

Springcare (Sandiway) Limited

# Sandiway Lodge Nursing Home

## Inspection report

Dalefords Lane  
Sandiway  
Northwich  
Cheshire  
CW8 2DR

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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

Sandiway Lodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home itself was built towards the end of the 19th century as a large country house and has been adapted over the years for its current use as a care home. Sandiway Lodge is situated off Chester Road in Sandiway, approximately three miles from the town of Northwich and is set in an acre of gardens. There is a local shop conveniently situated across the road, and other community facilities within the village of Cuddington

This inspection took place on the 9 January 2019 and was unannounced.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection we rated the service good overall. We previously rated the 'Well Led' domain as requires improvement but at this inspection we found the evidence supported the rating of good. There was and no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection

Staff had the skills and knowledge to keep people safe. Care plans contained risk assessments and when risks were identified plans provided clear guidance for staff on how to reduce the risk of harm. Incidents and accidents were reported and analysed to identify trends. There was evidence that lessons were learned when incidents happened.

Safe recruitment procedures were in place and there was enough staff on duty to meet people's needs.

Medicines were managed safely. The environment was exceptionally clean.

Staff were trained to undertake their roles. Staff had regular supervisions with a supervisor. People's nutritional needs were met and people were complimentary about the meals they were served.

Staff remained knowledgeable about the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We observed many positive interactions between people and staff. People spoke highly of the staff and staff spoke positively about their roles. Regular feedback was sought from people.

Care plans were person centred and contained details of people's choices and preferences for how they wanted to be supported.

There was a complaints procedure in place which allowed both complaints and concerns to be recorded and investigated appropriately.

There were robust quality assurance processes in place which identified shortfalls. Action plans were then put into place to highlight the concern, who was to resolve the matter and by when.

People and staff unanimously, spoke highly of the registered manager who they described as a strong leader with high standards. Staff told us morale at the service was good and that they felt valued.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service has improved to Good.	<b>Good</b> ●

# Sandiway Lodge Nursing 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 checked 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 9 January 2019 and was unannounced.

The inspection team included an adult social care inspector, specialist advisor who was a nurse 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 person had expertise in older people and those living with dementia.

Prior to the inspection the provider had completed a provider information return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used this information as part of our inspection planning and throughout the inspection process.

As part of the inspection planning we reviewed the information the registered provider had given to the CQC since the last inspection. We looked at information provided by the local authority, safeguarding team and commissioning team, Cheshire Fire and Rescue and Infection Prevention and Control Team. Feedback we received was positive about the home.

We checked the information we held about the registered provider and the home. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the home. A notification is information about important events which occur at the home that they are required to send us by law.

During the inspection we spoke with 12 people living at the home, three relatives , the registered manager, the admissions manager, the operations manager and the monitoring officer. We also spoke with eight staff members including nurses, care staff, kitchen and domestic staff.

We looked at ten care plan files, two staff recruitment and training files, medication administration records (MARs), complaints, policies and procedures, as well as other records that related to the running of the home. Information that we could not locate at the time was sent promptly following the inspection.

## Is the service safe?

### Our findings

People at the service told us that they felt safe and supported by the staff. One person told us "I feel safe because there is always someone here, I can call on" and another commented "I feel safe because I can ask staff to keep an eye on me if I feel unwell."

Staff had an understanding of safeguarding and the policies and processes they needed to follow in order to report any concerns. Allegations of abuse were recorded, reported and investigated by the most appropriate person.

Risk assessments were in place to help staff to understand the risks posed to a person by nature of their physical or mental health. Management plans guided staff as to the actions required in order to minimise the risk or actual or potential harm. These included areas such as falls, mobility, skin integrity and malnutrition. Some people had medication or conditions that posed an additional risk. Information on these matters was available for staff in the file along with the monitoring and actions required to keep the person safe. There was a process in place for checking that air mattresses were set correctly and positional change records showed that people were moved in accordance with care plan guidance.

