

Springcare (Sandiway) Limited

# Sandiway Lodge Residential Home

## Inspection report

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

The inspection was unannounced and took place on the 23 December 2015.

Sandiway Lodge is a privately owned care home situated off Chester Road in Sandiway which is approximately three miles from the towns of Northwich and Winsford. The service provides personal care for up to a maximum of 36 people. At the time of the inspection there were 17 people using the service.

The service does not have 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. A manager had been appointed to manage the service and they have submitted an application to CQC to become the registered manager.

We carried out an unannounced comprehensive inspection of this service on 11 May 2015 and 18 May 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to breaches of Regulations 12, 16 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sandiway Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At the last inspection in May 2015, we asked the provider to take action to make improvements around the safe care and treatment of people by improving staff knowledge around safeguarding and the process of reporting their concerns. We also asked that they improve the cleanliness of the environment, and rectify areas of the environment that were not safe. At this inspection we found that this had been done.

Staff did not have a good understanding of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards (DoLS). Notifications around DoLS and serious incidents were not being sent to the CQC as required by the regulations. We also asked them to make improvements around monitoring people's wellbeing and keeping records up-to-date to reflect people's needs. We issued the registered provider with a warning notice with regards to these issues.

Accidents and incident reporting needed to be more detailed and measures implemented to prevent issues occurring again in the future. We saw that information gathered from audits needed to be acted upon to ensure people's safety was maintained.

At this inspection we found that action had been taken to address the issues raised during the previous

inspection.

People who used the service told us that they felt safe. Staff were able to identify safeguarding concerns, and knew how to report their concerns. We saw examples where safeguarding concerns had been identified and appropriately followed up.

There were sufficient numbers of staff in place to meet people's needs and the manager used a dependency tool to determine how many staff were needed. Recruitment processes were robust enough to ensure people's safety was maintained.

Care records contained detailed and up-to-date information, which enabled staff to provide appropriate support. These were reviewed on a monthly basis, and updates were made to reflect any changes, which ensured that information remained accurate.

People were supported to take their medicines as prescribed, and there were sufficient processes in place to ensure that the handling and administration of medication remained safe.

People told us that they enjoyed the food and that they were offered a choice of food and drink. People with special dietary requirements received appropriate support to ensure that they had adequate nutrition.

New staff completed an induction when they first started work at the service and ongoing training was provided for staff which enabled them to carry out their role effectively.

Staff were caring and treated people with dignity and respect. Relatives told us that they received a warm welcome when visiting the service, and that they found staff approachable.

People were aware of how to make a complaint, and information about how to complain was clearly displayed on entering the building. People told us that they would be comfortable raising any concerns with the manager.

There were quality monitoring systems in place, which included audits by both the manager and the registered provider. This information was shared with staff to ensure that they knew what improvements needed to be made and how.

## 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.

There were sufficient numbers of staff in place to ensure people's safety.

Recruitment processes were robust enough to ensure that people's safety was maintained.

People received their medication on time, and there were procedures in place to ensure that medication was given in a safe manner.

### Is the service effective?

Good ●

The service was effective.

Staff had an understanding of the Deprivation of Liberty Safeguards (DoLS), which meant that people who did not have capacity received support in line with the Mental Capacity Act 2005.

People were given a choice of food and drink and were given the support they needed to eat and drink.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and were respectful. People's dignity was maintained.

People's choices were respected, and care records contained information about people's preferences. This allowed staff to make appropriate decisions about what support to provide.

### Is the service responsive?

Good ●

The service was responsive.

People had been involved in developing their care plan, and where appropriate relatives had been asked to support.

People's care records contained detailed information around what support they required. This enabled staff to provide the correct level of support.

People knew how to complain and felt confident in raising any concerns.

**Is the service well-led?**

The service was not always well led.

While improvements had been made we have rated this domain as requires improvement as the service has been without a registered manager since March 2015. To improve the rating to 'Good' would require a longer term track record of consistent good practice.

Staff felt that the manager was approachable, and they were confident in raising any issues. Staff spoke positively about the manager.

