

The Cheshire Residential Homes Trust

Sandiway Manor Residential Home

Inspection report

1 Norley Road
Sandiway
Northwich
Cheshire
CW8 2JW

Tel: 01606883008

Website: www.cheshireresidential.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 3 and 7 August 2017. The inspection was unannounced on the first day, and announced on the second. At the last inspection there were no breaches of Regulations identified.

Sandiway Manor is located five miles from Northwich in Cheshire and is run by a charitable organisation. It provides accommodation and personal care to older people and can accommodate up to 28 people. At the time of the inspection there were 19 people living at the service.

There was a registered manager in post within the service. 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.

During this inspection we identified that medication was not always dispensed safely, or as prescribed. We found issues relating to monitoring the quantity of medication being stored, which impacted upon the efficacy of audit systems.

Audit systems were not always effective. For example they had failed to identify and address issues relating to medication systems. Health and safety audits had not identified where radiators had been exposed in communal areas, and care plan audits had failed to address known issues. For example, whilst it had been identified that staff were not completing malnutrition risk assessments, this had continued to be an issue.

The registered provider's quality monitoring of the service was not robust enough to identify required areas of improvement within the service. Where issues were identified, action was not taken in a timely manner to address these. Quality monitoring audits did not give consideration to the requirements of the Health and Social Care Act 2008, and therefore were not able to identify areas that needed improvement.

The registered provider had not given due consideration to the Data Protection Act 1998 in determining how long to store people's personal information for. We found boxes of records being stored which the registered manager told us were being kept for 50 years before being destroyed.

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

The service supported some people living with dementia, however the registered provider had not made any suitable adaptations to the environment to support and promote wellbeing. The registered manager told us that a lighting specialist was due to be consulted to look at ways of improving people's visual perception. However other options such as the use of colour schemes, or placing objects of interest about the service had not been considered. We have made a recommendation to the registered provider around this.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However the policies and systems in the service did not always support practice that was in line with the requirements of the Mental Capacity Act 2005. Mental capacity assessments and best interest decisions were not always being made where required. We have made a recommendation to the registered provider around this.

There were sufficient numbers of staff in post to meet people's needs. There was a staffing tool in place which enabled the registered manager to determine the number of staff required depending upon occupancy levels and people's dependency.

Recruitment processes were robust and ensured that staff were of suitable character to work with vulnerable people. New staff had been subject to a check by the disclosure and barring service, and had been required to provide references from their most recent previous employer.

People were protected from the risk of abuse. Staff had completed training in safeguarding vulnerable adults and were aware of how to report their concerns to the local authority.

Where people had been identified as being at risk of deteriorating physical or mental health, or a pattern had emerged from monitoring of accidents and incidents, they had been supported to access health care professionals. This helped to ensure people's wellbeing was maintained.

People commented positively on the food that was available. During meal times they received the required support to ensure they had enough to eat and drink. Kitchen staff were aware of those people who required a special diet which helped ensure people received meals that were appropriate for their needs. This helped protect people from the risk of malnutrition.

Staff were kind and caring towards people. They offered support where it was needed, and were patient when providing support. They worked to ensure people's privacy and dignity was maintained by knocking on doors prior to entering, and ensuring doors were closed whilst supporting with personal care tasks.

Positive relationships had been developed between people and staff which was evidenced by the flow of conversation, and the laughter that was heard within the service. People's family members commented that they were made to feel welcome when they visited the service, which enabled them to spend time with their relatives.

People each had a personalised care record which included information about their support needs, and what staff needed to do to support them. These were reviewed to ensure they were kept up-to-date; however we identified some issues around monitoring of people's risk of malnutrition. Information about people's life histories was also included, which provided staff with valuable information around getting to know the people they supported.

There was a complaints process in place which was on display in the reception area of the service. Whilst no recent complaints had been made the registered manager was aware of the process that should be followed.

The registered provider had completed a survey of people's experience of the service. This showed that a majority of people were 'very satisfied' or 'satisfied' with the service that was being provided to them. This process enabled the registered provider to ascertain any issues people may have, so they could act upon their concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Medication was not always administered in line with best practice or as prescribed.

Radiators in communal areas were not always covered which placed people at risk of burns.

Staff had received training in safeguarding adults which helped protect people from the risk of abuse.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Adaptations had not been made to the environment to support people living with dementia in line with best practice.

Mental capacity assessments were not always completed as required.

People commented positively on the food and kitchen staff had a good knowledge of people's dietary requirements.

Requires Improvement ●

Is the service caring?

