

The Cheshire Residential Homes Trust

Sandiway Manor Residential Home

Inspection report

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Ratings

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|---------------------------------|------------------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Requires Improvement ● |

Summary of findings

Overall summary

About the service

Sandiway Manor is a residential care home providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The service can support up to 29 people and accommodation is provided in one adapted building.

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

Improvements in the quality of care had been made since our last inspection. People were fully protected from harm and the risks they faced from malnutrition had been reduced following better monitoring of weights and more attentive care practice. The governance of the service had improved with a range of effective audits being used to identify shortcomings in a timely manner and actioned them as soon as possible. Improvements had also been made in providing a range of suitable activities to minimise the risk of social isolation.

These improvements were reflected in comments made by people who used the service. They told us "I do feel safe living here, they really do look after me" and "[staff] always make sure I am safe". They told us "food is really good" and "we always get a choice and we are well fed". People were clear that there was "always plenty to do" during the day and "there is always some activity we can join in".

Relatives echoed these views and were positive about the management of the service. They told us "things have really improved here and the service is very well managed now" and "we are so pleased with the service [name] is happy here and we have no concerns".

People received safe care. Equipment within the environment was regularly checked to ensure it was safe and the premises were clean, hygienic and well maintained. Medication was robustly managed with people telling us "I always get my medication" and "they never miss me out".

Sufficient staff were available to meet people's needs and our observations noted that there was always a member of staff to attend to people when they were needed.

Lessons had been learned from the shortcomings at the last inspection with all breaches being identified and issues such as recruitment being more robust.

Staff now received more consistent training. This was echoed by relatives who considered staff to be "knowledgeable" as well as by staff comments and training records.

Assessments captured the main needs of people and the registered manager had sought to offer people the opportunity to stay within the home during the day so that their views could be gained.

People and their relatives consistently stated that staff were "kind and attentive" and "respectful" and this was reflected in our observations of interactions between staff and people. Care was taken to ensure that

people could express their views, maintain their independence and ensure sensitive information remained confidential.

Care plans were regularly evaluated and up to date. They were person-centred outlining the main preferences of people and in some instances included handwritten entries from people about how they wished to live their lives. Information was provided to people in an appropriate format.

Complaints were thoroughly investigated with outcomes always being relayed back to people raising concerns.

Governance of the service had improved. Staff, people and relatives spoke about how the management of the service had improved of late and how the registered manager had been a key part in creating a person-centred and positive environment. There was an improved oversight of all aspects of the quality of care within the service and prompt action taken when needed.

The registered manager was keen to develop the service further through increased community links and was fully aware of their responsibilities as a registered person.

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 CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was requires improvement (published 18th January 2019) and there were two breaches of regulation. 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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sandiway Manor Residential 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 Care Act 2014.

Inspection team

The inspection team included one Inspector.

Service and service type

Sandiway Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced on the first day and announced on the second.

What we did before 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 checked to see if Healthwatch had visited the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. No visit of Sandiway Manor had yet been undertaken.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, assistant manager, senior care workers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three 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.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure that processes were in place to ensure people were protected from the risk of potential harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) 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 13.

- Robust systems were now in place for the identifying and reporting of incidents of abuse.
- The registered manager had fully co-operated with a recent safeguarding investigation and had provided information to the safeguarding authority.
- The registered manager routinely informed the local authority of low level care concerns that did not meet the threshold for more formal investigation.
- Staff were aware of the types of abuse that could occur and had systems were in place for these to be reported effectively.
- Staff received regular training in safeguarding awareness.
- People living there felt safe and this view was echoed by their relatives.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure people were protected from risks of malnutrition. This was a breach of regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Assessments relating to the risks people faced from malnutrition were all complete and were accurate.
- People had their weights routinely monitored to ensure that no-one was experiencing weight loss that could harm their health.
- Other assessments were in place outlining people's susceptibility to falls or to developing pressure ulcers and the action staff should take to prevent these.
- Other assessments were in place outlining the hazards people faced from risks in the environment.

