

The Cheshire Residential Homes Trust

# Sandiway Manor Residential Home

## Inspection report

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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?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

The inspection took place on the 19 January 2016 and was unannounced.

Sandiway Manor Residential Care Home is owned by a charitable organisation. Accommodation for up to 28 people is provided over two floors. People have access to a large enclosed garden, which have walkways and seating areas.

The service had a registered manager in post. 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.

Our last inspection of the service was carried out on the 29 and 30 December 2014 and we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider sent us an action plan which included a timescale by which improvements would be made. Not all of these actions had been completed within the given timescale.

Improvements have been made to people's safety since our last inspection. Covers have been fitted to radiators and recruitment of staff was more robust.

During the last inspection we had concerns because the registered provider had failed to apply for deprivation of liberty safeguards (DoLS), for people living within the service. At this inspection we found that whilst some applications had been made, we found an example where this had not been done. This meant that people's rights were not being upheld in line with the Mental Capacity Act 2005. You can see what action we told the provider to take at the back of the full version of the report

At this inspection, most staff had not completed training on the Mental Capacity Act 2005. Staff did not have a good understanding of the basic principles of the act, or the associated DoLS. This meant that people were at risk of having their rights infringed.

People's safety was not always maintained as we found that one person had managed to leave the service unaccompanied on a number of occasions, despite having a DoLS authorisation in place which stated that they were not safe to do so. During the inspection a back door to the service was unlocked and the door alarm was turned off. This meant that staff would not have been alerted to people who were at risk, of leaving the building.

Information within care records was not always up-to-date or reflective of people's needs. This meant that people were at risk of not having their needs met because there was a lack of accurate and up-to-date information about their needs and how to meet them.

Audit systems did not always identify where improvements were needed. For example, care plan audits had not picked up on information being out-of-date and safeguarding audits had not identified incidents as safeguarding concerns. This impacted upon the registered provider's ability to generate improvement and to protect people within its care.

Systems were not in place to notify the CQC of serious incidents, which meant that the registered provider was not operating in accordance with the law.

The registered provider had not been completing checks on the water system to ensure that it was free from harmful bacteria. This placed people at risk of infection.

There were enough staff in place to meet people's needs. Staff had a good understanding of the different types of abuse and they told us how they would go about reporting any concerns. This meant that people were protected from the risk of harm.

People told us that staff were caring and that they were supported in a respectful and dignified manner. People also told us that they enjoyed the activities that were available, and that the food was nice. People with special dietary requirements told us that kitchen staff were supportive in trying to make food options more varied.

People told us that they knew who the registered manager was, and that they would not hesitate to raise any concerns with her.

## 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 always safe.

The premises were not kept secure which placed people's safety at risk.

Adequate checks had not been made on the water systems to ensure that they were free from harmful bacteria.

Staff had received safeguarding training and knew how to report any concerns.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

DoLS applications were not always made to the local authority in line with the Mental Capacity Act 2005.

People told us that they enjoyed the food and that there were a variety of options available during meal times.

### Is the service caring?

**Good** ●

The service was caring.

There was a warm atmosphere throughout the service and there were positive interactions between people and staff.

People were treated with dignity and respect and their confidentiality was maintained.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People's care records were reviewed, however this process did not always identify where information was out-of-date.

Communication between staff and people using the service was good, which enabled a personalised approach.

People enjoyed activities which were made available to them.

**Is the service well-led?**

**Inadequate** 

The service was not well-led.

There was a lack of effective systems in place to protect people from the risk of harm and to ensure their liberties were protected.

The registered provider had not informed the CQC of serious incidents that had occurred at the service.

People found the registered manager approachable and felt that she would give appropriate consideration to any concerns.

# 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and took place on the 19 January 2016.

The inspection was carried out by one adult social care inspector. Prior to the inspection we contacted the local safeguarding authority and the contracts and commissioning team, neither of whom raised any concerns about the service. During the inspection we spoke with six people who used the service and three of their relatives. We carried out a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at the care records for four people who used the service, as well as looking at records relating to the management of the service. We also spoke with seven members of staff, including the registered manager.

# Is the service safe?

## Our findings

People told us that they felt safe within the service and that their belongings were also safe, comments included; "I'm safe here", "I've been here about a year and I've felt safe for all that time", "My belongings are safe, I have a safe in my room". Relatives also commented that they felt people were safe, comments included; "My [relative] is safe and cared for in every sense", "My [relative] is very safe here".

During the last inspection we made a recommendation as radiators did not have covers on, which placed people at risk of burning themselves. At this inspection we observed that radiators and pipes had been covered. This meant that people were no longer at risk of burns.