The service was caring.

Positive relationships had developed between people and staff.

Staff were kind and caring towards people.

People's privacy was protected and staff acted to promote their dignity.

Good ●

Is the service responsive?

The service was responsive.

People's care records contained information about their care needs and how staff should support them.

Good ●

There were activities in place for people to protect them from the risk of social isolation.

There was a complaints process in place which was on display and available to people.

Is the service well-led?

The service was not consistently well led.

Audit systems were not always effective at identifying and addressing issues within the service.

The registered provider had carried out a satisfaction survey with people and their family members which had shown people's overall satisfaction with the service being provided.

The registered provider had submitted notifications to the CQC as required by law.

Requires Improvement ●

Sandiway Manor Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on the 3 and 7 August 2017. The inspection was unannounced on the first day and announced on the second.

The inspection was carried out by two adult social care inspectors.

During the inspection we spoke with four people who used the service and two people's relatives. We spoke with three members of staff, the deputy manager and the registered manager.

We reviewed four people's care records and the recruitment records for four members of staff. We also looked at other records relating to the day-to-day running of the service, for example audits and maintenance records.

During the inspection we 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.

Is the service safe?

Our findings

People told us that they felt safe living within Sandiway Manor. Their comments included, "Yes I feel safe" and "I feel very safe here. Staff are always about". People's family members also confirmed that they felt their relatives were safe within the service, when asked.

We looked at a sample of five people's medication. In one example we identified that a person who had been prescribed medication to help manage behaviours that challenge, was not receiving this as prescribed. This had been prescribed on an 'as and when' basis. PRN medicines are administered in response to specific symptoms. There was a protocol in place which stated that staff should administer this when the person was 'unsettled and shouting'. Medication administration records (MARs) showed that this was being given on a daily basis. We cross referenced the times where this medication had been given with daily records, which made reference to this person being "calm" and "settled". This showed that this medication was not being given in line with the PRN protocol. In another example, one person had been prescribed pain relief four times a day; however staff were administering this on a PRN basis. This meant that the person was placed at risk of harm due to the unsafe and incorrect administration of medicines. We raised this with the deputy and registered manager so that this could be addressed.

In another example, a member of staff had recorded on an incident form that they had been given medication by a senior member of staff for them to administer. The senior had then recorded that this had been given by signing the MAR. We followed up on this with the deputy manager who questioned staff and confirmed that this practice was taking place. This is poor practice as the member of staff completing the MAR was taking responsibility and signing to show that they have given this person their medication. It also means that the person signing the MAR is unlikely to have witnessed the medication being given, and therefore could be sure that safe administration practices had occurred. This would also impact upon auditing processes, where it would not be possible to confirm who had administered people's medication. We raised this with the deputy and registered manager for them to address with staff.

It was not always possible to identify whether the quantities of medication being held in stock were correct. This was because a running balance was not being maintained and the quantity of medication that had already been in stock prior to the most recent delivery had not been recorded. This meant that medication audits would not be able to identify any anomalies in stock levels, which may indicate that people had not received their medication as prescribed. We raised this with the registered manager for her to rectify.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because processes were not robust enough to ensure medication was administered and managed safely.

During the inspection we identified three radiators in the lounge and two in the reception area that were exposed and uncovered. Whilst these were not turned on at the time of the inspection, the registered manager confirmed that the central heating was used. This meant that was a potential risk of harm. A risk assessment around the exposed radiators had not been completed. Guidance from the health and safety

executive states that consideration needs to be given to protecting vulnerable people from scalds and burns against hot surfaces. We raised this with the registered manager who acted immediately to address this by getting radiator covers put in place.

Risk assessments were in place in relation to people's individual needs to help ensure their safety. For example, a falls risk assessment had been completed for one person who was at high risk of falls. Action had also been taken to refer this person to their GP for a medication review as it was felt their medication may be contributing to the risk of falls. However, we identified that staff were not fully completing malnutrition risk assessments, or working out people's Body Mass Index (BMI), to get an accurate determination of whether they were at risk of weight loss. People's heights were not included in their care record which meant that their BMI could not be established. This meant that staff were unlikely to identify where people were underweight, and therefore prevent them from seeking appropriate medical support. We followed up on those people who had experienced weight-loss and found that they had been referred to the relevant health professionals as required. We raised this with the registered manager for her to rectify.

Accidents and incidents were being monitored and recorded in a majority of cases. However we identified an example where action had not been taken to explain a bruise to one person's eye, and another where an incident form had not been completed following an incident. We raised this with the deputy manager who confirmed that they would action these issues. Where an incident had occurred however, appropriate action had been taken to refer people to the relevant health professionals for support.

