

Sandylane Limited

Sandy Lane Hotel

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Sandy Lane Hotel is registered to provide accommodation and personal care for up to 31 older people, some of whom may be living with dementia. The service is situated in Bridlington, in the East Riding of Yorkshire, close to the beach, local amenities and public transport routes. Accommodation is located over three floors and there are 30 bedrooms, one of which is a twin room; all have en-suite toilet facilities. There are three communal lounges and two dining rooms throughout the service and bathrooms on each floor. At the time of this inspection there were 27 people using the service.

The service is required to and did have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager is responsible for the day to day management of the home and was available throughout this inspection.

This inspection was unannounced and was carried out on 23 February 2017. The inspection was to check that the registered provider was now meeting legal requirements we had identified at the last inspection.

At the last inspection on 21 December 2015 we found the registered provider was in breach of five of the regulations we assessed. These were in relation to safe care and treatment, premises and equipment, staffing, good governance and non-notification of incidents. The registered provider sent us an action plan that contained information on how they intended to meet those regulations and achieve compliance, which was checked during this inspection. We found improvements had been made and this action had been completed for three of these breaches.

We found that the service had not taken sufficient actions in relation to infection control practices, medicine practices and monitoring and improving the quality of the service and continued to be in breach of Regulations 12, safe care and treatment and 17, good governance.

We found that people's medicines were not always managed safely, we saw gaps in the recording of some people's medicine records and one person's controlled drug had not been booked into the service. In one bathroom cupboard we found used hairbrushes and razors, soap and topical creams.

Staff were aware of people's care needs but people's records did not always clearly reflect these. Some documentation was old and had not been reviewed or updated consistently, this included risk assessments, fluid charts, moving and handling assessments and personal emergency evacuation plans (PEEPs). Although there were some audits in place these had not picked up the shortfalls and the inconsistencies of the recordings in the care plans, infection control and medicine practices, therefore they were ineffective at driving improvements.

There had been many improvements to the environment since the last inspection. All the accommodation

on the ground floor had been damp proofed, communal rooms and some bedrooms had been re-decorated and new carpets had been laid. On the first floor some bedrooms had been re-decorated and new vinyl flooring and carpets had been laid. We noted that particular attention had been paid to people living with dementia and the flooring on the first floor was plain in line with dementia best practice.

Improvements had been made to staff training and we found staff received supervision and an on-going training programme was provided to assist staff to increase their knowledge and skills.

The registered manager understood their responsibilities to report accidents, incidents and other notifiable incidents to the CQC as required and we found this had improved since the last inspection.

Staff had been recruited safely and appropriate checks were completed prior to them starting work at Sandy Lane. Staff had a knowledge and understanding of the needs of the people who used the service.

We found there was sufficient staff on duty to support people with their assessed needs. People told us they felt safe, were well looked after, happy and would inform staff if they were concerned about their safety. The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. All of the staff we spoke with were clear about the need to report any concerns they had. They had received training in how to identify and report abuse.

Safety equipment, electrical appliances and gas safety were all checked regularly.

Some people who used the service had Deprivation of Liberty (DoLS) authorisations in place. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found these were being monitored by the registered manager of the service.

People were given choices at mealtimes and they told us they enjoyed the meals. There were special diets for some people as required. People who used the service received additional care and treatment from health professionals based in the community.

Activities were low key in the service, we were told by the registered manager it was difficult at present to organise activities as activity staff were currently absent, although they were due to return to work in the near future. We saw some activities were offered such as bingo, music, movies, arts and crafts and outings. Records and evaluation sheets were kept to show if people had enjoyed these.

There was a complaints procedure on display and people felt able to complain.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

People were at risk of cross infection due to the poor infection control practices in the environment.

People's medicines were not always managed safely.

Risks to people's safety and welfare were reduced by staff who were familiar with people's needs and able to identify changes in their needs. However, people's records did not accurately reflect their needs and care plans and risk assessments were not regularly reviewed or up to date.

People told us they felt safe and staff were aware of their responsibilities for reporting any concerns.

