

Methodist Homes

Sandygate Residential Care Home

Inspection report

57 Sandygate
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Rotherham
South Yorkshire
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Website: www.mha.org.uk/care-homes/dementia-care/sandygate

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sandygate is a residential care home providing personal care for up to 54 people. At the time of our inspection there were 45 people using the service. Some people were living with dementia.

People's experience of the service and what we found:

People were safeguarded from the risk of abuse. Staff knew how to report and recognise concerns and felt confident the management team would take appropriate actions to keep people safe.

Risks associated with people's care were identified and actions taken to mitigate risks. Health and safety checks on the building were carried out in line with current expectations.

Accidents and incidents were analysed to ensure future incidents were mitigated. People received their medicines as prescribed.

We carried out a tour of the home with the deputy manager. We identified a couple of minor issues which were rectified during the inspection. The home was otherwise clean and well maintained.

The provider had a robust system in place to ensure staff were recruited safely and were suitable for the post they had applied for. There were sufficient staff available to meet people's needs.

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.

Systems to monitor the service were in place and had identified any issues. Action plans had been devised to address any concerns and to improve the service.

People were involved in the service and an annual survey was sent out to relatives. The outcome of feedback was discussed in meetings and displayed as 'you said, we did.'

People received person centred care which met their needs. We observed staff interacting with people throughout the day and found they were kind, caring and offered choices.

The provider worked in partnership with other professionals.

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

Rating at last inspection

The last rating for this service was good (28 September 2018).

Why we inspected

For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Sandygate Residential Care Home

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

The inspection team consisted of 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Sandygate 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. Sandygate is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 5 relatives about their experience of the care provided. We spoke with 6 members of staff including the deputy manager, care workers and the activity co-ordinator.

We observed staff interacting with people. We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff received training in safeguarding and understood how to recognise and report any concerns.
- People told us they felt safe living at the home and could speak with staff if they had any concerns. One person said, "The staff are very kind and very good. They look after me well. I am safe here where there are people around all the time." Another person said, "I feel safe and well cared for."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe.
- Staff knew people well and understood the risks associated with their care. Staff took action to mitigate any identified risks. One relative said, "The main thing about [relative] being at Sandygate is we know [relative] is safe. The staff understand [relatives] condition and take great care of [relative]. They have a lot of really good staff here and it's not just about doing their job. They really care."
- The provider ensured equipment was maintained, and regular maintenance of the premises was carried out.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- During our inspection we observed staff interacting with people and responding to people in a timely way. We received mixed views from people and relatives; some felt there were not enough staff, whilst others told us staff responded promptly.
- The provider used a dependency tool to identify the number of staff required to meet people's needs. The deputy manager told us staffing numbers would increase if people's needs changed.
- The provider operated safe recruitment processes. We looked at 2 staff recruitment files and found they contained appropriate documentation and evidence of pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to receive their medicines safely.
- Medicines were stored appropriately and medication administration records [MAR's] were in place to record medicines administered.
- Some people required medicines on an as and when required basis, often referred to as PRN medicines.

PRN medicines were administered in line with people's individual needs.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- We carried out a tour of the home with the deputy manager and found most areas were clean and well maintained. However, some areas were in need of cleaning. The provider took swift action to address these concerns and evidenced the actions they had taken.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The provider had a system in place to ensure lessons were learnt from accidents and incidents. The management team used this system to identify trends and improve the service.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (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.

- The provider was working in line with the Mental Capacity Act.
- The management team and staff team were knowledgeable about the MCA and DoLS and had taken appropriate steps to ensure they were working within the principles of the MCA.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive and open culture at the service.
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- People were supported to live a life which considered their preferences and choices and was in line with their personal needs. One relative said, "[Relative] has all their own things around them and the staff respect that." Another relative said, "There is an in depth care plan. I get involved with any updates. They [staff] keep me in the loop with everything. Plus, I'm in most days and I know they will call the GP or district nurse team if necessary. I really have no concerns that [relative] isn't being well cared for."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider understood their responsibilities under the duty of candour.
- The provider and management team were open and honest with people when things went wrong and learned lessons to improve the service.
- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- People and their relatives found the registered manager, deputy manager and staff very approachable. One person said, "I think [registered manager] manages the place well and I can't think of anything they could do better apart from some extra staff." A relative said, "I am very happy but if I had any concerns I would speak to [registered manager or deputy manager] I am sure they would deal with whatever it was."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were involved in the running of the service which fully understood and took into account people's protected characteristics.
- The provider and registered manager had systems in place to gain feedback from people, their relatives and other stakeholders. Feedback received was used to develop the service.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The provider had a system in place to audit the service and any issues identified were actioned in a timely

way.

Working in partnership with others

- The provider worked in partnership with others.
- Recommendations and advice from healthcare professionals were followed, and clearly documented. This helped to make sure the care and support provided was up to date with current practice.