**Requires Improvement** 

# Sandiway Lodge 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.

The inspection took place on the 23 December 2015 and was carried out by one adult social care inspector. Prior to the inspection we spoke with Cheshire West and Chester safeguarding team, and the contracts and commissioning team. The contracts and commissioning team informed us that they had carried out a recent visit to the service. Following this visit they did not raise any major concerns.

During the inspection we spoke with five people who used the service and three relatives. We spoke with seven members of staff, including the manager. 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 looked at the recruitment files for two members of staff and sampled the medication records for four people. We also looked at records that related to the running of the service.

# Is the service safe?

## Our findings

People told us that they felt safe using the service, comments included; "Yes I'm safe, the staff look after me", "I feel safe here", "I feel comfortable and well looked after". We spoke to relatives who told us that they had seen signs of improvement, and felt their loved ones were safe. Comments included; "There's been a drastic improvement. I feel [my relative] is safe", "My [relative] is well looked after here".

During the previous inspection we saw that people were at risk of falling down the cellar steps if staff had left the door open. We saw that a wooden gate had since been put in place, and that staff were locking this when accessing the cellar. We also observed that the front door to the building remained locked throughout the day, which had not been the case during the last inspection. This meant that people who were at risk of accessing the outside environment unsupervised remained safe.

At the last inspection we were concerned that staff did not know how to raise concerns about safeguarding, and did not know about the different types of abuse. At this inspection we found that staff had completed safeguarding training and knew the different kinds of abuse that might occur. Staff were also aware of the signs that may indicate that abuse is taking place, and were able to tell us how to report their concerns. Comments included; "If I had any concerns I would go to my manager, or even the police or CQC", "People's character or personality might change. If I had any concerns I would go to the senior, manager or the safeguarding team". This meant that people were protected from the risk of abuse. There was a process in place for reporting any safeguarding concerns to the local authority. There was also a safeguarding policy in place which was available for staff to look at. This helped ensure that people were kept safe from abuse.

At the last inspection we found that some areas of the service were not clean which increased the risk of infection. During the visit we found that the service was clean throughout and did not have any concerns.

There were sufficient numbers of staff on duty to ensure that people's safety was maintained. Staff rotas indicated staffing numbers were consistent and remained at a safe level. The manager used a dependency tracking tool to monitor the dependency of each person, which was then used to determine the number of staff required. In the entrance to the building there was a whiteboard with a list of those staff who were on duty that day. People told us that they liked this because it let them know which staff were working, and how many.

People's care records contained detailed information on risk management and what action staff should take to keep people safe. For example, one person's care records outlined the symptoms that would indicate that they were having an adverse reaction to their medication. In another example we saw that one person's care records outlined the symptoms that would indicate high or low blood sugars, and how staff should respond.

Each person had a personal emergency evacuation plan (PEEPs) in place, which detailed how staff should support this person to leave the building in an emergency. Records indicated that fire drills were conducted on a regular basis. This meant that staff would know how to respond in the event of an emergency.

An up-to-date Legionella certificate was in place and records indicated that water temperatures were being monitored to ensure that they were not too hot. This ensured that people were kept safe from the risk of scalds and infection.

We looked at the recruitment files for two staff members. These indicated that the recruitment process was sufficient to ensure that people's safety was maintained. Both members of staff had obtained a reference from their most recent employer, and had been subject to a DBS check which showed that they were suitable to work with vulnerable adults.

We looked at a sample of people's medication records. Medication was being administered by senior care staff who had undertaken training to enable them to do this. A medication administration record (MAR) chart was used to document when medication had been given and the quantity of medication remaining after each dose. Medication records were up to date and indicated that people had been receiving their medication on time.



# Is the service effective?

## Our findings

People told us that they felt staff were good at their job and that they were well trained, comments included, "Staff are very good at what they do", "Staff listen to me if I need help". Relatives told us that staff provided the correct level of support, comments included; "My [relative] can become very confused and staff work hard to keep her comfortable", "I am confident that my [relative] is being well looked after when I am not here".