Is the service effective?

Good 

The service was effective.

The service had met Deprivation of Liberty Safeguards conditions making sure that people were not unlawfully deprived of their liberty.

Improvements had been made to the provision of staff training and we saw staff had been provided with appropriate training courses to ensure they had the required knowledge and skills to meet people's care needs.

The service supported people as necessary with their nutritional needs. People were assisted to access healthcare services as required.

Is the service caring?

Good 

The service was caring.

We observed examples of positive interactions and compassionate care provided by staff.

Staff demonstrated a good understanding of people's needs and

wishes and responded accordingly.

Where possible, people were involved in the planning of their care.

Is the service responsive?

The service was not consistently responsive.

People's needs were largely met because the service had a regular staff team who were familiar with people's needs. People had assessments and care plans of their needs, but not all of these we looked at contained up to date information that reflected some people's current needs.

Although there was an activity programme to provide stimulation and pastime for people, they were not benefitting from this during this inspection.

The registered provider had a complaints procedure and people felt able to complain in the belief issues would be addressed.

Requires Improvement 

Is the service well-led?

The service was not consistently well- led.

Audits undertaken had failed to ensure actions were being taken to improve the quality of service people received.

Not all breaches in regulation which were identified at the last inspection had been addressed.

There were systems in place to enable people who used the service, staff and other stakeholders to express their views.

Staff said they felt supported and could approach the registered manager to discuss any concerns or issues.

Requires Improvement 

Sandy Lane Hotel

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 registered 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 23 February 2017 and was unannounced. The inspection was carried out by two adult social care inspectors.

We were able to access and review some previous information we held about the service. This included reviewing the action plan sent to us by the registered provider following the previous inspection in December 2015. Prior to the inspection we spoke with local authority contracts and safeguarding teams about their views of the service. The registered provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service. We used this information to plan our inspection.

During the inspection, we observed how staff interacted with people who used the service in the dining and lounge areas. We also undertook a tour of the building. We spoke with five people who used the service, the registered manager, deputy manager and two members of care staff. We reviewed four people's support plans and the associated risk assessments. We looked at a range of records including four staff files, accident and incident records, audits, meeting minutes, medication records and quality surveys.

Is the service safe?

Our findings

The people we spoke with who were able to tell us about their experiences had no concerns about their safety in Sandy Lane. One person told us, "If I had any issues I would speak to [Names of registered and deputy manager] and they would be quick to put things right."

At the last inspection in December 2015 this domain was rated as requires improvement. We found during that inspection there was a breach of Regulation 12, and Regulation 15, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed to ensure medicines were managed safely and the environment was clean and well-maintained. The registered provider sent us an action plan and stated they would be compliant with this plan and therefore meet the requirements in the Health and Social Care Act 2008 and associated Regulations by March 2016.

At this inspection on 23 February 2017 we reviewed the content of the action plan submitted to CQC and found that sufficient improvement had taken place and that the breach of Regulation 15, premises and equipment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 from the last inspection, had been met.

We saw there had been many improvements to the environment since the last inspection. New dining room furniture had been purchased for both the first and second floor. The entrance to the service had been re-painted and a new floor laid. All of the ground floor accommodation had been damp proofed, communal rooms and some bedrooms had been re-decorated and new carpets had been laid. On the first floor some bedrooms had been re-decorated and new vinyl flooring and carpets had been laid. One member of staff told us, "Compared to last year there have been some improvements, most of the floorings have been replaced."

We inspected the medicine systems in the service. We looked at how medicines were ordered, stored, administered, recorded and disposed of. People's medicines were stored in a dedicated treatment room. The medicine refrigerator and the room temperature of where the stock was kept was checked and recorded and an air conditioning unit had been installed in the medication room since the last inspection. This helped to ensure that medicines were being stored at the recommended temperatures.

