Methodist Homes

Sandygate Residential Care Home

Inspection report

57 Sandygate
Wath Upon Dearne
Rotherham
South Yorkshire
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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

The inspection took place on 4 September 2018 and was unannounced. The last comprehensive inspection took place in February 2018. The service was rated Requires Improvement overall. We found the service was in breach of four of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. People did not always receive care and treatment which was person-centred and met their needs. The registered provider was not always doing all that was reasonably practicable to mitigate risks associated with people's care and treatment. People's medicines were not always managed safely. Systems and processes in place to monitor and improve the quality of the service, were not effective and needed embedding into practice. The registered provider did not always act in accordance with the Mental Capacity Act 2005.

Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key questions asking if the service was safe, effective, caring, responsive and well led, to at least good. The registered provider sent us an action plan detailing how they were going to make improvements. At this inspection we checked the improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of the Regulations.

At this inspection we checked if improvements had been made. We found that the registered provider had addressed all the concerns raised at our last inspection and the rating of the service improved to Good. You can read the report from our last inspections, by selecting the 'all reports' link for 'Sandygate Residential Care Home' on our website at www.cqc.org.uk.

Sandygate Residential Care Home 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.

Sandygate Residential Care 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 for people living with dementia. At the time of our inspection 49 people were using the service.

At the time of our inspection the service had 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.

Systems were in place to safeguard people from abuse. Staff confirmed they had received training in this subject and knew what action to take if they suspected abuse.

Risks associated with people's care were identified and managed effectively. Risk assessments were in place which detailed how risks could be minimised.

We observed staff interacting with people who used the service and we found there were enough staff to meet the needs of people in a timely way. However, during our inspection some people told us that there were occasions where there were not enough staff available to meet people's needs.

We looked at systems in place to manage medicines and found they were stored and administered in a safe way.

The service was clean and well maintained. Some areas identified on inspection required attention and we discussed them with the registered manager. We were told that these issues were already in the process of being addressed.

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. The service was compliant with the Mental Capacity Act 2005.

Staff received training and support to carry out their role and they knew their responsibilities.

People were supported to maintain a balanced diet which met their needs and was in line with their preferences. Snacks and drinks were available throughout the day and were easy accessible.

People had access to healthcare professionals when required and their advice was taken seriously and documented within the care plans.

We observed staff interacting with people who used the service and found they were kind and caring in nature. People's privacy and dignity were respected.

People received person centred care which was in line with their current needs and preferences.

The registered provider had a complaints procedure which was displayed in the home. People we spoke with felt able to raise concerns if they needed to.

The registered provider had a system in place to ensure the service was monitored and actions taken when concerns were identified. People had a voice and were involved in meetings about the home and were asked to complete an annual questionnaire. People we spoke with told us the management team were approachable and supportive.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Systems were in place to safeguard people from abuse.

Risks associated with people's care were identified and managed effectively.

On the day of inspection there were enough staff to meet the needs of people who used the service.

We looked at systems in place to manage medicines and found they were stored and administered in a safe way.

The service was clean and well maintained.

Is the service effective?

Good

The service was effective.

Staff received training and support to carry out their role and they knew their responsibilities.

People were supported to maintain a balanced diet which met their needs and was in line with their preferences.

People had access to healthcare professionals when required and their advice was taken seriously and documented within the care plans.

The registered provider was meeting the requirements of the MCA 2005.

Is the service caring?

Good

The service was caring.

We observed staff interacting with people who used the service and saw they were kind and caring.

People's privacy and dignity was maintained.

Is the service responsive?

Good

The service was responsive.

People received person-centred care which was in line with their needs and preferences.

People felt able to complain if they needed to.

Is the service well-led?

Good

The service was well-led.

The registered provider had effective systems in place to monitor the service.

People had a voice and were invited to meetings to discuss the service.

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 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.

The inspection took place on 4 September 2018 and was unannounced. The inspection was carried out by one adult social care inspector 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 service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We ask the registered provider to submit a provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We spoke with six people who used the service and five relatives of people living at the home. We spent time observing staff interacting with people.

We also 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 spoke with eight staff including care workers, senior care workers, catering staff, the new activity co-ordinator, the registered manager, and the area manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at five people's care and support records, including the plans of their care. We saw the systems used to manage people's medication,

including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

At out last inspection of February 2018, this key question was rated as Inadequate. The registered provider was not doing all that was reasonably practicable to mitigate risks associated with people's care and treatment. We also found that people's medicines were not always managed safely. The registered provider was required to address these issues and sent us an action plan telling us how these concerns would be addressed.

