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

Overall summary

We visited this home on 29 and 30 December 2014 and the first day was unannounced. The last inspection was carried out in August 2013 and we found that the home was meeting the regulations.

Sandiway Manor Residential Home is owned by a charitable organisation that runs three care homes for older people. Each home is independently run by a committee. This home was formerly a large private house that has been renovated and extended for use as a care home. People are accommodated on the ground and first floors, providing 28 single bedrooms with en-suite toilet facilities. There are large enclosed mature gardens with walkways and seating areas available for people to use. On the day of the visit there were 23 permanent and three short stay people living at the home.

Summary of findings

The service has a registered manager in place. 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.

We found that the home required improvement in regards to the safety of the people who lived there and the effectiveness of the service. We found the service did not meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). From discussions with the registered manager although she was aware of her obligations under the MCA she had not completed any DoLS applications for people who were living at the home. Also within the care records there were no mental capacity assessments or records of best interest meetings to assess people's mental capacity.

We found that some of the recruitment practices required improvement. Documentation relating to the care staff team was good, however, records regarding ancillary staff were poor. This was due to ancillary staff up until recently not being directly employed by the home. The provider was currently addressing this issue.

We looked at the maintenance and cleanliness of the home. We found the home was clean and hygienic in all areas seen. However, we saw that some radiators did not have guards to protect the safety of people who lived in the home. A recommendation was made regarding this.

People told us that they were happy living at Sandiway Manor and they felt that the staff understood their care needs. People commented "I like my bedroom", "The staff are very pleasant", "I feel safe here" and "The staff are kind and helpful." Relatives commented "I visited with my relative prior to admission and we were shown around the home" and "I have no complaints."

Staff made appropriate referrals to other professionals and community services, such as the GP, where it had been identified that there were changes in someone's health needs. We saw that the staff team understood people's care and support needs, and the staff we observed were kind and thoughtful towards them and treated them with respect.

The care records contained detailed information about the support people required and were written in a way that recognised people's needs. This meant that the person was put at the centre of what was being described. We saw that all records were completed and up to date.

We found the provider had systems in place to ensure that people were protected from the risk of potential harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults. Therefore staff had documents available to them to help them understand the risk of potential harm or abuse of people who were living at the service.

People spoke positively about the registered manager at the home and told us she listened and acted on comments and concerns. Staff told us they felt supported and listened to by the registered manager and they felt able to raise any concerns or questions they had about the service.

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

Summary of findings

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 safe.

Requires Improvement

We found that the service was clean and hygienic. However, during a tour of the building we noticed that several radiators were not fitted with covers. This meant there was a potential for people to burn themselves on the hot surface.

We found that some staff records did not contain all the appropriate paperwork. However, the provider was aware of the problem and was currently dealing with this.

We saw that safeguarding procedures were in place and staff had received training in safeguarding adults. We saw that staff managed people's medicines safely.

Is the service effective?
The service was not effective.

Requires Improvement

People's rights were not protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were not followed. Although the manager was aware of their obligations under the MCA she had not completed any DoLS applications for people who were living at the home despite their freedom of movement being restricted.

People told us they enjoyed the food provided at the home. We observed activities over the lunchtime meal and noted it was a pleasant and unhurried time where people were given appropriate support to eat their meals.

Is the service caring?
The service was caring.

Good

We saw that people were well cared for. Staff showed patience and gave encouragement when they supported people. Some of the people were unable to tell us if they were involved in decisions about their care and daily life activities due to them living with dementia. We saw that staff encouraged people to make decisions on day to day tasks and that staff were kind, patient and caring.

Everyone commented on the caring and kindness of the staff team. People told us that their dignity and privacy were respected when staff were supporting them, and particularly with personal care. We saw that staff addressed people by their preferred name and we heard staff explaining what they were about to do and sought their permission before carrying out any tasks.

Is the service responsive?
The service was responsive.

Good

Summary of findings

People's health and care needs were assessed with them and with their relatives or representatives where appropriate. People were involved in their plans of care. Specialist dietary, mobility and equipment needs had been identified in care plans where required.

People said they would speak to the staff or manager if they had a complaint or if they were unhappy. We looked at how complaints were dealt with, and found that one concern had been raised since the last inspection.

Is the service well-led?

Good

The service was well led.

The service had a manager who was registered with the Commission. All people and staff spoken with told us the home was well managed and organised.

The service worked well with other agencies and services to make sure people received their care in a joined up way.