During the previous inspection we found that new members of staff had not completed an induction. At this inspection we found that an induction process was in place and that new members of staff were undertaking this. This included a period of shadowing and undertaking training which the registered provider had deemed to be mandatory, for example manual handling and infection control. This ensured that new staff learnt the processes needed to work effectively within the service.

During the previous inspection we found that staff had not received training in the Mental Capacity Act 2005, or the associated DoLS. At this inspection we found that staff had since completed training around this, and were aware of their responsibilities with regards to the Mental Capacity Act 2005. Comments made by staff included; "I would ensure I sought someone's consent before doing anything", "Where people cannot make decisions for themselves a decision needs to be made in their best interests". This meant that people's rights were being protected.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called Deprivation of Liberty safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that it was.

During the last inspection we found that people's care plans did not contain any details regarding their mental capacity. At this inspection we found that this had since been included, and that care records also contained documentation to indicate where a best interest decision had been made, and who had been involved. We spoke with one family who held lasting power of attorney (LPA) for their relative, who told us; "We have been involved in the care planning process. If there's any changes in their health then we're kept up-to-date". This showed that people were receiving the correct level of support where they were unable to make decisions for themselves.

The registered provider has a duty to inform the CQC when a DoLS is put in place. During the last inspection we found that the registered provider had failed to do this. At this inspection we found that we had since received the required notifications.

Deprivation of liberty safeguards were in place for those people who needed them. The manager kept a record of people subject to a DoLS and when these needed to be reviewed. This ensured that people's liberties were maintained in line with legislation and guidance.

During the last inspection we saw that people who were at high risk of malnutrition were not being weighed regularly, and that support had not been sought from relevant health professionals, such as the dietician. During this inspection we saw that people were being weighed on a regular basis and that this was being documented in care records. We also saw examples of the dietician being involved in supporting people. This meant that people were being protected from the risk of malnutrition.

Staff had undertaken a range of training that was essential to their role, including fire safety, manual handling and infection control. The manager kept a record of staff training which enabled her to see when staff needed to complete a refresher course. This helped keep staff knowledge up-to-date and in line with best practice.

Staff told us that they received a mixture of group supervision and one to one supervision. Supervision allows the manager and staff to identify and discuss areas of development, and supports improvement. The manager showed us that she had devised a rota for supervisions and appraisals to ensure that all staff received this.

People told us that they enjoyed the food that was provided, comments included; "The food is very good. There's a selection available, usually two choices", "Food here is marvellous". We spoke to the cook who was aware of those people who required a special diet. A list was also kept on the wall and in a file, so that this information was available to anyone else working in the kitchen. One person living with diabetes told us that they received an appropriate low-sugar diet, and we observed one person who required a pureed diet also received the appropriate option during lunch time.

## Is the service caring?

### Our findings

People told us that the service was caring. Comments included; "Staff are lovely when helping me. They're very respectful", "This place feels like home", "This is home from home". We also spoke to people's relatives who told us; "I've never noticed anything but staff being respectful", "It is very welcoming here".

During the last inspection we found examples where people were not treated with dignity and that they were not being involved in their care and support. At this inspection we saw that people were well dressed and presentable, and there were no indications that suggested that people's dignity was not being respected. People told us that had been involved in the development of their care plans, or where appropriate their relatives had offered their support in providing relevant information. One person told us, "I was asked questions about how I like to be supported." This demonstrated that staff listened to people and worked to understand their needs.

People told us that staff were respectful during personal care interventions, comments included; "Staff are very respectful", "Staff are nice, and they speak nicely to me", "Staff are very respectful. I have no fear of going to them for support". We spoke with staff who gave appropriate examples of how they would maintain people's dignity. Comments included; "I would ensure that people are covered up", "I would explain what I was doing", "I would think about how I would like to be supported to wash and dress". We observed examples where staff were discreet and supportive when assisting people to go to the toilet.

People had access to drinks throughout the day including a choice of tea, coffee or juice. Interactions between staff and the people who used the service were respectful and friendly. We saw examples where people and staff were laughing together and found there to be a good atmosphere throughout the service.