We saw one person had been prescribed a controlled medicine that we saw was on the premises; the one we checked had not been booked into the service. Another person's medication administration record (MAR) had not been signed in the morning on the 13, 14 and 15 February 2017; we checked the balance of this person's medicine and found these had been administered. The same person also had an omission on a tea-time medicine on 12 February 2017, which we also found had been administered upon checking. We checked another person's MARs from 12 to 18 February and found the amount of signatures was in excess to the amount of medicine administered. This meant that the registered provider could not be assured that people were receiving their medicines safely and as prescribed.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014. We are currently considering our regulatory response to this breach and will report on any action once it is completed.

We completed a tour of the premises with the registered manager and observed areas of poor infection control practices. We found numerous items such as mops, a walking aid, toilet brush and a waste paper basket stored inappropriately in sinks in the sluice room. In a cupboard on the wall we found two opened packets of 'Tena' products. We discussed these findings with the registered manager who told us they would address the issues. When we went back to the sluice room later during the inspection, none of the items had been removed and the room remained the same.

In a cupboard in a bathroom on the second floor we saw two used bars of soap kept in a basket with two hairbrushes that contained people's hair, two used razors and a tin of shoe polish. We also found two bottles of topical cream that belonged to a person who used the service. On the edge of the bath there was a bin lid with a used dressing on top of it. This meant people who used the service and staff were exposed to preventable risk of cross infection due to poor infection control practices. The registered manager assured us these findings would be addressed and we went back to the bathroom later during the inspection and saw the items had been removed.

We reviewed the staff cleaning schedules from 1 to 23 February 2017 and saw domestic staff completed 'cleaning handovers' to highlight any issues. However, we were unable to determine when the bathrooms or sluice rooms were last checked as they were not part of the cleaning schedules we reviewed. The registered manager told us they completed regular 'walk arounds' of the service to visually check on cleanliness.

The registered manager also confirmed during our inspection that they had just re-opened after an outbreak of diarrhoea and vomiting.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are currently considering our regulatory response to this breach and will report on any action once it is completed.

We found that the service had systems in place to manage safeguarding incidents and that staff were trained in safeguarding people from abuse. Staff demonstrated knowledge of what constituted abuse, what the signs and symptoms of abuse might be and how to refer suspected or actual incidents. One member of staff told us, "I have done safeguarding training and it's about protecting people and making sure they aren't mistreated. I would report any concerns I had to [Names of registered and deputy manager] and if I wasn't happy I would speak to [Name of provider]."

There was a system in place to complete care plans and individual risk assessments for people who used the service in relation to their support and care, but these had not always been completed accurately or reviewed and amended in response to their needs. For example, one person's risk assessment for pressure care had been reviewed only twice in 14 months despite them being assessed as at risk. Another person's care plan for dietary requirements stated 'Weigh [Name] weekly and record weight in care plan', when we looked at the person's weight records the last recorded weight was in August 2016.

One person's personal emergency evacuation plan (PEEP) had not been updated to include that the person was now cared for in bed. This meant that the information did not reflect the current needs and support the person would require in the event of an emergency.

Not updating and managing risk appropriately meant this was a breach of Regulation 12 of the Health and

We saw the registered manager recorded all accidents and incidents on an 'accident form', these forms contained the detail of the accident or incident. We saw summary sheets of each accident were completed with the name of the person involved and action taken. However, the summary sheet did not record the time, what happened or where, and did not reflect the outcomes recorded on the individual accident forms such as 'district nurse attended' or 'rang 111'. We discussed this with the registered manager who agreed to review the recording systems in place.

We saw that a range of checks of equipment and facilities were regularly carried out. There was evidence items of equipment were serviced on an on-going basis and that contracts were in place with their suppliers for this.

We looked at how staff were recruited and whether staffing levels were sufficient to ensure people were provided with safe and appropriate care. We noted the recruitment processes in the service were robust enough to ensure people who used the service were protected from the risk of unsuitable staff. Staff files we looked at provided evidence that the required pre-employment checks had taken place before staff were allowed to work without supervision.

At the last inspection in December 2015 we made a recommendation to the registered provider in relation to reviewing the deployment of staff to ensure that people's needs were met during busy periods including mealtimes.