The service had quality assurance systems to monitor the service provided. Records seen by us showed that any shortfalls identified were addressed.

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.

This inspection took place on 29 and 30 December 2014 and the first day was unannounced.

We spent time observing support and interactions between the people who lived at the home and the staff team. We looked at all areas of the building, including people's bedrooms and the communal areas. We also spent time looking at records, which included three people's care records, six staff recruitment files and other records relating to the management of the service.

The inspection team consisted of an adult social care inspector.

Before our inspection, we reviewed all the information we held about the service. This included notifications received from the registered manager and we checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public. We contacted the local safeguarding team, the local authority contracts team and Healthwatch for their views on the service. Healthwatch is the new independent consumer champion created to gather and represent the views of the public. They all confirmed that they had no concerns regarding the home.

On the day of our inspection, we spoke with seven people who lived at the home, four relatives, three visiting professionals, six members of the staff team and the registered manager. We spent time observing care in the dining room and lounge and used the short observational framework (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

People who lived at the home and their families told us they felt safe and secure. People who used the service said "The staff know what they are doing", "I have no concerns", "It's warm here and the staff are caring" and "The food is first class." People said they could talk to a member of staff or the registered manager to raise any concerns about their safety.

We looked at staff rotas which showed the staffing levels at the home. We saw that one senior carer and three care staff worked during the day and that two care staff worked during the night. The registered manager was additional to the rota. The registered manager confirmed these staffing levels currently met the needs of the people living at the home. The care staff team were supported by ancillary staff which included cooks, laundry and domestic assistants, handyman, administrator and activities coordinator. The manager and staff were also supported by the home's committee. We saw during our visit that there were enough staff to support people when they required. People who used the service and relatives commented there were enough staff available. One person said "I visit at different times and during the weekends too. There are always enough staff around."

We spoke with the staff and registered manager about safeguarding procedures. These procedures were designed to protect adults from abuse and the risk of abuse. The training matrix showed that all staff team had undertaken safeguarding within the last year. During discussions with staff we noted that they had the knowledge and understanding of what to do if they suspected abuse was taking place. We contacted the local authority safeguarding team and they confirmed they had no concerns regarding the service.

We looked at recruitment records of six staff members, thee from the care staff team and three ancillary staff. We also spoke with staff about their recruitment experiences. Prior to October 2014 the ancillary staff were contracted by an external company. The provider decided not use an external provider and to employ the staff team themselves. They recruited a facilities support manager to oversee all three homes and ensure that appropriate staff were employed. In discussion with the facilities support manager she confirmed that there had been problems with the external agency and that limited paperwork regarding recruitment had been available from them. The provider was currently dealing with this problem.

We found three recruitment files seen regarding the care staff team had relevant checks had been completed before staff worked unsupervised at the service. This included taking up references regarding prospective employees and undertaking Disclosure and Barring Service (DBS) identity checks.

We discussed the induction programme with the registered manager. She explained that the length of the induction depends on the new employee. Some people with experience may require less time that a person with no experience. However, all staff undertook the Skills for Care common induction standards and on completion a certificate was issued. Following this several days were spent "shadowing" other staff members. We saw documentation on staff files which confirmed this. One new member of staff we spoke with confirmed they had undertaken the induction process, which they had found easy and simple to undertake and they had worked alongside a more experienced staff member for one month. Therefore people were supported by staff that had received induction and training appropriate to their role.

We looked at three people's care plans and risk assessments and found these were well written and up to date. Risk assessments had been completed with the individual and their representative, if appropriate for a range of activities. These identified hazards that people might face and provided guidance on how staff should support people to manage the risk of harm. These included moving and handling, falls, nutrition, pressure area care and continence. People who lived at Sandiway Manor and relatives confirmed they had been involved in developing their care plans. During discussions staff said they read people's care plans regularly. They also said that during the handovers which happened at the beginning of each shift, they were informed of changes in people needs or condition.

We saw the medication administration procedure for three people who were living in the home. The home used a monitored dosage blister pack system. Medicines were stored safely in two locked trollies and a locked cabinet. Records were kept of medicines received and disposed of. The Medication Administration Record sheets were

Requires Improvement

Is the service safe?

correctly filled in, accurate and all had been signed and dated with the time of administration. We saw that the service had a policy on administration of medicines which gave information on the safe practice of medication administration. This was available to the staff team. We spoke with a staff member regarding medication administration. They were satisfied with the training provided and had undertaken medication awareness training within the last year. Within the stock cupboard we noticed that some people had up to three month's medication in hand and we mentioned this to the manager during the feedback session.