Medicines were stored and administered appropriately. We looked at medicine administration records (MARs) and these had all been signed by staff to indicate people had received their medicines as prescribed. Medicines that were no longer required were disposed of safely. Regular stock balance checks were carried out. Some people had been prescribed additional medicines on an as required (PRN) basis. There were protocols in place which were person centred and provided staff with enough information as to when and why people might require them. A risk assessment and additional checks were in place for people at the service of a similar name to minimise the risk of misidentification.

Accidents and incidents were recorded in detail along with an analysis of what had occurred: this included the nature of the occurrence, the time, the location and any persons or equipment involved. The registered manager and the registered provider scrutinised these reports in order to look at ways of preventing further harm and to identify any wider themes or trends.

There was a learning culture within the home and we could see that reflective learning had taken place following an accident or incident. This included the provision of different equipment, additional training for staff or increased monitoring.

There were enough staff to meet people's needs. We asked people for their views and were told "Staff come quickly if I ring my call bell, there are always plenty of staff about" and another person assured us that "There are more than enough staff." Call bells were answered promptly throughout the inspection. The registered manager used a dependency tool to calculate staffing levels and we saw that staff numbers were consistent with this.

Staff applying to work at the home underwent a thorough recruitment process and their experience,

employment history and character was taken into consideration. References were taken up as well as checks with the Disclosure and Barring service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with adults.

The premises was well maintained and visibly clean. The home had received excellent feedback from their last infection, prevention and control audit. Appropriate and necessary checks had been undertaken to ensure that the building and utilities were safe: this included checks on infection control measures, gas, electricity, water and lifting equipment. There had also been checks in order to ensure that people remained safe in the event of a fire.



## Is the service effective?

### Our findings

We asked people and their relatives if staff had the skills to care for them or their friend or relative. People told us "Yes, they are all skilled, yes well, they just do their job, good job." And "Oh yes, they are well trained, they do a good job. They provide good care."

Transition into the home was overseen by a Nurse whose specific role was to carry out a pre-assessment and then to oversee the admission process. This ensured that the staff had the right knowledge and skills to support the person. An assessment of needs was put together upon admission that focused upon a persons needs, wishes, independence and abilities. It also identified where the use of technology such as floor sensors or alarm pendant would enhance a persons independence or safety.

Staff underwent a thorough induction programme and their employment was not confirmed until they had passed a probationary period of six months. During this time, their performance and ability was assessed and they completed the ' care certificate' where applicable. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors

Staff had the opportunity for both ' required' and ' optional' training' which included topics such as safeguarding, infection control, moving and handling, food hygiene, catheter care and nutrition. Staff told us that they were supported to access training where they had identified, for themselves , a gap in their knowledge or experience. Staff were also supported with on-going supervision and appraisal.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and found that they were.

Staff had a good understanding of the MCA and DoLS and were able to tell us how they applied this to their day to day work. Care plans and risk assessments reflected that consideration had been given to a persons mental capacity to make a particular decision or take a specified risk. Where it was deemed that a person lacked the mental capacity to agree to a decision or restriction, a best interest decision was made with the appropriate persons. We highlighted to the registered manager that, on some occasions, a persons mental capacity appeared to have changed since admission but this was not always fully reflected in their assessment.

People were supported to ensure that they received adequate nutrition and hydration. Information was

provided for staff to ensure that they were able to recognise where further action or monitoring was required. Special diets were provided where, for example, increased calories or different textured foods were required. The staff worked closely with a person's Doctor or dietician where necessary to address any concerns over weight or fluid intake.

The dining room was full at lunch time with the majority of people choosing to eat at the table. People were observed to have an enjoyable meal time. People were, on the whole, complimentary about the food. Comments included " There is a choice of meals but they don't differ much." , "Its top-quality food. I have soup, a main meal and a dessert every lunch time and "Food is lovely I can't fault it. Its spot on every day and I love the soup." People also confirmed that they were offered a choice, one person said "One of the staff comes in the day before for my choices for the next day, there are always two choices but if I didn't like what was on offer, I could ask for something else."

