

Sandylane Limited

Sandy Lane Hotel

Inspection report

33 Sands Lane
Bridlington
Humberside
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Tel: 01262229561

Date of inspection visit:
15 June 2022
22 June 2022

Date of publication:
12 August 2022

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Sandy Lane Hotel is a residential care home providing personal care to 16 people aged 65 and over at the time of the inspection. The service can support up to 31 people. The building has three floors and a lift which operates between all levels.

People's experience of using this service and what we found

People were not receiving a service that provided them with safe, effective, high-quality care. Although some improvements had been made since the last inspection in relation to fire safety and staffing, not enough improvements had been made in other areas and the provider remained in breach of regulations.

People were not safe. Risks to people's health and safety had not been mitigated in a timely manner. This included risks in relation to window safety. The provider offered assurances after the inspection that the work to ensure windows were safe had been completed.

No improvements had been made in relation to recruitment of staff. The provider had failed to address systems and processes to ensure safe recruitment practices were implemented. Although some improvements were noted in relation to infection control and medicines, systems and processes had not been firmly established and we identified continued concerns in these areas.

The provider had started to make improvements to staffing and had implemented a dependency tool since the last inspection; however, staff were not always deployed in line with this. We have made a recommendation about this.

People were happy with the quality of the food they received. However, work was required to improve the mealtime experience.

Governance systems were not robust. The oversight of the service was not always effective and had not identified the issues we found at this inspection. The provider had recently employed a consultant to make improvements to the service. We received mixed feedback about the management team, some staff felt the management team were not approachable.

Although we identified some improvements in relation to the provision of person-centred care. There continued to be a lack of activities to provide people with stimulation and ensure people received person centred care.

Improvements had been made to support staff, this including now receiving training, supervision and appraisal in line with the providers policy. However, some training courses were not included as part of the providers mandatory training. We have made a recommendation about this.

People and their relatives were positive about the kind and caring nature of staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 24 December 2021)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 12 and 18 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained inadequate. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sandy Lane Hotel on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risk management, recruitment, person centred care and governance.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider and will meet with them to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Sandy Lane Hotel

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

Three inspectors carried out this inspection.

Service and service type

Sandy Lane Hotel is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sandy Lane Hotel is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced on both days.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the provider, supporting manager, manager, senior care workers, and care workers. We reviewed a range of records. This included two people's care records in full and sampled further care records. We reviewed multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We walked around the home to assess how the home was maintained and we observed interactions between people and staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Inadequate. At this inspection the rating for this key question has remained Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we identified the provider had failed to managed risks to the health and safety of people. The was a breach of regulation 12, (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Risks in relation to window safety had not been thoroughly assessed or mitigated. For example, some windows were single paned glass and posed a risk of shattering. Other windows were not safe, for example window restrictors allowed some windows to open wider than the recommended health and safety guidance advises. Not all window restrictors were tamper proof.
- Risks to people had not always been managed. For example, the storage of soaps in sinks that could be opened and ingested and food such as cereal left open near windows and not labelled.
- Accidents had not always been used to inform people's care plans and reduce risk of reoccurrence of future incidents. This left people at risk of harm.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements had been made in relation to fire safety. The provider had updated emergency evacuations plans and were reviewing these on a monthly basis.
- The provider gave us reassurances all improvements to window safety had been completed following our inspection.

Using medicines safely

At our last inspection we identified the provider had failed to ensure medicines were managed safely. The was a breach of regulation 12, (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not always managed safely. We could not be assured people had received their medicines as prescribed as the amount of recorded stock differed from the number of tablets in the service.

- We could not be assured people received the required amount of time between food and medicines as administration times were not accurately recorded.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements had been made in relation to as and when required (PRN) records. People now had protocols in place to guide staff when to administer these medicines.
- The provider had started training night staff to ensure staff on duty could administer medicines if required out of hours.

Preventing and controlling infection

At our last inspection we identified the provider had failed to ensure the risk of spread of infection was managed. There was a breach of regulation 12, (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Areas of the home still required attention as they had not been effectively cleaned. Radiators were significantly dusty around the service.
- Staff were not always wearing Personal Protective Equipment (PPE) in line with guidance.
- The risk of cross contamination was not always safely managed. Good practice guidance was not consistently followed. For example, donning and doffing stations were not separate on both days of inspection and on the first day of inspection clinical waste bins did not have bin bags in.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some improvements had been made to the environment, this included decoration, replacing furniture and some flooring.
- The provider had an action plan in place to improve the environment following the last inspection, but work on this was still ongoing at the time of inspection.

Staffing and recruitment

At our last inspection we identified the provider had failed to ensure staff were recruited safely. There was a breach of regulation 19, (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- Recruitment checks were not robust. The provider had failed to follow their own recruitment policy. Staff were starting work without the appropriate checks in place there was insufficient assurance that staff were of good character and appropriate measures had not been put in place whilst awaiting further checks.

This was a breach of regulation 19 (Fit and Proper Persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had failed to have sufficient numbers of staff deployed this was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff told us there was enough to meet people's needs based on the current occupancy of the service.
- The provider had implemented a staffing dependency tool to assess people's needs. However, at certain times, such as lunch time; staffing levels had not always been applied in line with the dependency tool. The dependency tool did not consider additional factors such as the layout of the building.
- The management team told us they were recruiting to fill staff vacancies.