We found that the service was clean and hygienic. Equipment such as hoists, portable appliance testing and the fire alarm system was well maintained and serviced regularly which ensured people were not put at unnecessary risk. However, during a tour of the building we noticed that several radiators were not fitted with covers. We also noted that risk assessments were not in place regarding the uncovered radiators. This meant there was a potential for people to burn themselves on the hot surface. The manager said they were aware of them and that the handyman had started to undertake this task.

We recommend that the provider refers to the Health and Safety Executive's information on managing the risks from hot water and surfaces in health and social care.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us they were involved in decisions about their care and had contributed to the information supplied to the home at the beginning of their stay. We saw that people who had capacity were involved in decision making in many aspects of their daily life. For example people were asked what they would like to eat, what clothes they would like to wear or if they wished to join in an activity. People commented on the support and activities available. They said "There are activities I can join in with" and "I like going to the art group each week."

We had a discussion with the registered manager regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards provides a legal framework to protect people who need to be deprived of their liberty for their own safety. The registered manager was aware of her obligations under the MCA and when an application should be undertaken. However, she had not completed any applications for DoLS for people who lived at the home. We saw that several people who lived in the home lacked capacity and measures were in place to restrict freedom of movement, which included locks and coded keypads on doors. Best interest meetings and Mental Capacity Act assessments had also not been undertaken. Therefore no documentation was in place within the care plans to assess the mental capacity of the people who lived at the home.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff received training, which included moving and handling, fire safety, safeguarding, medication awareness, first aid and challenging behaviour. Staff spoken with confirmed the training provided was relevant and beneficial to their role. Some staff undertook a range of other training in areas including dementia awareness and Deprivation of Liberty Safeguards (DoLS).

Staff undertook National Vocational Qualification (NVQ) training in levels two and three. This is a nationally recognised qualification and showed that people who used the service were supported by staff that had good knowledge and training in care. During our visit we observed staff were efficient and worked well as a team.

Staff confirmed they were provided with regular supervision. These supervisions provided staff with the opportunity to discuss their responsibilities and to develop in their role. We saw the supervision matrix which showed staff had received regular supervision throughout the year. Staff confirmed they were invited to attend staff meetings. Staff confirmed how handovers were conducted. We were told that information was verbally passed on at the beginning of each shift. This helped to ensure staff were kept informed about the care of the people who lived at the home. We spoke with four staff that were part of the care team. They were knowledgeable about the people in their care and the support required to meet their needs.

During the lunchtime we undertook a short observational framework (SOFI) which is a way of observing care to help us understand the experience of people who could not talk with us. We saw there was an unhurried and pleasant atmosphere at lunchtime and we noted people were given appropriate support during the mealtime. For example the vegetables and potatoes were placed in serving dishes on each table. Staff assisted people to ensure they had vegetables and potatoes. We asked staff about people who were not in the dining area about their meals. They said some people preferred meals in their room and a meal was taken to them. During the mealtime we saw that staff kept a watchful eye on people and were available throughout the meal to assist if required. People told us they had enjoyed their meals. One relative commented "You can come and have a meal here, and I regularly stay for lunch. The meals are very good here."

People were offered three meals a day and were served drinks and snacks at regular intervals and at other times on request. We saw staff were attentive to people's needs and offered juice mid-morning and interacting with them. We saw in the care plan documentation that any risks associated with poor nutrition and hydration were identified and managed as part of the care planning process.

Records of people's preferences were kept in the kitchen. The chef explained that they could provide a number of different diets according to people's needs and preferences. These included diabetic, gluten free, low fat, extra calories and soft and pureed meals. We saw that hot food, fridge and freezer temperatures were recorded which meant that checks were being undertaken to ensure food was served and stored at the appropriate temperatures. We

Requires Improvement

Is the service effective?

noted that the four weekly menus included seasonal variations. A rota showing the weekly cleaning schedule of the kitchen was seen and enabled checks to be made to ensure that kitchen was cleaned appropriately throughout the week.

Good

Is the service caring?

Our findings

We spoke with people who lived at the home and visiting relatives and asked them how they and their relatives preferred to receive their care. They told us that they spoke to staff about their preferences, and this was undertaken in an informal way. Everyone commented on the kind and caring approach of the staff at the home. All the people we spoke with said the staff were "very nice and helpful" and "Staff were good."