At our inspection of 4 September 2018, we found the registered provider had taken sufficient actions to address all the issues raised at our last inspection.

We looked at care records belonging to people who used the service and found that risks associated with their care had been identified. Risk assessments were in place to ensure risks were minimised. For example, one person had a risk assessment in place regarding the risk of falls. This stated that a sensor mat should be in place and a falls diary completed to gain an insight in to how and when the falls occurred. This was then used to minimise further falls. Another person had a risk assessment in place regarding weight loss. This stated that small, regular meals should be offered as not to over face the person. We saw that this support was offered along with drinks and snacks throughout the day.

People's care records contained a personal emergency evacuation plan (PEEP) to ensure people were appropriately supported in an emergency. Staff and people were regularly involved in fire drills. The PEEP set out specific physical and communication requirements that each person required to ensure that they could be safely evacuated from the service in the event of an emergency.

The registered provider had systems in place to ensure people were protected from the risks of abuse. We saw the registered manager and administration manager kept a record of any safeguarding concerns with the outcome. Staff we spoke with told us they received training in safeguarding and could explain what action they would take if they suspected abuse.

People we spoke with told us they felt safe living at the home. One person said, "It's definitely safe, I feel at home but it's different because it's not home if you know what I mean." Relatives we spoke with were confident their relative was safe. One relative said, "They're much more on the ball now, we feel [relative] is safe and they sure do care for them."

We observed staff interacting with people who used the service and found there were enough staff available to meet people's needs. However, we spoke with people who used the service and their relatives and they told us there were occasions when there were not enough staff. One person said, "'There's always staff about, sometimes I think it's only just adequate, more would be nice." Another person said, "We're looked after well, thing is they're short of staff. When there's plenty on we're okay."

We spoke with the registered manager who told us that staffing was kept under review. The registered manager used a dependency tool to ensure enough staff were scheduled to work. This was based on the

high, medium and low dependency needs of people and was reviewed regularly.

We looked at the systems in place for managing people's medicines. This included the storage, handling and stock of medicines and medication administration records (MARs) for people. Medication procedures were in place to guide staff and ensure safe medication was administered safely. Medicines were stored in a room which was used for this sole purpose. Temperatures of the room and fridge where medicines requiring cool storage were kept, were taken daily. This was to ensure medicines were stored at the correct temperature.

Some people were prescribed medicines on an 'as and when' required basis, known as PRN. We saw PRN protocols were in place and identified when the medicine was required. Following administration of PRN medicines, a record was kept recording the effect of the medicine.

We saw that people received their medicines as prescribed. People had a medication administration record in place (MARs) to record when medicines had been given and to record the amount of stock in place. MAR sheets were clearly documented and showed a clear record of when people had received their medicines.

People we spoke with told us they received their medicines in a timely way. One person said, "I get all my medicines on time, I've just had some blood tests done too."

People were protected by the prevention and control of infection. The service had an infection control lead and the service was clean and hygienic. We spoke with people who used the service and they thought the home was kept clean. One person said, "Oh yes its very clean, well look, you can see it is."

We noted some areas of repair that were required for example the kitchenette unit's upstairs were worn and not easy to clean. We raised this with the registered manager who had already acted to address this.

Accidents and incidents were monitored and trends and patterns were identified. This showed the registered provider learned from incidents and addressed concerns to ensure people were safe.

The registered provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at three staff recruitment files belonging to staff who had been employed since our last inspection and found they contained all the relevant checks. Staff told us that they completed an induction when they commenced work for the registered provider. This included training and shadow shifts with experienced staff.

One care worker said, "The induction was really good, I could get to know people before I delivered personal care."

Good

Is the service effective?

Our findings

At our inspection of February 2018 this key question was rated Requires Improvement. People's consent was not always sought in line with current legislation. The registered provider was required to address these issues and sent us an action plan telling us how these would be actioned.

At our inspection of 4 September 2018, we found the registered provider had taken sufficient actions to address all the issues.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When people lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at care records and found they reflected the support people required to make decisions. Where people lacked capacity to make decisions, they had been made in the person's best interest.