At the last inspection in July 2016 we made a recommendation that the registered provider improve the safety of the premises for those people living with dementia. At this inspection we identified that all doors remained secure and staff were aware of those people who needed support when accessing the outdoors. Staff told us that if people wanted to go outside, they would accompany them to ensure that they did not access the busy road outside the main entrance. This helped ensure people's safety was maintained.

A fire risk assessment was in place to ensure the safety of the environment. We followed up on issues identified within the risk assessment and found that action had been taken to rectify these. Monitoring of the water supply had taken place to ensure that it was free from harmful bacteria. Water temperatures were being monitored to ensure they were being kept within the required range. Electrical equipment such as hoists and the passenger lift had been serviced to ensure they were in working order.

People were protected from the risk of abuse. Staff had completed training in safeguarding vulnerable adults and knew how to report any concerns they may have. The registered manager liaised with the local authority on a monthly basis to discuss any current safeguarding concerns.

The registered provider's recruitment processes were robust and helped ensure that staff were of suitable character. We looked at the recruitment records for four members of staff and found that they had been required to provide two references, one of which had been from a previous employer. Staff had also been subject to a check by the disclosure and barring service (DBS). The DBS informs employers if staff have a criminal record or are barred from working with vulnerable people. This helps employers make decisions about their suitability for the role.

There were sufficient numbers of staff in post to ensure people's safety. We reviewed staffing rotas for the previous two weeks and found that staffing levels were consistent. The registered provider had a staffing tool in place which was being used by the registered manager to determine the number of staff required to meet people's needs.

Staff had received training in infection control procedures and we observed examples where they used personal protective equipment (PPE) such as disposable gloves and aprons prior to attending to people's personal care.

Is the service effective?

Our findings

People commented that staff were good at their job and gave them the support they needed. Their comments included, "Yes they help me when I need it" and "Staff are very good". One person had written a compliment to the service which said, "Knowing I could rely on you and your staff for immediate and skilled help increased my confidence in having this rather daunting operation".

Records showed that staff had not completed training in dementia, despite the registered manager estimating that there were approximately 10 people at the service living with dementia. Following the inspection the registered manager provided evidence that staff had since completed training in this. Adaptations had not been made to either the interior or exterior of the premises, in line with best practice which can have a positive impact upon people's wellbeing. For example, the interior of the premises was poorly lit in places, which can impact upon people's visual perception. However, the registered manager told us a lighting specialist had been hired to explore the best ways to address this. There were no objects of interest within corridors to help people with finding their way about the service and to promote orientation, and the use of colour schemes had not been adopted to help with people's visual perception and co-ordination. The call bell system was shrill and loud which may be unsettling for people. The garden areas were not secure, and therefore not all people were free to spend time outdoors without a member of staff with them to ensure their safety.

We recommend that the registered provider seek advice and guidance from a reputable source around best practice in relation to supporting people living with dementia.

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 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 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 were being met and found that they were.

Staff had received training in the MCA and were aware of their roles and responsibilities in relation to the Act. We observed examples where staff offered people choice and control over their care. In one example we asked a member of staff offering a person the choice of where to sit. One person told us that staff gave them the option of what clothes to wear in the morning, whilst another commented, "They ask me what perfume I would like to wear and help me make a selection". However, in two examples we observed that mental capacity assessments had not been completed as required. In one instance bed rails had been put in place for a person on a temporary basis, and in another a sensor mat was being used to alert staff if the person

tried to mobilise unaided. Where supervision or other restrictions are put in place it is important to assess the person's ability to consent to these, and where necessary make a decision in their best interests. We raised this with the registered manager for them to rectify.

We recommend that the registered manager refer to current best practice and guidance around meeting the requirements of the MCA.

Staff had received training in some areas that they needed to carry out their role effectively. For example they had completed training in moving and handling, safeguarding, first aid and infection control. Staff had also been given the opportunity of completing further qualifications in health and social care, to support them with developing within their role. There was an induction process in place for new members of staff which consisted of a period of shadowing experienced members of staff and completing training in topics such as those outlined above. The induction process had incorporated the standards required by the Care Certificate. This is a national set of Standards which health and social care staff are required to meet.

Staff files contained records of supervisions that had been carried out with the registered manager. Supervision provides staff with the opportunity to discuss any issues, or raise any areas of development. It also gave the registered manager the opportunity to address any performance related issues. The registered manager was also in the process of carrying out appraisals with staff. Appraisals allow staff to reflect on their previous year's performance and identify any development goals for the year ahead.