Staffing and recruitment

At our last inspection we recommended the registered provider sought advice and guidance from a

reputable source around safe and effective recruitment processes. This had been done.

- Our last inspection found that recruitment was not always robust. This had now improved.
- Appropriate checks on new members of staff were now consistently carried out prior to them commencing employment. This ensured that they were suitable to support vulnerable adults.

Using medicines safely

- People told us that they always received their medicines on time and that these were never missed.
- Medication was administered to people in a person-centred way
- All medication was stored securely and records signed appropriately.
- Staff received training in medication administration and had their competency assessed.

Preventing and controlling infection

- The premises were clean and hygienic.
- The registered provider employed domestic staff who ensured that good levels of hygiene were maintained.
- People told us that the building was always clean.
- Staff used personal protective equipment such as disposable gloves and aprons and sufficient stocks were available for use.
- Staff received training in infection control and audits were carried out in respect of hygiene standards.

Learning lessons when things go wrong

- A record of incident and accidents that occurred were kept and reviewed regularly to identify any patterns or trends so that lessons could be learnt when things went wrong.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- Our last inspection found that people were not protected from the risks of malnutrition. This had improved.
- People were regularly weighed so that a judgement could be made as to whether further assistance with nutrition was needed. The risk people faced from malnutrition was now appropriately assessed.
- People were complimentary about the food provided and stated told us "the food is good", "there is always a choice" and "we get enough to eat".
- Drinks were always available to people at all times as well as light snacks.
- Mealtimes were relaxed with staff attentive to people's preferences.
- People who required assistance with eating were supported in a caring and person-centred manner.

Staff support: induction, training, skills and experience

- Our last visit found that training was not up to date. This visit found that this had improved.
- Staff received training that related to general health and safety topics as well as training relevant to the needs of people.
- Staff confirmed that they received regular training and that the availability of this had improved. A matrix confirmed that training was monitored by the registered manager and was up to date.
- A structured induction process was in place for new staff. Staff who had been recruited since our last visit confirmed that they had received an induction which had included shadowing of existing staff, training and completion of the care certificate.
- Staff confirmed they received supervision in order to support them with their roles. This was confirmed through supervision records and schedules.

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

- Assessments were conducted by the management team prior to people coming to live at Sandiway Manor.
- These consisted of capturing all the main support needs people had with a judgement made on whether these needs could be successfully met by the service.
- Other assessments from local authorities or hospital were gained in order to gain a full picture of the needs of individuals.
- The registered manager had offered the opportunity to prospective residents to spend a day in the service in order to gain their views on the service and whether it would best suit their preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us that they well but stated that they always had access to medical services when needed.
- Records provided an ongoing commentary of when people had seen doctors or other professionals in order to promote their wellbeing.
- These provided an outline on what interventions had been made and how medical conditions had progressed.
- District Nurses visited the service regularly and we observed the way key information and guidance about people's health was discussed and communicated.

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

- The building was not purpose- built yet adaptations such as ramps had been made to ensure that those people with limited mobility could access all areas with ease.
- There was suitable and sufficient equipment in place to enable people to be safely transferred.
- Signage was available in parts of the building to assist people with their orientation.
- We had discussions with the registered manager in respect of decoration which would assist people living with dementia.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had their capacity to make decisions assessed.
- Where people lacked capacity; the registered manager took steps to apply for deprivation of liberty safeguards to promote the best interests of people.
- The registered manager ensured that orders were current and had not expired.
- Staff had received training in the MCA and were aware of how this impacted on people's daily lives.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question had remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Care plans recognised the religion and cultural background of people who used the service.
- Without exception people and relatives told us that staff were "kind", "caring" and "respectful" towards people. This was observed throughout our visit.
- People received respectful support from staff who knew their individual needs.
- Staff created a welcoming and friendly environment that made people and visitors feel relaxed.

Supporting people to express their views and be involved in making decisions about their care

- People were observed being offered choice in their support and daily life at all times.
- Decisions made by people in respect of managing their medication, for instance, were respected.
- People were given the opportunity to personally express their preferences and wishes by writing these in their care plan.
- Staff were aware of the different ways people communicated. They understood and supported people's communication needs and choices. They listened patiently and carefully when speaking with people.