The service ensured that staff had the skills and knowledge to carry out their role and understand their responsibilities. Staff told us they received regular training which was mainly accessed via eLearning. However, some training sessions were held face to face for subjects such as moving and handling which was a practical session. The administration manager kept a record of all training completed and there was a system in place which identified when training was due. This was kept under review to ensure training was current.

Staff we spoke with told us the management team were supportive and approachable. Staff told us they received regular supervision sessions. Supervision sessions were one to one meetings with their line manager to discuss work related issues. Staff also received an annual appraisal which looked at their performance and any training needs.

People received support to maintain a healthy, balanced diet. Each day one care worker on each unit was identified as the hydration champion and was responsible for ensuring people received fluids. We saw that drinks and snacks were available throughout the home which were easy to access. The home also held a 'treat Wednesday' where people chose what foods they would like to try. This was in addition to the set meals for the day and encouraged added calories as well as trying something different.

We observed lunch being served and saw that staff offered choices to people and checked if people were enjoying their meal. Some people required assistance and this was offered in a considered way.

People and their relatives spoke highly of the food available. One person said, "The food is good, I'm happy. We get a choice, we do very well with it." Another person said, "The food is excellent, really nice but very ordinary."

People were supported to life healthy lives and have access to healthcare services. We looked at care records and saw that where healthcare professionals had advised staff this had been documented within the care plans. One person said, "I have seen my doctor more since I came in here." One relative said, "If they [staff] don't know something they'll find out, they really do. If [relative] is a bit off colour, they're straight on to the doctors."

The design and décor of the premises was tasteful. Both units had access to the garden area which was well maintained and decorated with flowers and plants.

Good

Is the service caring?

Our findings

At our inspection of February 2018 this key question was rated Requires Improvement. This was because at times staff did not consider people and showed a lack of thought. At our inspection of 4 September 2018, the rating had improved to 'Good.'

We spoke with people who used the service and their relatives and they were all complimentary about the caring nature of the staff team. One person said, "We are well looked after and very satisfied." Another person said, "Oh yes, they [staff] are very respectful, I can't fault the staff at all. I fell asleep and didn't wake up until 11pm last night. I rang for the night staff and told them I was hungry, and they went straight and got me some food and a drink."

One relative told us, "Yes they [staff] care, we'd tell them if they didn't. We have no complaints at all. They [staff] do treat [relative] well and respect their dignity." Another relative said, "They [staff] always use [relative's] proper name and have a very good approach, they're receptive to [relatives'] mood changes." Another relative commented on how smiley their friend had become since living at the home.

During our inspection we spent time observing staff interacting with people who used the service. We found they were supportive, kind and caring. There was a very calm and relaxed atmosphere throughout the home which was evident throughout the day. Staff and people shared appropriate friendly banter and laughter and people told us they were happy living at the home.

The home employed a proportion of male staff and this was appreciated particularly by the male's that lived at the home. One person said, "It's good because we can talk 'man talk' with them and have a laugh." Another person said, "Most of them [staff] care, the men are great. I don't mind the women looking after me, but it's good to have the men to talk bloke things with, you know football and women."

We observed staff speaking politely with people and assisting them in a meaningful way. For example, one relatively new person was disorientated in the home and staff helped them find their way and introduced them to others people in a nice, friendly manner. Another person was singing and the care worker joined in. They happily walked down the corridor together as they continued to sing. After the song ended the care worker said, "What a lovely voice you have." The person gave eye contact with the care worker, smiled and held their hand. It was clear that the interaction between them had been positive and meaningful.

People were supported to express their views and be actively involved in making decisions about their care. People and their relatives told us they were involved in their care plans and felt their preferences were respected. People's records included a life history, which helped staff understand people's preferences. These included, family life, friends, interests and hobbies and working life.

We observed staff maintaining people's privacy and dignity. We saw staff knocked on bedroom and bathroom doors prior to opening them. We also saw staff talking quietly with people so the conversation remained private.

Good

Is the service responsive?

Our findings

At our inspection of February 2018 this key question was rated Requires Improvement. We found that people had not always been involved in their care plans and lacked detail to be able to meet people's needs.

At our inspection of 4 September 2018, the rating for this key question had improved to Good.

People received personalised care which was responsive to their individual needs and preferences. One relative said, "When we first came we went through [relatives] care plan. Yes, we've been involved, it's all good."