At this inspection we observed the lunchtime meal on the second floor. Two staff and seven people were present in the dining room with another staff member taking peoples meals to their rooms. We saw that people were chatting with each other at the tables and received their meals in good time.

At the time of our inspection 27 people were living at the service and throughout the inspection staffing levels appeared to be appropriate. The registered manager told us people were supported by one senior member of staff and two care staff in a morning, additional to this was one member of staff who supported people to bathe from 8am until 1pm, six days each week, they went on to tell us they were currently advertising for an extra member of staff to provide bathing support from 6pm until 9pm. The staff numbers were the same for the afternoon shift. Two care staff were on duty during the night. In addition to this ancillary staff were employed at the service which included a chef, a kitchen assistant, a laundry assistant, two domestic staff and a maintenance person. The staffing rotas we saw tallied with the actual number of staff on duty.

Is the service effective?

Our findings

At the inspection in December 2015 this domain was rated as requires improvement. We found during that inspection there was a breach of Regulation 18, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed to ensure staff had received up to date training. The registered provider sent us an action plan and stated they would be compliant by February 2016.

During this inspection we found that the registered provider had taken action to improve practices within the service in line with their action plan. We found these improvements were sufficient to meet the requirements of Regulation 18. This meant the service had met the breach of this regulation.

Since the last inspection we saw the registered manager had completed a 'Train the trainer' assessor's course in September 2016 with an external company, which meant they could deliver mandatory training to the staff at the service.

We looked at records of staff training and the service training matrix to check that staff had the appropriate skills and knowledge to care for people effectively. We saw staff had completed a range of training deemed essential by the registered provider such as moving and handling, safeguarding, health and safety, fire safety and infection control. Records showed staff participated in essential training in the last 12 months. In addition we saw training including topics such as dementia, first aid and food hygiene. One member of staff told us, "We have done more training and I have done a few learning courses. I have just done health and nutrition which covered diets and dementia and my infection control is due to be done." Another told us, "All of my mandatory training has been updated."

We looked at four staff supervision records, which showed that care staff were being supervised regularly by their line manager. These meetings were used an opportunity to discuss any current issues, work practices and any training needs. The registered manager kept a record sheet which showed when staff supervisions had been completed. One member of staff we spoke with was positive about their supervisions saying, "We have supervisions normally about every three weeks. We talk about if we have any problems with anything." This showed that the management team were monitoring and reviewing staff practice and performance.

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 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. The registered manager was knowledgeable about the MCA and DoLS and had attended training in this topic on 2016. Applications had

been appropriately submitted to the local authority to authorise restrictions for some people subject to continuous supervision by staff and we saw records to confirm that two people who used the service were subject to a DoLS authorisation. The registered manager told us they were awaiting the outcome of five additional applications that had been made to the local authority.

From records we reviewed, we saw that some people had care plans in place to support their mental capacity. We looked at one person's care plan which had been implemented in May 2013, we saw the person had a valid 'do not attempt cardio-pulmonary resuscitation' (DNACPR) and their relative had lasting power of attorney for their finances and health and welfare; however, none of this information was included in their care plan. This meant the care plan did not reflect the decisions that had been made and did not provide up to date information about the person's care to staff. We have addressed this further under the well led section of the report.

During our observations we were able to determine that staff were aware of the need to gain people's consent, for example, we observed staff asking people if they would like to take their medicines. One member of staff told us, "We always ask people and encourage them."

People living at Sandy Lane told us they were able to access healthcare professionals when needed. One person told us, "Staff will just ring up for me if I need anything." They went on to tell us they had an appointment about their ears in two weeks' time and were going to have a full check-up. People's care records confirmed they had been supported to maintain good health and access to healthcare services when required. The care plans we looked at contained a record of health professional visits, which recorded any involvement that had been required from healthcare professionals. We saw that people were regularly seen by their clinicians and when concerns were raised staff made contact with relevant healthcare professionals.

The registered manager told us that the service had a good relationship with local healthcare professionals and they had recently attended a meeting with a local healthcare service to discuss how the relationships could be maintained.

