

Sandford House Limited

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Inspection report

70-72 Machon Bank
Nether Edge
Sheffield
South Yorkshire
S7 1GR

Tel: 01142507324

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Ratings

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?

Good ●

Summary of findings

Overall summary

Sandford House is registered to provide accommodation and personal care for up to 18 people with a diagnosis of mental health related issues. Accommodation is based in two adjacent properties, over three floors and accessed by stairs. There are four double and ten single bedrooms. The home is in the Nether Edge area of Sheffield. At the time of our inspection there were 18 people living at the home.

There was 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.

People told us they felt safe with staff. A relative we spoke to had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Potential risks to people had been identified and assessed appropriately. There were sufficient numbers of staff to support people and safe recruitment practices were followed. Medicines were managed safely.

Staff had received all essential training and there were opportunities for them to study for additional qualifications. All staff training was up-to-date. Team meetings were held and staff had regular communication with each other at handover meetings which took place between each shift.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the registered manager understood when an application should be made and how to submit one. We found the provider to be meeting the requirements of DoLS. The registered manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. They had access to healthcare professionals. People's rooms were decorated in line with their personal preferences.

Staff knew people well and positive, caring relationships had been developed and people were encouraged to express their views. People were involved in decisions about their care as much as they were able. Their privacy and dignity were respected and promoted. Staff understood how to care for people in a sensitive way.

There were suitable numbers of trained staff on duty to meet people's care needs. People considered staff to be caring and available when they needed them.

There was clear leadership within the home. The provider and registered manager carried out regular checks on the quality of care and services to identify any areas that required improvement.

Care plans provided information about people in a person-centred way. People's personal histories had been recorded and their preferences, likes and dislikes were documented so that staff knew how people wished to be supported.

Complaints were dealt with in line with the provider's policy and there had been no formal complaints logged in the previous year.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff recognised signs of abuse or potential abuse and how to respond to any concerns correctly.

There was enough staff on duty to meet people's needs and keep them safe.

People's medicines were managed in a safe way.

Is the service effective?

Good ●

The service was effective.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and its Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

There were good systems in place to ensure that people received support from staff who had the training and skills to provide the care they needed.

Staff were well supported through a system of regular supervision and appraisal. This meant people were cared for by staff who felt valued and supported.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and received support in a patient and considerate way.

People received support from a team of care staff who knew the care they required and how they wanted this to be provided.

People were treated with respect and their privacy, dignity and independence were protected.

Is the service responsive?

Good ●

The service was responsive.

People agreed to the support they received and were involved in reviewing their care to ensure it continued to meet their needs.

People knew how they could raise a concern about the service they received. Where issues were raised with the registered manager of the service these were investigated and action taken to resolve the concern.

Care plans were personalised and reflected people's individual needs. This meant staff knew how people wanted and needed to be supported.

Is the service well-led?

Good ●

The service was well-led.

There was a manager employed who was registered with the CQC.

People who used the service knew the registered manager and were confident to raise any concerns with them.

The registered manager had formal quality assurance process systems in place to monitor the quality of the service provided. People who used the service and their families were asked for their views of the service and their comments were acted on.

There were good systems in place for care staff or others to raise any concerns with the registered manager.

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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 checked whether the provider was 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.

Prior to the inspection we reviewed a range of information to ensure we were addressing potential areas of concern and to identify good practice. This included previous inspection reports and other information held by CQC, such as notifications. A notification is information about important events which the service is required to tell us about by law.

This inspection took place on 12 February 2016 and was unannounced. The inspection was undertaken by one adult social care inspector. We spent time observing how care and support was being delivered and talking with people, their relatives and staff. This included three people using the service, one relative and three care staff. We also spoke to the registered manager and the nominated individual.