People told us their dignity and privacy were respected when staff supported them, and particularly with personal care. For example personal care was always undertaken in the privacy of the person's own bedroom, en-suite or the bathroom, with doors closed and curtains shut when appropriate. We saw staff addressed people by their preferred name and we heard staff explaining what they were about to do and asked people if it was alright before carrying out any intervention. For example we saw that when in the lounge staff discreetly and quietly asked people if they would like to go to the toilet, and assisted them where necessary. This meant people who lived at the home were treated with dignity and respect by the staff that supported them.

People we spoke with said they were satisfied with what they do each day and the care they received. People who lived at the home and relatives said they were very satisfied with the care and facilities at Sandiway Manor and said they thought they were given sufficient information about their care and treatment. One relative commented "My relative has company here, they share meals with others and they are safe and comfortable."

We observed interactions between people who lived at the home and the staff and saw that there was a warm and friendly atmosphere. We saw that staff showed patience and understanding with the people who lived at the home. We saw good interactions throughout the visit and all the staff we observed maintained people's dignity and showed respect. People said "The staff are excellent", "I have no problems at all" and "The staff are a treat, they will have a joke with you."

The registered manager and staff showed concern for people's wellbeing. The staff knew people well, including their preferences, likes and dislikes. They had formed good relationships and this helped them to understand people's individual needs. People told us that staff were always available to talk to and they felt that staff were interested in them.

People were provided with appropriate information about the service, in the form of a welcome to Sandiway Manor folder. We saw a copy of this and the registered manager explained that this was given to each person and their relative on admission. This information ensured people were aware of the services and facilities available at the service. Information was also available about different types of advocacy services. These services are independent and provide people with support to enable them to make informed choices. None of the people who used the service were in receipt of advocacy services at the time of the inspection. During our tour of the premises we saw a bedroom where a person was due to be admitted and there was a card and vase of flowers in the room to welcome them. We spoke with this person's relative and they confirmed they had been given information about the home and had also been shown around the home. They also said the staff were very pleasant and the manager was very friendly.

There were policies and procedures for staff about the values of privacy, dignity and choice and the code of conduct the service expected from the staff team. These helped to make sure staff understood how they should respect people's privacy, dignity and human rights in the care setting. The staff spoken with were aware of these policies and were able to give us examples of how they maintained people's dignity and privacy.

Good

Is the service responsive?

Our findings

During our visit we saw members of staff engaging with the people who lived at the home. During lunchtime a staff member chatted to people as she helped them choose which vegetables they would like. They chatted about the activity that had taken place that morning and that they were knitting squares for charity. Other examples included, seeing staff prompting people to go to the dining room for lunch and supporting a person who became agitated about wanting to go home. The staff member sat with them, talked with them, and reassured them and the person became less anxious and happy to stay in the lounge.

People who lived at the home were asked about the care and facilities provided. One person said they had been offered a room on the ground floor recently, to make it easier for them to get to their room. However, they had declined the offer as the liked the bedroom they had and it had a superb view from the window.

We saw a planned schedule of activities for each week. We spoke with the activities coordinator who explained that there was a programme of activities each week and that in between the regular activities other activities were undertaken by coordinator and the staff team. Activities included weekly external entertainers, films, arts and crafts, and manicures. Two people came into the home and played the piano. Other activities included knitting, bingo, art group, flower arranging, quizzes, balloon aerobics, movement to music, reminiscence and cake decorating. A hairdresser visited the home on a weekly basis. We saw religious services were available in the home.

We looked at three care plans and other care records for people who lived at the home. The care plans were well written and provided guidance on the care and support people needed and how this would be provided. Each person's file contained a copy of the care plan, risk assessments and daily record sheets which we saw were up to date. We found there was detailed information about the support people required and that it was written in a way that recognised people's needs. This meant that the person was put at the centre of what was being described. For example one person's continence needs were not being met. The continence advisor had visited and suggested changes which had been made. This ensured that the person's needs had been dealt with in a timely manner. We saw on one plan that the person had specific religious needs and these had been well documented to ensure that their wishes would be carried out.

The risk assessments had been completed for a wide range of tasks that included moving and handling, falls, nutrition, pressure area care and continence. These identified hazards that people might face and provided guidance upon how staff should support people to manage the risk of harm. We saw that falls risk assessments had been undertaken and where a high risk was identified further intervention was sought and specialist equipment put in place to reduce the risk.

The daily record sheet was completed during each shift. This showed the care and support each person had received and also included information about their wellbeing. We saw that the GP and other professional's attended the home and this information was included in the care records. Professionals included GP's, chiropodists, opticians, nurse practitioner, continence nurse and social workers. Hospital appointments were also documented.