Since the last inspection, ancillary staff were being employed and managed in-house, and recruitment files were available for us to look at. At this inspection we looked at the files for two members of ancillary staff and two members of care staff. References were available and staff had been subject to a check by the disclosure and barring services (DBS). A DBS check ensures that staff are safe to work with vulnerable people. This helped to ensure that people's safety was maintained.

Daily notes contained within one person's care records outlined that they had managed to leave the service unaccompanied, on nine separate occasions. This was despite a DoLS authorisation being in place, which had identified that this person would be at risk if they were to leave the premises unaccompanied. On one occasion it was documented that this person had managed to travel to a neighbouring town a number of miles away by hitching a lift. Records indicated that there had been no recent attempts by this person to leave, however during the inspection we noted that one of the back doors to the premises was unlocked and the alarm was turned off. This meant that people's safety was not being adequately maintained within the service. We raised this to the attention of the registered manager during the visit. Following the inspection we shared our concerns with the local authority.

Legionella is a bacteria that can lead to serious infection amongst people. Registered providers need to take action to prevent the risk and spread of the bacteria through completing periodic checks on the water system. We found that the registered provider was taking some steps towards minimising the risk, for example by monitoring water temperatures, however they did not have an up-to-date Legionella certificate as required by guidance issued by the department of health and the health and safety executive. This meant that people were at risk of infection.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people's safety was not being adequately maintained within the service.

Accidents and incidents records were being kept, and a falls audit had been completed. These had identified where one person had fallen a number of times in December 2015 and January 2016. As a result of this, a referral had been made to the person's GP and a physiotherapist. A profiling bed had been put in place, enabling the person to sleep closer to the ground and thereby minimising the risk of injury during the night. We noted that the registered provider had made multiple referrals to the GP for support. This

demonstrated that the registered provider was working to keep people safe.

Personal emergency evacuation plans (PEEPs) were in place, which detailed how staff should support people in the event of an emergency. Records evidenced that fire drills were being completed. This helped ensure that staff knew what action to take in the event of an emergency.

Staff had completed training in safeguarding and had a good understanding of safeguarding procedures and the signs that may indicate people were being subject to abuse. Comments included, "Different kinds of abuse might include, physical, emotional and financial. Marks or bruises could cause me to become concerned", "People might become withdrawn, or their character might change". Staff told us how they would report any concerns they had, their comments included; "I have reported concerns before by going to a senior or manager", "I could take concerns to the safeguarding team or the CQC." Staff were aware that there was a whistleblowing policy in place and they knew where to find this, a member of staff said, "There is a whistleblowing policy in the office which we've all had to read".

People and staff told us that there were enough staff to meet people's needs, comments included, "There's good staff retention here so it's more consistent", "Yes I think there are sufficient staffing levels", "There's plenty of staff on hand". This meant there were enough staff to ensure people's safety. We looked at staff rotas which indicated staff levels were consistent.

People were being supported to take their medication as required. There were processes in place to ensure that this was done safely, including a medication audit which looked at quantities of medication held to ensure that they were correct. Staff used a medication administration (MAR) chart which they signed to indicate that medication had been administered. We looked at the medication records for three people and found these to be up-to-date and correct.



# Is the service effective?

## Our findings

People told us that they felt staff were well trained and were carrying out their job to a high standard, comments included, "Staff seem very well trained and are qualified to do their job", "I feel staff are well trained". Relatives also told us that they felt staff had the necessary skills, their comments included, "I consider staff to be professionals", "I feel confident in letting staff deal with any issues that arise".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called Deprivation of Liberty safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that it was not.

During the last inspection in December 2014 we found that the registered provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because DoLS were not in place for those people who needed them. We also found that there was no information contained within care records to indicate that people's mental capacity had been assessed. At this inspection we saw that DoLS applications had been submitted to the local authority and that care files contained information around people's mental capacity. However, we found an example where care staff and the registered manager told us that one person would be prevented from leaving the service because they did not have mental capacity to make decisions around risk. Despite this, care records did not contain an up-to-date mental capacity assessment and a DoLS application had not been made to the local authority. This indicated that systems were not adequate to identify changes in people's mental capacity, or ensure that people were supported in line with the Mental Capacity Act 2005.

Training records indicated that a majority of staff had not undertaken training in the Mental Capacity Act 2005. Staff were not able to tell us the basic principles of the act, and they were unsure about the circumstances of when a DoLS might be required for a person. This meant that staff did not have the knowledge needed to ensure that people's rights were protected.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people's rights were not protected under the Mental Capacity Act 2005.