We recommended the provider seeks advice from a reputable source regarding the implementation of the dependency tool.

Systems and processes to safeguard people from the risk of abuse

- One occasion an allegation of physical abuse had not been reported to the local authority safeguarding team. We informed the safeguarding team of this incident.
- Staff have received safeguarding training and were aware of different types of abuse.
- People and their relatives told us they felt safe. One relative told us; "Yes [Name] is safe, there is no problem with care for [Name], they are happy and is been cared for."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection we identified the provider had failed to have suitably qualified, supported and competent staff. There was a breach of regulation 18, (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were now receiving supervisions and appraisals in line with the provider policy.
- Staff told us they received induction and shadowing, but these records were not robust.
- The provider had taken action to improve training. Most night staff were now trained to administer medicines.
- Staff had received training in the providers mandatory subjects. However, we could not see evidence of MCA; Dols and oral health care training for staff.

We recommended the provider reviews their training procedures to ensure staff have the appropriate training to support people.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us they were happy with the food that was available. However, some staff raised concerns about there was only access to certain foods when the kitchen staff had finished work.
- Work was required to improve the mealtime experience. For example, people were not offered a choice of cold drinks and staff were serving meals whilst answering buzzers which meant people had to wait for their meals whilst others had theirs.
- People were supported to access health care when required. One relative told us, "Yes [Name] is supported with their health care, they have had their eye test, dentist and chiropodist go in. There was concerns with [Name] legs and [staff] were straight on it."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People did not always have oral hygiene assessments in place to ensure they received the appropriate support from staff with their oral care.

Adapting service, design, decoration to meet people's needs

- People and their relatives told us there had been some improvements to the environment. One relative told us; "It was dated before the pandemic, since then they have started decorating and put better furniture in."
- There was a choice of different seating areas for people to choose where to spend their time.
- There was limited secure outdoor space for people to access and spend time.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff told us they gained consent prior to providing care. Mental capacity assessments had taken place and best interest processes followed when required.
- DoLS had been submitted when restrictions were in place.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Inadequate. The rating for this key question has remained Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider failed to ensure systems were effective, in place and robust enough to demonstrate the service was effectively managed. This was a breach of the regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Although the provider has started to make some improvements to the service. Improvements had not been sufficiently implemented and oversight from managers continued to be ineffective. The provider remained in breaches of regulation in relation to safe care and treatment, fit and proper persons, person-centred care and good governance.
- Systems and processes were not operated effectively to ensure the service was assessed or monitored for quality and safety in line with requirements. When areas for improvement had been identified, there was a lack of oversight and leadership to ensure changes to systems and processes were effective and consistently embedded.
- Further work was required to ensure the auditing system was robust. Although some changes had been made to the auditing of the service. The providers governance systems had failed to identify the concerns we found at this inspection. This including window safety, storage of food and the mealtime experience.
- Records continued to be a concern and were not always organised, accessible or robust. For example, recruitment records were not always available in people's files and induction records were not robust.

This was a breach of the regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had employed a consultant who was working with the service to make improvements. They were in the process of implementing a new quality assurance system to improve oversight and monitoring of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were no satisfaction surveys carried out to gather stakeholders' views so this feedback could be used to improve the service.
- Some relatives felt communication could be improved. One relative told us; "No we have not had surveys or meetings, they are quiet poor on communication side."
- We received mixed feedback from staff. Some staff did not feel the management team were approachable or that they could raise concerns with them.

This was a breach of the regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Team meetings were held to give staff updates on the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider failed to provide person-centred care and support to meet people's needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- There continued to be limited evidence that people had access to a range of meaningful activities in line with their personal preferences.
- There was no activity boards or menus on display to empower people to make choices.
- Although care plans contained some person-centred information these had not always been updated following incidents to ensure people were supported appropriately and risks were reduced.
- Records did not contain sufficient guidance on people's health care and equipment such as toothbrushes were not always available to ensure people had the required oral health care.
- People's wellbeing was not always considered during mealtimes due to staff having to carry out other duties.

This was a breach of the regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received positive feedback about the kind nature of staff. One relative told us; "Yes, the staff are caring; I can't fault them, and I tell them so. Even as a relative I always feel respected, we feel like we are part of the fixtures; there very friendly staff."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were aware of the responsibilities to inform people when things go wrong.

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 9 HSCA RA Regulations 2014 Person-centred care The provider had failed ensure people received person centred care and have their needs met 3(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to mitigate risk to the health and safety of people. Medicines processes were not safe. The provider had failed to ensure the risk of spread of infection was mitigated. 12 (1)(2)(a)(b)(c)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality and safety of the service, They provider had failed to assess monitor any mitigate risks relating to the health and safety of others. The provider had failed to maintain accurate, complete and contemporaneous records. 17 2 (a)(b)(c)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure systems and process were operated effectively to ensure staff were of good character 1(a)2

The enforcement action we took:

We have issued a Warning Notice