19, we were not assured that the provider was doing all they could do to prevent people, staff or visitors from catching and spreading infections.
- Personal Protective Equipment (PPE) was not stored correctly and was located around the service and exposed to cross contamination.
- Some equipment and furniture was worn and would not prevent the spread of healthcare related Infections , as it could not be cleaned effectively.
- Not all staff had completed infection control training .
- During the inspection we requested support from the local authority Infection, Prevention and Control team (IPC team) who visited the service shortly after the inspection was completed.

Whilst we found no evidence people had been harmed, people had been placed at risk of harm as a result of



the issues we found. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The IPC team confirmed to us they had developed a plan with actions that required addressing by the provider to ensure infection prevention and control was consistently maintained at the service.
- Internal improvement plans identified some of the concerns we identified within the environment. The provider had ordered new furniture to replace worn items and arranged new flooring to be fitted where needed.

Systems and processes to safeguard people from the risk of abuse

- Systems in place to protect people from the risk of abuse were not always followed. We could not be sure the provider followed internal and external processes to keep people safe, due to the lack of recorded information.
- The training matrix showed that only 3 staff members had completed safeguarding training. However, the staff we spoke with had a good understanding of how to keep people safe.
- People felt safe at the service. Comments included "I like it here, the staff keep me safe" and "It is safe here, I like it."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not sufficiently supported in their roles. Staff had not received an annual appraisal and staff did not receive frequent supervisions.
- Staff were not suitably trained, nor did they have their competency checked to ensure they could effectively meet the needs of people. For example, staff working during the night had not completed medicines training which meant people could not receive their medicines as prescribed during the night due to a lack of sufficiently trained staff.
- Systems in place to monitor staff induction and training needs were ineffective and not monitored. Some staff were overdue completing their refresher training in particular topics, and some staff were not recorded on the training matrix.

Failure to have suitably qualified, supported and competent staff was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider stated that the training matrix submitted as part of the inspection was incorrect and agreed to send an updated one. The provider confirmed that supervisions had been completed and the management team were working hard to complete these.
- Following the inspection, we received evidence to show that action had been taken to ensure all staff appraisals were up to date.

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

- Care plans failed to provide clear guidance for staff to follow on how to deliver effective care to meet people's diverse needs. For example, People's likes, dislikes, interests and beliefs were not recorded within care plans to inform staff of their preferences.
- People's assessments were not always detailed or reflected people's individual needs.

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

- Monitoring charts for fluid intake were not completed correctly or consistently.
- Care plans for people with dietary requirements were not always in place and staff were unaware of people's needs with individual dietary requirements.

We recommend the provider consider current guidance with regard to monitoring food and fluid intake and take action to update their practice accordingly.

- People told us the food was good. Comments included, "The food is lovely" and "I always look forward to mealtimes."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Guidance and support from healthcare professionals was not always considered. We identified areas of concern relating to people's health needs which required a referral to their GP to seek advice and guidance.

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

- The environment was undergoing some refurbishment. Some areas required further improvement; however, most areas were pleasant and homely.

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

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 when this is in their best interests and legally authorised under the MCA. 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.

- People's rights were not fully protected as records did not always evidence that best practice was being followed. For example, there was no evidence of capacity assessments undertaken, and best interests' decisions were not always recorded in relation to the restrictions on their everyday life.

We recommend the provider consider current guidance with regard to principles of MCA and take action to update their practice accordingly.

- We saw mental capacity assessments had taken place and best interest processes followed in relation to people receiving the COVID-19 vaccination. The best interest report showed staff had followed this process correctly. Involving professionals, staff, relatives and the person.
- The manager was aware when authorisations had been granted and when requests for new authorisations should be made.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes were not operated effectively to ensure the service was assessed or monitored for quality and safety in line with requirements. This led to breaches of regulation in relation to safe care and treatment, staffing, fit and proper persons, person-centred care and good governance.
- The provider told us they worked at the service full time. However, the audits completed were not always thorough and did not always demonstrate they checked all areas of the service to ensure they were delivering good quality care.
- The provider's medicines audit had not been effective in identifying the concerns we found in relation to medicines not being administered as prescribed and a lack of documentation to support the administration of medicines.
- Records failed to identify the care people required or received. Care plans and monitoring charts were not consistently completed or updated. For example, there was no care plan in place for one service user who had been at the service for 15 months.
- Staff were not always supported to complete training to carry out their role. Gaps in the training matrix identified the need for staff to update and complete training for fire safety, medication.
- There was a lack of systems in place to ensure continuous learning and improve the care people received.

The provider failed to ensure systems were effective, in place and robust enough to demonstrate the service was effectively managed. This was a breach of the regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider and manager informed us they were addressing the shortfalls found at the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Care delivered was not person-centred. Records did not contain personalised information about people's needs, risks they were exposed to or their preferences about how they wished to receive their care.
- Care plans that were in place were not reviewed consistently to ensure that people's care and support was up to date and current.
- Improvements were needed to develop the culture and inclusiveness of people's equality, diversity and human rights.

- There was limited evidence that people had access to a range of meaningful activities in line with their personal preferences.

The provider failed to provide person-centred care and support to meet people's needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives were happy with the care and support at the service.
- Staff enjoyed working at the service. Comments included, "We are a great team and work together well" and "I love working here, we are like a family."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Due to the lack of information recorded we could not be certain the provider was acting on the duty of candour to keep people safe.
- The provider had failed to notify CQC of significant events that happened in the service as required by law. We discussed the requirements of this regulation with the management team and signposted them to CQC guidance, to ensure they understood what was required.

The failure to notify the Care Quality Commission of significant events was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This will be dealt with outside of this inspection.

- Throughout the inspection the management team were honest and open with us. They acknowledged the shortfalls identified at this inspection and were eager to put processes in place to ensure people receiving care and support were safe and protected from harm.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, staff and relatives felt the service was supportive. A staff member told us, "The manager is supportive and listens to us if we have concerns." A relative said, "They keep me informed on how my relative is, I have no concerns, they are supported well."
- The provider and manager were engaging with the local authority and external agencies to make the required improvements at the service.

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 9 HSCA RA Regulations 2014 Person-centred care  Failure to provide person centred care to people.  9,1(b), (c), 3 (a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Failure to operate robust recruitment procedures.  19 (2) (a), (3) (a)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Failure to recognise or reduce risks to people. Medicines processes were not safe. Failing to prevent the risk of infection and to have adequate assessments in place for fire safety.  12, (1), (2) (a) (b) (d) (g) (h),

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems to ensure quality and oversight of the service provided were not robust. Records were not well maintained.  17 (1) (2) (a) (b) (c) (d) (i),

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider failed to ensure staff were appropriately trained or supported within their role.  18, (1) (2) (a) (c),

### The enforcement action we took:

Warning notice