We saw people's health was monitored (where required) by the service in terms of weight, pressure care and nutrition and we saw people had been seen by dieticians when they were deemed to be at nutritional risk. People who were at risk of developing pressure sores had pressure relieving equipment in place, such as air mattresses.

We saw people's food preferences were recorded in their care plans along with their likes and dislikes and any support they required. We observed the lunch time meal and noted that there were seven people in the second floor dining room, with three staff members present to offer assistance. Other people chose to eat in their bedrooms. The tables were set out to make the dining room look pleasant and welcoming. We saw a choice of drinks were offered, and given to all. Two people wore clothes protectors. There were no menus displayed in the dining room but we saw people were offered a choice of soup, fish fingers, fishcake or scampi and ice-cream, cheese and biscuits or sponge and custard for dessert. One person had a second bowl of soup. We saw people sat chatting with each other during lunch whilst one member of staff gave out meals to people who had chosen to eat in their rooms.

People who used the service gave mixed feedback to us when we asked them about the meals provided each day. One person told us, "The food is okay, very palatable and nice" and another told us, "The food varies, I have no complaints but it can be hit and miss. I eat it. Sometimes it can be cold but they [staff] will heat it up. I had bacon and eggs for breakfast and a cooked lunch; I can have a hot tea or a sandwich. There

is a variety and they [staff] come round every morning and ask you what you want."

We found the environment was suitable for people's physical needs; there were raised toilet seats, moving and handling equipment and a passenger lift. We saw that particular attention had been paid around the environment to supporting people with dementia. The first floor featured new plain coloured flooring, specialist signage and block coloured doors as prompts to locate toilets, bathrooms and communal areas. This is best practice to promote independence for people living with dementia.

Staff members we spoke with displayed knowledge of the needs of people living with dementia and related conditions, and were able to describe the needs and preferences of individuals in good detail. One member of staff told us, "There are different types of dementia. We support one person who can become unsettled but I know if you walk out of the door and come back after a short time they will be fine."

Is the service caring?

Our findings

People who used the service told us staff were kind and caring. They also said staff respected their privacy and treated them with respect. One person told us, "I am happy with the staff they are all good lasses" and four other people told us they were satisfied with the care they received, telling us the staff were, "Lovely."

Despite these comments we observed minor instances when staff approach could be improved to ensure consistency with dignity and respect and when supporting people. For example, we noted that when one person was being transported into the dining room in their wheelchair, the person was pushed under the table until their feet hit a chair on the opposite side of the table. An inspector had to remove the chair as this had not been noticed by the staff. We saw two people had clothes protectors put over their heads at lunchtime without being asked if they would like them on.

Similarly, an inspector had knocked and entered one person's room to speak with them and noted the person had pieces of food from their lunch down their clothing and on their chair. Two members of staff entered the room and removed the food debris from the persons clothing and asked the person if they were comfortable and if they would like support to move. We discussed our observations with the registered manager at the end of the inspection for them to address.

During our inspection we noted that overall people looked clean and tidy, and their clothes appeared well laundered, with the exception of one person who had very long nails. We fed this back to the registered manager to address. One person using the service told us, "The laundry service is very good" and another said, "The laundry is good."

The care files we reviewed included information about a person's previous lifestyle, including the people who were important to them and their likes and dislikes. This showed that people and their relatives had been involved in assessments and plans of care. People had signed their care plans to show they agreed to the contents.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available from the registered manager. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

Staff addressed people by their preferred name, which we saw was recorded in their care files, and they knocked on people's bedroom doors before entering. A member of staff told us, "We always knock on doors before going into people's rooms and a couple of residents only like a female to help them with personal hygiene."

Staff had a good understanding of people's current needs, what they needed support with and encouragement to do and what they were able to do for themselves. One member of staff told us about certain people who liked having pizzas delivered to the service and how they brought certain fruit in for another person. Another told us, "[Name] can do everything for himself and [Name] is also independent."

One person using the service told us, "Staff only have to help me with bathing."