People's choices were respected, for example one person told us; "I don't have much confidence so I prefer to stay in my room. The staff come into me and we have a laugh and a joke. I don't feel lonely here". We saw that another person who wanted to go for a cigarette was asked by staff if they would like them to come and sit with them outside. This showed that staff were caring in their approach and worked to include people.

People's rooms had been personalised with ornaments and photos of loved ones. One person had taken their own chair into the lounge to make it more homely. This person told us that staff respected that it was theirs and that other people did not sit on it. People told us that they enjoyed living within the service and described it as "comfortable" and "homely".

Relatives told us that they were made to feel welcome when visiting the service and that they were able to visit at any time. We saw that people would regularly go out with family, and saw one example where a family member spent the whole day with their relative as they had travelled a long distance to visit. We also saw that this person was given a seat in the dining room and offered a meal.

At the time of the inspection there was no one who required the support of an advocate, however we saw that there was a poster displayed on the notice board at the entrance to the building, which contained

details on how to access the local advocacy service.

## Is the service responsive?

### Our findings

People told us that they were happy with the support that the service provided and that they had seen an improvement since our last visit. Comments included; "The greatest improvement has been the staff and resident relationship. Responsiveness (of staff) is better", "There's been a drastic improvement. The approach has changed". People told us that there were a range of activities for them to participate in if they wanted to. One person told us, "I enjoy going to watch the entertainment". Another person told us, "We recently went out for a meal with staff. It was nice".

During the last inspection we found that alterations had not been made to people's care records to reflect changes in people's health and wellbeing. During this visit we saw evidence that care plans were reviewed on a monthly basis and updated with any changes. We saw that daily notes were kept on people's wellbeing which we saw were up-to-date and contained relevant information. Where people were at high risk of developing pressure ulcers, we saw that their care plans reflected this and that staff were documenting that they had completed regular checks. This helped ensure that people's health and wellbeing was being maintained

During the last inspection we found that risk assessments were incomplete and did not mitigate the risks for people. At this inspection we found that risk assessments provided detailed information which enabled staff to respond appropriately, for example we found that one person had been deemed to be at high risk of pressure sores. As a result of this staff were completing regular checks of their pressure areas, and had documented their use of slide sheets to minimise the risk of skin damage during personal care interventions.

During the last inspection accidents and incidents were not being sufficiently analysed to determine the cause or how to prevent them from occurring again. During this visit we found that information around falls was detailed, and that an analysis had been completed to determine what action needed to be taken. For example one person had fallen out of bed at night, however had refused to have bed sides put in place. As a result of this a mattress had been placed next to their bed, and the bed lowered so that it was close to the ground. This helped to mitigate the risk of injury.

During the last inspection we found that people's complaints had not been sufficiently investigated. At this inspection we found that a record of comments and complaints had been kept, along with the response taken. We saw that responses were prompt and that they dealt with the concerns raised, for example one person had complained that the heating in their room had not been working. As a result of this repairs were made and an apology given to the person. This showed that people's concerns were being listened and responded to.

People and their families told us that they knew how to make a complaint, and that they felt confident approaching the manager with any concerns, comments included; "Management are friendly. Nothing is a problem for them", "The manager and deputy manager are both very approachable". The complaints policy was clearly displayed in the entrance to the building for people to access, so that they would know how to make a complaint.

We looked at people's care records and found that these contained detailed and personalised information around people's needs. For example one person's care records stated that they became anxious when they saw workmen due to a previous burglary, and that staff had to be aware of this when work was being done to the building.

We saw that information was included around the signs and symptoms that may indicate a deterioration in people's health conditions, for example the care record for one person living with diabetes stated, "symptoms (indicating a deterioration) may include sweating, clammy skin or a lack of consciousness." Care records also prompted staff to contact emergency services if they suspected any deterioration. This enabled care staff to deliver the necessary care and support to people.

Care records included information around people's preferences, for example, "[name] declines to take part in group activities but would like 1:1 individual activities", "[Name] particularly likes roast dinners and pasta dishes". This allowed care staff to understand people's likes and dislikes and deliver the appropriate care and support.