Records indicated that the staff were working effectively with health and social care professionals. There was information on records from psychiatrists, the local hospice and the local GP surgery. The registered manager told us they worked with the GP to support people to remain at the service as long as possible when their health deteriorated as they knew people well and had established good communication with health professionals locally.

The home had adopted the innovative red bag scheme which helped provide a better care experience for people living at the care home by improving communication between care homes and hospitals. A red bag is used to transfer standardised paperwork, medication and personal belongings and stays with the person throughout their hospital episode and is returned home with the person.

## Is the service caring?

### Our findings

People praised the home for its general 'feel' and comfort. We were told "It's a very nice place and I would not want to live anywhere else" and another said; Generally, the atmosphere is calm, I stay in my room most of the time, it's my choice. "It is quite and relaxed." Another said "The home is very happy, everyone gets on with everyone, the staff make it home from home".

People told us, and records confirmed, that their individual needs were considered including any matters of a religious or cultural nature. Staff recognised difference and how a persons history impacted on their day to day lives.

People told us that they felt cared for in the way their care and support was provided. One person explained that "The staff get me to my feet using a foot stand, there's always two of them and I always feel safe when they assist me." Another said "They hoist me from bed to chair and they are always gentle and patient." The visitor praised the way the staff dealt with their relative.

We observed interaction between staff and people throughout the day in the lounge and dining area. All the staff dealt with the residents in a friendly, caring way and also had physical contact – arm round their shoulders, always greeting with them by their name. It was obvious that the staff were very familiar with each persons likes and dislikes. Relatives told us that they had always observes staff to be respectful when talking to their relative and others. They also said they are dealt with patiently and not hurried in any way. They had not witnessed any staff being unprofessional or breaking confidentiality.

People and their relatives said that staff treated them with dignity and respect. Comments included "They are treated with respect all the time. The staff never enter a room without knocking first." The home had designated 'dignity champions'. A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate and person centred.

Care records encouraged people's independence and emphasised what they could do for themselves. Wherever possible, care plans were signed by people, and people told us their care was provided as they liked. One relative told us "I have been very involved with the care plan from the beginning and they took note of what I said to include it in the plan."

Quarterly residents' meetings took place at which the menu, activities and other issues relevant to the people living there were discussed. Three of the people we spoke with recalled that they had attended a resident meeting and said they felt they were listened to. A local advocacy service visited and supported some people to voice their opinions.

Relatives comments on the day, surveys and compliments indicated that they felt supported by the service and included in their relatives care. There are no visiting restrictions at all. A visitor said they were always offered refreshments and were always warmly welcomed when they entered the building. We were informed

that "The atmosphere around the home is very good, it is a pleasant and jolly place."

Records were kept safe and confidentiality was maintained. The registered manager spoke about the changes they had to records, handover and information sharing made to ensure that they complied with General Data Protection Regulation (GDPR).

## Is the service responsive?

### Our findings

People told us that staff responded to their needs well and they were provided with the support required. They said that they were well looked after and cared for. Comments were positive and included "The staff are excellent, they cannot do enough for me," "The staff are fantastic and I love them all." Relatives were also complimentary telling us "The staff always appear to be kind and compassionate when they are dealing with my relative".

Care records were up to date, comprehensive and person-centred. Staff had taken time to speak to people about their preferences and wishes and these were clearly documented in their care plans. These were reviewed monthly and continued to give a holistic picture of people's needs. People's care needs were set out clearly and included; how to communicate with people; their personal care requirements, moving and handling, emotional, physical and mental health needs. Records contained information that allowed staff, less familiar, with a person to deliver their support how they would like it.

Staff understood people's likes and dislikes and were able to tell us about people's backgrounds and key people in their lives. There was flexibility at the service for people's routines such as when they wanted to get up, go to bed or eat a main meal.

Records were kept where there was an assessed need to monitor a key aspect of a person's health such as their weight, fluid intake, nutrition and skin integrity. This enabled staff to respond to concerns and to take appropriate actions.