People were supported to eat a diet that was suitable for their needs. Kitchen staff kept a record of dietary requirements, for example people who required a low sugar diet. The kitchen was well stocked with fresh and tinned foods, and there was full fat cream and milk available to help people maintain a good weight. During meal times people were offered a choice of seconds, and staff sat with those people who required their support with eating. Meals were well presented and looked appetising.

Where required people had been supported to access their GP or other health professionals to help ensure their health and wellbeing was maintained. In emergency situations staff had acted to contact the paramedics or out-of-hours GP in a timely manner.

Is the service caring?

Our findings

People told us they liked staff. Their comments included, "Staff are great, they couldn't be better", "Staff are very caring" and "The staff are very good". People all looked clean, smart and well dressed with their hair combed nicely. Where people needed glasses or hearing aids we saw that they were wearing these, which helped ensure they could communicate effectively with others.

Positive relationships had developed between people using the service and staff. We overheard staff and people talking to each other in a friendly manner. Staff spoke positively about people, and passionately about their role in supporting them. There was laughter and discussion throughout the service which helped promote a positive atmosphere.

Staff acted to give support to people where needed. In two examples we saw people walking slowly with staff patiently supporting them. In another example we observed a person walking to their bedroom and a member of staff offering to accompany them to ensure they got there safely.

Staff treated people with dignity and respect. Staff spoke in a friendly and kindly manner to people, using their preferred names when addressing them. They were respectful of people's privacy, for example we observed them knocking on people's bedroom doors prior to entering. There were blinds and curtains in place in bathrooms and bedrooms to maintain people's privacy and dignity whilst they were attending to personal care tasks.

People's family members commented that they were made to feel welcome when they visited the service and that they were offered refreshments by staff. This enabled them to spend time with their relatives as in their own homes, taking refreshments together and socialising. This had the potential to impact positively upon people's sense of wellbeing by allowing them to continue established relationships, and minimise the risk of social isolation.

People's confidentiality was maintained. Records containing personal information was stored in a locked cabinet in an office area, and the registered manager confirmed that computers were password protected.

At the time of the inspection there was no one who required an advocate; however the registered manager demonstrated an understanding of when it would be necessary to support people with accessing the local advocacy service. Advocates provide independent support to people where decisions need to be made about the care being provided to them; ensuring that their wishes and feelings are taken into consideration.

A number of compliments had been received by the service from people's family members, in relation to the care that had been provided prior to their relative passing away. Some of these compliments included, "Thank you for all the care you gave [my relative]. It was always delivered with compassion", "Thank you for all the care and kindness given" and "Thank you very much for all your kindness and patience whilst looking after [my relative]".

Some people had chosen not to be resuscitated in the event of their health declining. This information was clearly displayed to staff at the front of people's care records so that it was easily accessible. This ensured that people's end of life wishes were respected.

Is the service responsive?

Our findings

People commented that staff were responsive to their needs. One person commented, "Staff are responsive and come quick if you need them". We observed staff responding promptly to the call bell system when this was activated, and throughout the inspection we saw them being attentive to people's needs.

Initial assessments had been completed prior to people starting at the service which included information about their needs. This information was used to assess whether the service was able to meet people's needs. This helped to ensure that people received the support they needed.

People each had a care record in place which outlined their care requirements. This included information about their physical health, mental health, mobility and personal care needs. For example one person's care record included specific information relating to the management of a medical condition, including how staff should act to support them with this. In another example a care record contained detailed information about managing specific behaviours exhibited by one person. Staff demonstrated a good understanding of this person's needs and how they should support them. Care records had been reviewed to ensure this information remained relevant.

People's care records contained information about their personal histories, likes and dislikes. Where people had family members or supportive others who were important to them, their contact details were clearly documented. This provided staff with information to help them get to know people.

Daily notes were completed by staff which outlined the support that had been provided to people by staff. Whilst a majority of these were being completed by staff, we saw that one person had a behaviour chart in place for completion when they displayed behaviours that challenge. Their daily notes showed examples where their behaviour should have been recorded on the behaviour chart; however this had not been done by staff. In other examples however, such as where people had injured themselves staff had acted to document this on a body map, along with a description of the injury so this could be monitored.

Staff completed handover meetings at the beginning and end of each shift. During these meetings staff discussed any developments in people's care needs that needed to be followed up by staff on the next shift. A record of these handovers was maintained for staff to refer back to if needed. This ensured that staff were kept up to date, and enabled them to take any action to maintain people's wellbeing.