The registered provider had a policy and procedure for promoting equality and diversity within the service and we saw that some equality and diversity information such as gender, race, religion and nationality were recorded in the care files.

Staff also supported people to maintain relationships with their families. People told us their relatives and friends visited whenever it suited them best. People had a choice where to meet with their visitors, such as their bedrooms or in the communal areas. This meant that people felt free to make choices and decisions in their own home.

Is the service responsive?

Our findings

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. When we asked people who they would raise any complaints with, they told us they could speak to the staff or management. One person told us, "If I had any issues I would speak to [Name of manager], they would be quick to put things right."

We saw that the service's complaints procedure was displayed. We noted this was not available in any other formats. We checked the complaints log and saw that any complaints were recorded and action taken appropriately. Staff told us that they would deal with minor concerns themselves if they could. They said they would inform the registered manager of any more serious concerns. One member of staff told us, "I would talk to the manager; you can always go to her" and another told us "I would always go to [Name of registered manager] if she was here. If someone had a problem I would ask them if they wanted to go to their own room and speak to them about it."

At the last inspection in December 2015 we made a recommendation to the registered provider to review the type and availability of activities for people. We saw that some improvements had been made; on the first floor of the service we saw there were specific items to keep people occupied, we saw an old fashioned pram and a doll, an old fashioned cot, old telephones, books and a dolls house.

During the inspection, there was not any organised activity taking place. We received mixed responses when we asked people who used the service about activities. People told us there were some activities held in-house and people also went out into the community on planned activities. Comments included, "I like to watch my TV and read my books, I enjoy music and have a radio in my room" and another person told us, "We could do with some more activities; this has lapsed as I think the person [activity worker] is absent, so there is nothing at the moment, there hasn't been for weeks. We used to have bingo, games and exercises. The hairdresser comes every Wednesday and every other Tuesday I go to the yacht club where we do bingo and have a quiz and entertainment."

We reviewed the 'activities' folder which contained records of daily activities each individual person had taken part in, we saw people had participated in music and singing, movie days, games, crafts, knitting, darts and outings around the local area. We saw these had been completed regularly before the activity staff became absent.

We discussed this feedback with the registered manager who told us the activity worker would be returning to work the week after this inspection and that activity would be resuming. They went on to tell us the service has a wheelchair accessible vehicle and people used this to attend medical appointments and outings, they said the local church visited the service every first Monday of the month to conduct a service and they tried to ensure an entertainer came to the service once every month.

The quality and content of peoples care plans was variable. We saw that although some were well written, with clear guidance for staff to follow, this was not consistent. This meant that care plans might not always

reflect the ways in which people wanted to receive their care. Some plans had been reviewed regularly, others were not. In one care plan we saw the person's assessment for support with moving and handling had not been updated to reflect their current condition. In another person's care plan we saw their DNACPR record was not completed appropriately and had no date for review. We shared these findings with the registered manager during the inspection.

We reviewed one person's repositioning charts which included the monitoring of their skin condition and food and fluid intake. We checked the records from the 17 to the 22 February 2017 and saw significant gaps in the recording. Some records we reviewed were not dated or signed which meant we could not see if the information was still relevant and up to date.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are currently considering our regulatory response to this breach and will report on any action once it is completed.

People had their needs assessed before they moved into the service. Information included the persons GP, next of kin and religion and was gathered from a variety of sources. For example, any information the person could provide and from their families and friends, and any health care professional involved in their life. This helped to ensure the assessments covered all elements of the person's needs. It also ensured the service was able to meet the needs of people they were planning to admit to Sandy Lane.

The assessment was then used to develop a number of personalised care plans which provided staff with the information to deliver appropriate care such as, food and drink, personal care, pressure care, moving and handling and communication.

People received care which was personalised to their needs. The care plans we reviewed included a 'one page profile.' We saw there was information about people's life history, experiences and family which is particularly useful in given staff an insight and helping people stay connected and 'good and bad day' information which contained what was good and bad for the person. For example, we saw one person didn't like activities, liked to stay in their own room and family and making their own decisions was important to them.

Is the service well-led?