There was an induction period in place for new staff, during which they spent a number of shifts shadowing more experienced staff and completing training that the registered provider had deemed to be essential to the role. This included fire safety, infection control and moving and handling. Staff had also been supported to complete training in dementia care, and some had chosen to become 'dementia friends', these staff act as champions and are trained to encourage other staff to learn more about dementia. This helped ensure that staff had the knowledge and skills needed to carry out their job effectively.

Staff told us that they received supervision and appraisals, and records evidenced that these were being completed on a regular basis. Supervision enabled the registered manager and staff to identify areas of development and improvement, and also allowed a formal setting to discuss any issues. This helped identify areas where improvement was needed.

People told us that they enjoyed the food and that they received a choice of options. Throughout the day people were also offered a choice of tea, coffee or cold drinks. There were menus on display on a noticeboard outside the main lounge, and one on display on entering the dining room. People who did not like the options available on the menu were offered an alternative. People with special dietary requirements told us that their needs were catered for. One person told us, "The chef will often come and speak with me about my dietary needs. They check with me that I like the options they're ordering in". Kitchen staff held information in the kitchen about people's special dietary needs. This showed that people were protected from the risk of malnutrition and dehydration.

People's care records evidenced that they had been supported to seek support from health professionals to help maintain their general health and wellbeing. One person told us that they had been supported to see the dietician, due to changes in their dietary needs, whilst another person told us that they had recently been seen by their GP. This helped ensure that people's health and wellbeing was maintained.

# Is the service caring?

## Our findings

People told us that staff were caring and treated them with respect, comments included, "Staff are always respectful", "They're very good, and helpful", "Staff treat everyone here with respect". Relatives told us that they were made to feel welcome at the service, comments included, "I'm always made to feel welcome. Staff offer me biscuits and a cup of tea", "I'm welcome to have some food here if I want to. We also had a family party here not long ago".

The atmosphere within the service was warm and welcoming. People spent time in the lounge area talking with friends and relatives throughout the day, and people appeared comfortable and relaxed. Staff had a good rapport with the people they were supporting and there we heard them laughing and talking together.

Staff spoke respectfully with people, and they worked to ensure people's dignity was maintained when supporting with personal care interventions. For example we saw that doors remained closed when staff were helping with personal care. Staff told us that they always sought to ensure people's dignity and privacy was maintained, comments included "I would ensure that people's curtains are shut and doors closed before I help with personal care", "I'd make sure the door is shut and explain what I was doing. I would like to know what's going on if it was me". This meant that the staff approach helped maintain people's dignity.

We spoke with some people who had recently moved into the service. They told us that they had received information around what support was available and what they should expect from the service. People told us that they were happy living within the service and described it as "homely", and "nice". This indicated that people were comfortable.

The service was decorated with pictures and paintings that people had made during art classes. Each person had their own room and were able to personalise the décor and some people had chosen to bring belongings such as chairs or cabinets with them. People told us that they felt the service was "homely" and "comfortable". This helped ensure that people's comfort and wellbeing was maintained.

People told us that they had been involved in the planning of their care needs, and relatives also told us that they were kept up-to-date where appropriate, for example if people were admitted into hospital or had a fall. Care records contained information around people's preferences, for example, there was one person who had expressed a wish to have their needs met by someone of the same gender, which staff told us they respected. We also saw that some care records contained information around how people wanted to be supported during the end stages of their life. This meant that people were cared for in a way that was respectful of their own wishes.

Care files containing personal information were securely stored in a locked cabinet in an office. This helped ensure that people's confidentiality was maintained.

## Is the service responsive?

### Our findings

People told us they were happy with the care and support they received. There was a variety of activities available which people told us they enjoyed. Comments included, "There's all sorts of activities to participate in", "There's a lot of entertainment, which makes it interesting living here". Family members commented that they felt the care their relatives received was good, they said, "It's a relief to know that my [relatives] are being looked after so well", "I have the utmost confidence in the care that [name] is receiving".

People each had an individual care record which outlined their needs. These were reviewed on a monthly basis; however this process did not always pick up on changes in people's needs. For example one person's records did not reflect any changes in their mental capacity or emotional wellbeing, despite daily records indicating that there had been deterioration in the person's mental health. Similarly, one person had managed to leave the service on a number of occasions unattended, despite it being unsafe for them to do so. It had been identified by staff in the daily notes that the measures in place prevent this person from leaving at night time, were not sufficient. Despite this there was no information on what alternative measures had been considered to manage this. This indicated that effective systems were not in place to ensure that care remained responsive to people's needs.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because systems were not robust enough to ensure people's safety.