We spoke with the activities co-ordinator who was able to show us photographs of day trips and various activities that had been undertaken. We saw that people had recently been on a trip to Blackpool, and also saw that entertainers had been invited into the service. The activities co-ordinator kept an activities plan, which had been developed based upon people's likes and dislikes.

Throughout the inspection we saw the activities co-ordinator and other members of staff engaging with people. People who did not want to participate in group activities had one to one support. We saw one person supporting staff to lay the tables for lunch time, which they told us they enjoyed doing.

People told us that their religious and spiritual needs were met. Ministers from the local Eucharistic and Catholic church came to visit, and that there was a good relationship with another local church where some people went for coffee mornings. One person told us, "I am a strong Roman Catholic and feel that my needs here are met". We saw that there was an equality and diversity policy in place, and that people of different ethnic backgrounds had previously been supported to make links with groups in the community.

People told us that they had attended residents and relatives meetings. One relative told us, "I attended the relatives meetings in October, November and December. The manager also has an open door policy". This enabled people to discuss any concerns they may have with the service.

## Is the service well-led?

### Our findings

There had been a number of changes to the management structure of the service in 2015. The current manager has been in post since September 2015 and is in the process of registering with the CQC. The service has been without a registered manager since March 2015.

People told us that they found the manager approachable and that they would not have any issues with raising concerns. Comments included; "There's been such a change. My relative used to raise concerns, however now she doesn't say anything bad", "Management are friendly", "It's good to have a permanent manager in place", "I would definitely take any concerns to the manager".

During the last inspection we found that the CQC had not been notified of serious incidents or where people were subject to DoLS. Since then the manager had notified the CQC of any incidents as required and people subject to DoLS. In addition to this safeguarding concerns were also being reported to the local authority. This ensured that appropriate decisions could be made regarding people's care and support.

At the last inspection we found that audit systems were not adequate to ensure that improvements were made. We also found that those issues that were identified were not followed up to ensure that people's wellbeing was maintained. At the inspection we saw that audits that had been completed and found that an analysis of the information had been undertaken to prevent issues from re-occurring, for example one person slept with a mattress on the floor next to their bed due to an increased risk of falls. Audits carried out by the manager included accidents and incidents, care records and infection control.

Quality audits were being completed by the registered provider which looked at areas such as the environment, care plans and medication. This ensured that standards within the service were being maintained and areas of improvement identified.

A new manager had been put in post since the last inspection, and was in the process of registering with the CQC. During the last inspection we found that staff had not found the previous manager approachable regarding whistleblowing concerns. People told us that they had seen an improvement in the service since her appointment, and spoke positively about both her and deputy manager. People told us that the manager was approachable and that they felt comfortable raising any concerns with her. We spoke with staff who also made positive comments about the manager. Comments included, "She (the manager) is good. She's approachable and will sort any issues", "Management are approachable and supportive".

During the inspection the manager was accommodating and the staff were happy to share their views on the service. There was a culture of openness, and staff spoke about what they had learnt following the last inspection, comments included; "I now recognise the importance of filling in paperwork", "We realise that we were had people here who's needs had become too complex. It's about ensuring the right support is in place." This showed that staff had reflected upon their experiences.

Team meetings were held on a monthly basis, during which discussions were held around areas of

improvement, for example, at a team meeting in December's 2015 it had been identified that staff needed to provide more detail when recording accidents and incidents. A report had been completed following audits which outlined what had been found. A copy of this was given to senior staff to feed back to other staff. This helped ensure that staff knew what they had to do to improve the service.

Handover meetings were held at the beginning of each shift, during which staff updated their colleagues on the activities of the previous shift. This ensured that staff remained aware of any issues and could respond appropriately.

At the time of the inspection the service accommodated a total of 17 people. The registered provider had a plan in place to admit additional people at a rate of one person each week from the beginning of 2016 over a period of four weeks, before accepting no more than two people each week following this. The manager had a dependency tracking tool in place which she used to determine the number of staff required to support people, and confirmed that additional staff would be employed as the service started to accommodate more people. This meant that systems were in place to ensure that there were sufficient numbers of staff in post.

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.