During the pre-assessment process, the home considered how to best communicate with a person or their family and friends. They addressed the Accessible Information Standard (AIS). This was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

Staff recorded any discussions that they had with family, friends and professionals in a separate log. Records were also kept of key appointments, medical investigations undertaken and general observations. This allowed them to access key information quickly and easily when required.

A staff member was given the responsibility to engage people at the home in activities of their choice Monday to Friday and care staff supported with socialisation at the weekend. There was a social activity store cupboard and a list of activities on the home notice board. A minibus was made available on a Monday to take people out and about. Activities were varied including quizzes and reminiscence type activities; singing is popular. The home had recognised where additional stimulation was in a person's best interest and were working with social workers, to support this person, to engage in community based activities.

Since the last inspection, the registered provider had started to provide Nursing care at the home. They told us that they had taken this decision to offer people a 'home for life' wherever possible as it was not always in people's best interests to move when their needs increased. The registered manager told us they were

committed to providing the best end of life care possible to people . There was evidence of the staff working collaboratively with the GP, the community nursing team and the local commissioners in order to facilitate a person remaining at the service. Each person had specific end of life care plan in place that outlined their wishes. Staff had also been provided with additional training and support in order to equip them with the right skills and knowledge to care for someone in the end stages of their life.

Out of those people who spoke with us, no one had cause to raise to concern. There was a policy in place to address concerns and complaints and people were confident in being able to do so if required.

## Is the service well-led?

### Our findings

Sustained improvement was evident since the last inspection and there was confidence from people at the home and staff in the management team.

There was a manager in post who was now registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager themselves spent time supporting people, and routinely asked how they were and whether they were being cared by staff. There was an emphasis on the homely atmosphere which people and their relatives valued. Relatives were also very positive about the registered manager and the service provided.

There were a range of quality audits in place and this ensured that standards within the service were being maintained and areas of improvement identified. These included as MARs, care plans, risk assessments, food and fluid charts or positional records. Other checks were in place to assure that the support provided was done so with care and dignity such as a review of the dining experience or response to call bells. Following an audit and action plan was put in place which outlined the deficiency, how it would be resolved, by when and by whom. We saw that actions had been acted upon and resolved.

The registered manager also held regular staff meetings. The registered manager discussed key topics that included the importance of documentation completion, dignity, the role of CQC and offered staff the opportunity to share ideas for improvement and development. The minutes were very comprehensive and were shared with staff including those not in attendance on day.

Staff also attended daily handovers to keep up-to-date with any changes in people's needs or requirements of their role. Staff told us the communication across the home was good. Staff told us they felt listened to and their ideas were welcomed. Staff spoke positively about their roles and demonstrated enthusiasm about making a positive difference to people's lives.

Residents' meetings and staff meetings were held to discuss the running of the service and to encourage best practice and person-centred care. The registered manager overviewed areas that were being improved and developed. They also welcomed ideas, suggestions and feedback. We saw that action was taken following these meetings to address any issues. This was reflected in the homes 'You said, we did' reports.

A survey was carried out in June 2018 which sought the views of people using the service, relatives and staff. The results were positive but where areas of improvements had been suggested, an action plan had been developed and these issues addressed. This included a review of the dining experience, changes to activities, and a review of the support and recognition of staff.

There were numerous examples within care records of how the organisation worked in partnership with other agencies to offer good care to people living at the service. The registered manager attended the local authority provider forum and through their registration as a qualified nurse kept up to date with developments in care.

A service user guide was available at the entrance to the building which people were able to access. This outlined what services were provided, and ensured that people knew what to expect from the service.

The registered provider had a comprehensive set of policies and procedures that were regularly reviewed and updated. These gave staff clear guidance in all areas of their work role and employment.

Registered providers are required by law to inform the Care Quality Commission of certain incidents and events that had occurred within the service. The service had notified the CQC of all significant events which had occurred in line with their legal obligations.