Care records did not contain information around people's likes, dislikes or interests. Despite this we observed a good level of communication between staff and people living at the service which enabled staff to deliver a personalised approach. For example, there was evidence that kitchen staff consulted people about preferred foods and we observed that staff did not presume or anticipate what drinks people would like, asking their preferences instead. The activities co-ordinator showed us that they sought feedback from people during the week and would use this information to develop activity plans. This helped ensure that a personalised approach was taken.

People told us that there were a range of activities available for them to participate in if they chose to do so. There was an activities rota available on the notice board which provided people with an outline of the activities for the week ahead. Examples of activities available included a reminiscence group, arm chair aerobics and painting classes. One family member told us that they had been able to hold a birthday party at the service for their relative. The service had also developed ties with members of the local church who visited the service every fortnight. This helped to protect people from social isolation, and ensured that their spiritual and religious needs were met.

The service had developed links with the community, for example the local church visited every fortnight to offer communion to people. Each month there a local shop set up a stall in the entrance to the building so that people could buy things, and a donation had recently been made by a local wool shop, which had enabled the service to start a knitting group. This showed that the service was working towards preventing people from becoming socially isolated.

People and their relatives told us that they would feel confident raising their concerns with the registered manager, comments included, "I would go straight to the manager with any concerns", "I would speak with the manager. Staff are very approachable", "Management and staff are approachable, I would happily raise any concerns". There was a complaints policy in place which was available for people to access, and we saw examples where people had also sent compliments into the service. This showed that people had confidence that their concerns would be listened to.

## Is the service well-led?

### Our findings

The service had a registered manager. People and staff told us that they knew who the registered manager was and that they liked her, comments included, "She is very approachable and I would be confident raising my concerns", "I haven't been here long but the manager seems nice, and I wouldn't have any problem raising concerns if I had any".

The registered manager completed audits in order to monitor and maintain the quality of the service. However we found that these audits did not always identify areas of the service that required improvement. For example, these systems were not sufficient to identify those people who required a DoLS. Information around people's mental wellbeing was documented in daily notes, however this information had not been used to update care records or to identify that a referral to the local authority was required. This meant that people were at risk of having their rights infringed.

Safeguarding audits were being completed on a monthly basis, however these had failed to identify safeguarding issues that had occurred within the service. We spoke with the registered manager about our concerns at finding the back door unlocked, and the door alarm turned off. The registered manager told us that the back door had been left unlocked because domestic staff needed access to the bins. Despite this having been identified as an issue, day-to-day checks were not sufficient to ensure the premises were kept secure. This indicated that systems were not robust enough to maintain people's safety.

The registered provider had failed to identify that a Legionella check was required, and subsequently water systems had not been subject to the necessary checks. This placed people at risk of infection.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because systems were not sufficient to identify areas that required improvement.

The registered provider has a lawful duty to inform the CQC of any serious incidents or safeguarding concerns that occur. During the inspection we identified that the registered provider had failed to do this on a number of occasions. This meant that the service was not acting within the law. The registered provider had also failed to raise these concerns with the local authority in line with the local authority's safeguarding policy. This meant that there was not a culture of openness and transparency within the service, which placed people at risk of harm.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 because the registered provider had failed to notify us of serious incidents.

There was a staff disciplinary policy in place and we saw examples where this had been used appropriately. This meant that poor practice was being addressed, which helped ensure that standards of care were maintained.

Questionnaires had been sent out by the registered provider to 17 people in November, from which a report

had been generated in December 2015. This had identified that people wanted a greater variety of options during meal times, and improvements to the general cleanliness of the building. People told us that they enjoyed the food, and that kitchen staff had enquired about how to make improvements. The environment also appeared clean. This showed that the service had responded appropriately to people's concerns.

The registered provider completed monthly checks on the service, during which they spoke with people and relatives to ascertain their views. Records indicated that information around where improvements could be made was passed to the registered manager who acted upon this to remedy areas of concerns. For example, it had been identified through one of these visits that some residents felt that the fabric of the building required some cosmetic work. The registered provider was looking into gathering funds together to make improvements where needed. This showed that the service was responsive to people's views.

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 did not take formal enforcement action at this stage. 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's safety was not being adequately maintained within the service.  Regulation 12 (1) (2) (b) (d) (h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  People's rights were not protected in line with the Mental Capacity Act 2005.  Regulation 13 (1) (4) (b)



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 18 Registration Regulations 2009 Notifications of other incidents  The registered provider had failed to notify us of serious incidents that had occurred.  Regulation 18 (1) (2) (e)

### The enforcement action we took:

We issued a warning letter

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not robust enough to ensure people's safety or identify where improvement was required.  Regulation 17 (1) (2) (a) (b) (c)

### The enforcement action we took:

We issued a warning notice