

Methodist Homes

Sandygate Residential Care Home

Inspection report

57 Sandygate
Wath upon Dearne
Rotherham
South Yorkshire
S63 7LU
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Website: www.mha.org.uk

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 15 and 16 December 2014 in which a breach of the legal requirements was found in relation to staffing. This report relates to that breach. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Sandygate' on our website at www.cqc.org.uk.

We carried out this focused inspection on 6 May 2015 to ensure improvements planned by the provider had been implemented to address this breach of Regulation. We found that action had been taken to improve the safety of the service provision.

Sandygate Residential Home is a purpose built care home located on the outskirts of Wath upon Dearne. The home provides accommodation for up to 54 people on two floors. The care provided is for people who have

needs associated with those of older people, this includes a dedicated unit on the ground floor for people living with dementia. The home does not provide nursing care.

The service had not had a registered manager in post since October 2014. However, an acting manager had been appointed in February 2014. The acting manager told us they were planning to submit their application to become the registered manager for the service shortly. 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 and associated Regulations about how the service is run.

Summary of findings

At this focused inspection we found that overall there was enough skilled and experienced staff on duty to meet people's needs. Since our last inspection people's levels of dependency had been reviewed to help the provider assess the number of staff required to meet people's individual needs. The provider had also taken other action to help make sure there were enough staff available to support people. For example, we saw more staff had been recruited and changes were being made to working practices to enable senior staff to spend more time supporting people.

People who used the service, and the relatives we spoke with, told us that most of the time there was enough staff available to meet people's needs.

We will review our rating for this service at our next comprehensive inspection to ensure the improvements made and planned continue to be implemented and have been embedded into practice.

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?

We found that action had been taken to improve the safety of the service.

People's dependency levels had been assessed to help establish the number of staff needed to meet their needs.

More staff had been recruited, and changes were being made to working practices to enable staff to spend more time supporting people. This meant the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at our next comprehensive inspection.

Requires improvement



Sandygate Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 was to check that improvements had been made to meet legal requirements planned by the provider after our comprehensive inspection on 15 and 16 December 2014. We inspected this service against one of the five questions we ask about services: is the service safe. This is because the service was not meeting some legal requirements.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements.

This focused inspection took place on 6 May 2015 and was unannounced. The inspection team consisted of an adult social care inspector. At the time of our inspection there were 52 people living in the home. We spoke with five people who used the service, four relatives and eight members of staff, including care workers, the service manager, the acting manager and the deputy manager. We also looked at records regarding staffing levels and informally observed staff providing care and support.

Is the service safe?

Our findings

At our inspection on 15 and 16 December 2014, we found planned staffing numbers had not always been maintained, and information collated about people's dependency needs had not been effectively used to evaluate if staffing levels were adequate to meet people's needs.

This was a breach of Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us an action plan detailing what improvements they planned to make to address this breach and by when. The provider did this, and said they would be compliant by 4 April 2015.

At our focused inspection on 6 May 2015 we found the provider had implemented improvements to meet the shortfalls in relation to the requirements of Regulation 22 as described above.

Most of the people we spoke with who used the service told us that staff met their needs in a timely manner. For instance, one person commented, "Staff are always there when I need them." The relatives we spoke with said they also felt there were usually enough staff to meet the needs of their family member. One relative commented, "There always seems to be enough staff on." However, two people who used the service commented that there were sometimes delays in staff answering when they rang their call bells. One person told us, "It varies. Sometimes there is a delay, just the odd time, but mostly they [staff] are there when you need them."

On the day we visited there were ten care staff on duty, the registered manager, deputy manager and various ancillary staff, as well as people facilitating activities. We saw staff had time to answer call bells promptly and spend time interacting with people. The acting manager told us that previously call bell alarms had been set on a low level, as staff all had pagers. They said the levels had now been increased so staff could clearly hear when people needed assistance. They explained how they were also monitoring call answer times to check if people had to wait for assistance. However, one person who used the service told us that on occasions staff had turned off their call bell

saying they would be back shortly, but this had not always happened in a timely manner. We discussed this with the acting manager who said they would address this issue with staff.

The acting manager and service manager told us about other ways they were planning to make staff more available. For example, they had found that the way medicines were administered was very time consuming for senior care workers. Therefore, they planned to change the current arrangements to a quicker system by the end of May 2015. They said this should allow senior care staff to be able to spend more time providing hands on care and support.

The acting manager described how they were aiming to have ten care workers on duty during the morning and nine in the afternoon. They said they were recruiting new staff to enable this to happen each day. Staff rotas showed some days this had been achieved while on others there had only been nine staff on duty in the morning shift. The service manager told us they were also looking at extra staff being available for early morning and twilight shifts, should people's dependency levels increase. They showed us documentation that evidenced that an increase of 10% over the assessed staffing levels had been authorised by the provider.

The acting manager said they were also recruiting more bank staff to provide sickness and holiday cover. The service manager described how they had introduced a system to text staff who were not on duty to ask if they could cover gaps in the rota.

The service manager told us the company had a clinical lead who had spent six weeks at the home reviewing the staff skill mix and working with senior staff to improve their organisational skills. This had included how to manage a shift effectively.

Staff we spoke with told us that some days staffing numbers were better than others, but there was usually at least nine care staff on duty. One care worker commented, "It's [staffing numbers] definitely improved a bit." Another care worker said, "It's fine today, things seem to have changed recently with the new manager, it has improved." A third care worker told us, "It's good today, we have time to talk to people, but any less and we struggle."

During a tour of the home we spent time on each unit to see if people were assisted in a timely way. We saw both

Is the service safe?

units were calm and staff were able to spend time talking to people. A group activity was taking place on the upstairs

unit, which gave staff time to take breaks and complete care records. We also met a new member of staff who was working alongside other care workers as part of their induction.