The registered provider had introduced a new care planning system to ensure that care plans fully reflected people's physical, mental, emotional and social needs. This included the protected characteristics under the Equality Act. People's individual preferences were included in care plans and they were reviewed on a regular basis to ensure they were still meeting people's needs in line with their choices. For example, one person had a care plan in place for personal care. This included their preferences of clothing and stated that they liked to wear perfume and body spray. Another care plan indicated they the person preferred to use their middle name and we saw staff respected this.

We spoke with care workers and we found that they knew people well and knew how to support them in line with their needs. For example, one care worker explained the support they gave to one person. They explained that due to the person's mobility, the care can change daily. This was because some days the person was able to stand with staff supporting them and other days they required the hoist. The care worker told us that they have to take notice of the person's body language and decide how best to support the person ensuring their safety was paramount. This person's care plan clearly reflected what we had been told.

The service supported people to follow their interests and take part in social activities which were relevant and appropriate to them. At the time of our inspection the whole staff team ensured people received social support as there were no activity coordinator in post. A new activity co-ordinator had been appointed in post and was due to start employment the following week. We spoke with this person as they were employed on the catering team at the time of our inspection. The activity co-ordinator role will be 37 and half hours per week and will be flexible to meet the needs of people and to accommodate social events.

The activity co-ordinator had already planned a harvest festival which was to be open to the local community and families. Also a tray bake sale for Halloween had been arranged and some day trips. The service had just had a successful summer fayre and were planning a Christmas fayre in the style of a Christmas market.

Children from a local school had recently been involved in planting tomatoes with people who lived at the home. This had been enjoyed by both parties.

The registered provider also employed a Chaplin who was at the home on the day of our inspection. The Chaplin provided church services, individual emotional support and offered time and support as part of end of life care.

We spoke with the registered manager about how they service supported people at the end of their life. We were told that people were supported how they chose and this would be recorded on their end of life care plan. People were also supported by the Chaplin who was often invited by families to conduct their relatives funeral service.

The registered provider had a complaints procedure in place which was displayed in the main entrance of the home. People we spoke with told us they found the registered manager and the staff team very approachable and could raise any concerns at ease if they needed to. People and their relatives were confident that appropriate action would be taken in a timely manner if they needed to bring anything to their attention. One person said, "I've never had to complain but I would if necessary."

The registered manager kept a record of complaints received along with the outcome. We saw that complaints were dealt with in a timely and appropriate manner and used as lessons learned to develop the service.

Good

Is the service well-led?

Our findings

At our last inspection of February 2018 this domain was rated as requires improvement. This was because audit systems in place were not always effective and action plans did not contain enough details. There was lack of leadership in the service.

At our inspection of 4 September 2108, we found these actions had been completed and audit systems were embedded into practice. The management team consisted of the registered manager, administration manager, and senior staff. A new deputy manager was near to the end of their recruitment process and was due to commence employment shortly. People we spoke with and their relatives and staff commented positively about the management team saying they were approachable and ran the home well.

Leaders within the home showed they had the skills and knowledge to lead effectively. Staff felt valued and enjoyed working at the home and felt appreciated. Feedback was given to them through methods such as one to one sessions and was done in a constructive and positive way.

People living at the home were protected by the values which underpinned the organisation. This included consideration for promoting person-centred care, dignity, respect and equality.

People who used the service, their relatives and staff were involved in the service and were asked for their opinions and views. We saw regular meetings took place to ensure people were involved in decisions made about the home and that their views were considered.

The registered manager told us how they were trying to build up links with the community. For example, the service had recently invited school children in to the home to plant tomatoes and this was enjoyed by the children and people who used the service. The registered manager also informed us that they were having a stall at the Rotherham Show to try to encourage people to volunteer at the home. Volunteers would be subject to relevant checks prior to commencing work at the home.

The registered provider had a system in place to ensure the service was of a good standard. We saw audits were completed on a regular basis in areas such as health and safety, care records, infection control, and weight loss. We saw these identified areas for improvement. For example, the weight loss audit identified how much weight people had lost and what action had been taken to address the concern. For example, a dietician referral was made or a first line treatment plan was commenced to ensure food and fluids were documented and provided sufficient calorie intake. The infection control audit had identified that some tiles in a bathroom and the kitchenette units needed replacing and the registered manager had begun to process this action. This showed the audit systems in place were embedded in to practice and effective.