Our findings

Staff spoke positively about the registered manager, they felt supported in their role and that they worked as a team in order to meet people's needs. Comments included, "You can speak to the manager at any time. She goes from one to the other and speaks to us all" and "I think [Name of registered manager] is really trying hard."

The manager had been registered at the service since February 2016 and told us they had been working hard to make improvements at the service. We could see there was an on-going scheme of refurbishments in progress at the service to improve the design and adaption of the home for the benefit of the people who lived and worked there. The registered manager went on to tell us they had a good relationship with the registered provider and felt supported in their role.

At the last inspection in December 2015 we found the service had not notified CQC about incidents that affected the safety and welfare of people who used the service. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Improvements had been made with the service notifying CQC, since the last inspection we had received appropriate notifications for deaths, management changes, accidents and incidents and Deprivation of Liberty Safeguards.

At the inspection in December 2015 we found there was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed to the systems in place to monitor and improve the quality of the service.

We saw the registered manager completed a 'Yearly planner' which included an agenda item, action and outcome. For example, we saw the planners from January and February 2017 and saw these recorded items the management had discussed, staff meetings and fire drills, staff training and surveys. We saw action had been completed such as 'Fire training needs to be completed by all staff members' and 'Staff meeting was held on 8.2.2017'. Each item had an outcome, for example, 'Staff members are now up to date with their fire training'.

We saw an overall 'Year-end' audit was completed at the end of 2016 which included a review of numerous parts of the service such as surveys, complaints, CQC notifications, safeguarding alerts, monthly audits and accidents and incidents. We noted the monthly audit section recorded, 'All discussions with management, owner, purchases and smooth running of the home (on-going).' This did not contain any details for any checks that had been completed at the service.

We saw numbers of accidents and incidents that had occurred in the service were recorded such as, '9 ambulances called' and '3 accidents reported to CQC'. No further analysis was completed which made it difficult to see how the service was monitoring accidents and incidents and if any learning was identified and adjustments made to minimise the risk of the accident or incident occurring again.

Not all of the service policies and procedures had been reviewed regularly, For example, we saw the

registered provider's policy for accidents to service users had not been reviewed since November 2009 and the staff guidelines for abuse had not been reviewed since October 2007.

We found some people's care files contained out of date and poorly detailed information that did not reflect people's current needs. This had not been picked up by the service. We identified one person who was assessed as at high risk of pressure damage had only had their risk assessment reviewed twice in over a year. The person's care plan had been evaluated in January 2017 and said 'Care file okay.' Another person's weight was not monitored according to their care plan and PEEPs were not always reflective of people's needs.

We found inconsistencies in the recording and monitoring of people's medicines. The registered provider's quality assurance system had failed to identify the shortfalls found during this inspection.

We saw cleaning handovers were completed to identify and record any issues within the service. We checked these for the month of February 2017 and saw these were completed every day with codes to indicate which cleaning task had been completed. None of the issues we highlighted within the sluice room and bathroom had been identified during these handovers.

We asked for a variety of records and documents during our inspection. We found that the storage of these was not always secure. We found a number of documents containing personal information were kept in a staff room with the door unlocked. This meant anyone had easy access to these documents indicating there was a lack of security. The registered manager addressed this and locked the door during this inspection.

During this inspection we identified a number of breaches of regulations. We noted that some of these issues had not been identified by the registered manager or registered provider through a programme of audits. This demonstrated that the service was not governed effectively and the quality monitoring system in place was ineffective.

Not ensuring the service had consistent oversight to monitor the quality of service provided to people was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are currently considering our regulatory response to this breach and will report on any action once it is completed.

As part of quality monitoring systems we saw surveys had been distributed to people who used the service, their relatives and staff in January 2017, so they were able to make their views known to the registered manager. The registered manager told us they were awaiting feedback from these surveys.

Meetings had been held on a regular basis with staff. One member of staff told us, "We have staff meetings once every month." We saw the minutes for meetings held in December 2016 and January and February 2017 which included discussions around the accuracy of recording, accident recording, staff uniforms and cleaning duties.