Respecting and promoting people's privacy, dignity and independence

- People were treated in a respectful and caring manner at all times.
- Where people able to maintain independence with eating, their mobility or managing medication, for example, the staff team encouraged them to do this.
- Staff always knocked on bedroom doors before entering and personal care was provided taking people's dignity and privacy into account.
- People were well presented in relation to their appearance.
- People's personal information was kept secure at all times.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Our last visit found that people did not receive sufficient access to activities. This had now improved.
- People now had access to regular daily activities in line with their wishes. These included group activities, one to one sessions with people in their rooms and entertainers from the local community.
- People were supported to pursue activities in the local community either with support or independently.
- Records were maintained outlining the activities that people had participated in with an assessment on how much they had enjoyed them.
- People told us that "there was plenty to do" during the day.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Our last visit found that care plans were not always up to date. This had improved.
- Care plans were person-centred and included how people were to be effectively supported.
- Care plans were evaluated on a regular basis identifying whether needs had changed and how these changes could best be responded to.
- People agreed to the contents of their care plans by signing them or had actively handwritten their own preferences within them.
- Care plans were accompanied by daily records which provided an ongoing summary of people's progress.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were able to understand written and verbal information and this was provided throughout our visit.
- Other information was presented in pictorial form, for example, the programme of activities was accompanied by pictures and symbols to assist people with their understanding of activities available.

Improving care quality in response to complaints or concerns

- People told us that they had not had to make a complaint but were aware of how to raise concerns. People told us that they tended to raise any issues on an informal basis and that these discussions were sufficient to address their concerns.

- A complaints procedure was available outlining the timescale for the investigation of complaints. This was readily available to people who used the service and their families.
- A record of complaints was maintained and these outlined that people raising complaints had been happy with the way they had been investigated,

End of life care and support

- No-one was receiving end of life support during our visit.
- People had the opportunity to make their future wishes known when they came to this stage of their lives. This included decisions made by people, for example, if they did not wish to be resuscitated.

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 the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. We could not improve the rating for Well-Led from Inadequate to Good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Continuous learning and improving care

- Our last visit found that while quality assurance systems were in place; these were not always effective. This had now improved.
- Quality assurance systems used now effectively monitored key aspects of the service. Audits and checks were completed regularly and consistently by the management team.
- Regular staff supervision and care plan reviews were in place to ensure good standards of care were met and maintained.
- Representatives of the registered provider visited the service on a regular basis to conduct quality assurance checks and oversee governance within the service.
- Staff meetings were held on a regular basis and supervision enabled key areas of practice to be discussed.

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

- The service's manager had now become registered with CQC since our last visit.
- The registered manager was aware of their responsibilities to notify us of events within the service.
- The registered manager had systems in place to analyse when things went wrong, for example, using staff supervision to ensure that lessons were learned when medication records had not been signed in the past.
- A new management structure had been developed to ensure that responsibilities were clearly understood by all employed within the service.
- Staff told us that they felt supported by the registered manager and that the service had now improved.

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

- The management and staff team were committed to providing person-centred care which meant the individual needs of people they supported was at the heart of their work.
- The management team were engaged and transparent in their approach to the inspection process.
- Relatives told us that the service "was better managed" with the new registered manager in place and that this had had a positive effect on their relations.

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

- People's individual and diverse needs were assessed and respected. This included information about their religious or spiritual beliefs.
- People and their relatives were consulted through regular surveys.
- Relatives confirmed that these had been received and completed.
- Recently completed surveys provided positive feedback about the support that was provided in the service.
- The registered manager sought to provide feedback to all once surveys had been completed.
- People who used the service had been invited to comment on the qualities of prospective member of staff and their qualities.

Working in partnership with others

- The service continued to work with other professionals such as health professionals and social workers.
- The registered manager had identified future agencies they wished to work with such as other local networks and a local hospice.