During the inspection we did not observe any activities taking place with people and people spent their time either in their rooms, or sat in the communal area watching television. However, the minutes from a resident's meeting made reference to people having enjoyed bingo and other activities. The notice board also showed a barbeque was planned for one evening, and a special dinner for people and their families had been planned for August. The registered manager also told us that art classes took place on Mondays. People we spoke to confirmed that activities took place, and also commented that they had the freedom to join in, or not as they preferred.

The registered provider had a complaints process in place for people and their families to use. The complaints policy and forms to make a complaint were available in the reception area. At the time of the inspection no recent complaints had been made about the service. However, the registered manager was familiar with the complaints process and what to do in the event of a complaint being made.

Is the service well-led?

Our findings

The service had a registered manager in post, who had been registered since July 2016. Staff commented positively on the registered manager's approachability, and we observed people talking with her in a friendly and familiar manner which showed they knew who she was.

Audit systems were in place to monitor the service. Medication audits in June 2017 had identified issues with staff not recording the running quantity of medication in stock in relation to 48 medicines. Our observations of people's medication showed that this remained an issue. The medication audit for July 2017 stated that there were no issues with stock levels or the recording of stock levels. However, without the running balance, or a record being kept of stock levels prior to a new delivery it is not possible to determine whether stock levels are correct. Our observations of medication records found that the recording of stock levels remained an issue, which highlighted that this audit process was not always accurate. In addition, whilst we identified issues relating to the administration of PRN medicines, this had not been identified by the audit process. Audit processes had also failed to identify poor practice by staff when administering people's medication.

Care plan audits were completed by the registered manager, deputy manager and registered provider on a monthly basis. One audit in March 2017 and another in June 2017 had identified that malnutrition risk assessments were not being completed, and that BMIs had not been calculated by staff. Despite this having been identified, action had not been taken to correct this, and this remained an issue at the time of the inspection.

Audits which included an assessment of the environment had failed to identify radiators that were exposed in the lounge and reception areas. This showed a failure to identify potential hazards within the environment which may place people at risk of harm.

The registered provider completed quality monitoring audits of the service on a monthly basis. These consisted of a visit to the service and included ascertaining people's views of what is going well and not so well, the presentation of the service, staff attitudes, the food and ideas for improvement. However, these quality monitoring visits did not always include any actions around issues that had been identified, and where action had been taken it was not timely. For example the visit in March 2017 had identified that lighting in the lounge and corridors was poor. This was also identified again in May 2017. Despite this action had only recently been taken at the time of the inspection to organise an assessment by a lighting specialist. The visit in May 2017 criticised the layout of the lounge without outlining what changes should be made. These visits also gave a large emphasis to the cosmetics of the service, for example the visit in May 2017 had queried where the blue china had gone from the lounge, where the pet budgies should be placed, and the flower arrangements in the lounge. This meant that these audit processes was not effective at ensuring the service was meeting the requirements set out by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Personal information about people who no longer used the service was being stored in the cellar. The registered provider had a policy in place which stated that this information would be retained for a period of

50 years before it was destroyed. The registered provider stated that this was a requirement of their insurer; however on looking at the insurance document we found that the registered provider was only required to retain specific documentation, not all documentation. We asked that the registered provider complete a review of that information which they were storing to ensure they were working in line with the Data Protection Act 1998.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because audit processes were not always effective and information was not always being stored in line with relevant legislative requirements.

Team meetings were held with staff, during which they were informed of important issues within the service. For example the registered manager had met with staff to discuss infection control procedures in light of the recent outbreak of infection. This had enabled staff to contribute to discussions around ways of containing the infection.

Surveys were completed by people using the service and their family members on an annual basis. The most recent survey had been completed in June 2017 and showed that a majority of people were 'very satisfied' with the service, whilst the remainder were 'satisfied' overall. Resident's meetings were also held on a routine basis to ascertain their views of the service. These showed that people were mainly complimentary about activities, food and the general running of the service.

The registered provider is required by law to notify the CQC of specific events that occur within the service. Prior to the inspection we reviewed those notifications that had been submitted by the registered provider and found that this had been done.

The registered provider is also required by law to display the most recent rating given by the CQC. During the inspection we checked and found that this was on display within the service. We also checked that this was being checked on the registered provider's website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People did not always receive their medication as prescribed, or in a safe manner.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring systems were not robust enough to identify issues and make the required improvements. Records containing personal information about people was not being kept in line with the requirements of the Data Protection Act 1998.