People we spoke with explained that they discussed their health care needs as part of the care planning process. People said they would tell the staff if they felt unwell or in pain. We saw that in the care plans there was information and guidance for staff on how best to monitor people's health. We noted records had been made of healthcare visits, including GPs, the practice nurse, continence advisor, dentist and chiropodist.

People had their needs assessed when they first came into the home. Care plans were written with specialist advice where necessary. These provided the necessary detail to make sure that staff met people's needs. For example care records included an assessment of needs for nutrition and hydration. Daily notes and monitoring sheets recorded the support and activities of people across the day and provided up to date information about people's support and care required.

There was a complaints policy and procedure in place which set out how any complaints would be managed and investigated. The procedure included relevant contact details and timeframes. The registered manager told us they kept a record of complaints, and we noted there one during the last 12 months. We saw that this had been resolved to the complainant's satisfaction within 28 days.

Good

Is the service responsive?

No concerns about the service had come directly to us at the Care Quality Commission. People who lived at the home and relatives we spoke with said they never had to complain and confirmed they would feel confident in raising issues with the registered manager if they needed to.

We saw a number of cards and letters complimenting the service during the visit. Comments included “Thank you for the fantastic care”, “Thank you for all the care and attention you have shown me” and “The food has been amazing.”

Good

Is the service well-led?

Our findings

At the time of our inspection visit the registered manager had worked at the home for 21 years and had been registered since employment. We saw the registered manager during this visit and during discussions we found she had a good knowledge of people's needs

We spoke to staff about the support they received from the management team. Staff described the manager as "Very good" and "Nice." We also spoke to seven people who lived at the home and four relatives. They confirmed they knew who the manager was. They all thought she was approachable. Comments included "The manager is very nice" and "She is very good." One person said "If I had a complaint I would go to the manager."

People commented about the atmosphere at Sandiway Manor. They said it was "Homely", "Staff are welcoming", "A nice home", "Caring, peaceful and warm" and "Cosy and has character." Visiting professionals described the atmosphere at the home as welcoming. They said the manager was fine and the care was good.

We contacted the local safeguarding team and local authority contracts team. They both confirmed they had no concerns about this service. The contracts team had visited the home in July 2014 and made some recommendations, which had since been actioned by the registered manager. This showed that where issues were raised these were dealt with by the registered manager in a timely manner. Other agencies had no concerns with the home.

We had been notified of relevant incidents since the last inspection. These are incidents that a service has to report and include deaths and injuries. We saw the notifications had been received shortly after the incidents occurred which meant that we had been notified in a timely manner.

We spoke with staff about their roles and responsibilities. They explained these well and were confident they knew their responsibilities. A relative said staff were good in communicating with the family if their relative is unwell. A visiting professional we spoke with said that communication between them and the staff would benefit from improvement. They explained that sometimes information did not get passed on, however they said that this had improved recently.

We saw the service had systems in place to monitor and review the service provided. This included audits on medication, care plans, safeguarding, complaints and mattresses. We also saw that accidents and incidents were recorded and audited by the manager. The registered manager confirmed that audits were used as an overview of the service and areas of concern were addressed to improve the service provided. We saw evidence of this on the recent audits produced. For example within the care plan audit, an action plan had been completed and staff had signed and dated the action plan when they had completed the actions. The registered manager then reviewed this at the next audit.

A record was kept of all accidents and incidents that occurred within the service. Incidents were informally audited by the service and where trends were found action was taken. These were recorded in the manager's monthly information sheet. For example one person had 10 falls during one month. This was highlighted by the accident forms and by the staff and the registered manager then took appropriate action in contacting their GP and social worker and subsequently the person was moved to a more appropriate setting. Therefore when people's needs change prompt action was taken by the manager to ensure that appropriate professional advice and support was obtained.

Surveys were carried out with the people who lived at the home. The last survey was completed in October 2014. 71% of people surveyed said they were "very satisfied" with the catering and food and the personal care and support. 63% were "very satisfied" with the premises and management of the home. Comments included "The staff are helpful and kind" and "Sometimes things didn't always get done promptly."

Staff spoken with said they were invited to attend staff meetings. These were usually held quarterly. The last meeting was held in December 2014. Minutes were kept of meetings and during each meeting standard areas were discussed. These included people who lived at the home and the staff team. Therefore staff had the opportunity to be kept up to date with current issues and changes within the home.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.**