We spent time looking in more detail at records relating to people's care as well as audits and records in relation to staff training and recruitment. We looked at six care plans and daily records relating to the care and support people received. Care plans are a tool used to inform and direct staff about people's health and social care needs. We also used pathway tracking, which meant we met with people and then looked at their care records. We looked at three staff recruitment files, medication administration electronic records, staff rotas and menu plans. We also looked at audit records relating to how the service maintained equipment and building.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People who used the service told us that they felt safe. One person said, "I definitely feel safe and well cared for here." Another person told us, "I feel very safe." We spoke to a relative who said, "I'm in no doubt at all that my relative is safe, it's a great place."

Staff were able to tell us what they believed poor practice of care meant and examples of what they would immediately report to the management team. One member of staff told us, "I received safeguarding training before I started. If I saw anything inappropriate I would report it to the manager immediately". We found there were suitable arrangements to safeguard people against the risk of abuse, including reporting procedures and a 'whistleblowing' process. We saw that advice about how to report concerns was displayed and included contact details for the relevant local authority. The registered manager documented and investigated safeguarding incidents appropriately and had reported them to the local authority and the Care Quality Commission where necessary. This meant that staff knew how to respond appropriately if they had any concerns over the safety of people who used the service.

We found that people were protected from harm in a supportive way that did not restrict their freedom. People told us the home was well looked after and were positive about maintenance staff. Relatives told us that any maintenance problems were dealt with promptly. Staff we spoke with knew about risk assessments that were in place for people and how to report new risks to the management team. We saw risk assessments were in place that identified when and how people were to be supported. For example, one person was a risk of falls due to restricted mobility. We found that appropriate advice had been sought from a specialist and that specific plans had been put into place and were used by staff and the person. This ensured that people were supported appropriately and in a way that promoted independence rather than restricting them.

We saw that other risks were being managed appropriately and assessments were in place which these identified how to reduce risks. Risk of choking, pressure damage, poor nutritional intake and moving and handling were risk assessed and kept under review on a regular basis and as people's needs changed.

We observed and spoke with people about staffing levels in the home. People told us there were enough staff on duty to keep them safe and meet their needs. One person told us, "There is always a member of staff when I need one." One member of care staff we spoke with said, "If someone can't come in to work due to sickness, cover is always found from the existing team. We are never short." We observed during our inspection that staff readily responded to people in a timely way. We also saw staff spent time talking with people. Staff were not rushed and spent as much time as people needed with any assistance they provided. We spoke with the management team about staffing levels and we were told that they had the flexibility to adjust staffing levels should people's needs change. We saw that people's dependency needs were reviewed on a regular basis. The information was used to make decisions about staffing in a way that reflected people's changing needs.

There were appropriate recruitment procedures that ensured staff were safe and suitable to work in the

home. Recruitment files showed all staff had completed an application detailing their employment history. Each staff member had two references obtained, and had a Disclosure and Barring Service (DBS) check completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Medicines were stored safely in a locked medicines trolley within a locked office. They were stored in an orderly and uncluttered fashion. The trolley was clean and free from any excess stock. Systems were in place to ensure people had their medicines at the time they needed them and in a safe way. Staff confirmed they had received training and updates on administration of medication. Whilst audits had been carried out in the receipt, administration and returns of medicines the last recorded audit was in November 2015. This was not in line with the provider's expected monthly frequency. We checked medicines in stock against those recorded as administered and found that in all but one case medicine stocks tallied. We discussed this with staff and the registered manager. An explanation could not be given.

Is the service effective?

Our findings

Not everyone was able to verbally share with us their experiences of life at the home. This was because of their complex needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. One person said, "I have lived here for a number of years. The staff are wonderful, I am very happy here."

A relative we spoke with was positive about the care and support at Sandford House. They said, "All of the care my relative has received has been wonderful, they have made a real difference to their quality of life."

Staff had access to training considered essential to help them achieve the skills and competences they needed to care for people safely. One staff member told us, "We receive lots of useful training." New staff completed induction training to support them in their role and help them to deliver safe care. One staff member told us, "I shadowed (worked alongside more experienced staff) for quite a while. It allowed me to get to know people and their routines. After shadowing my competence was checked by the manager watching how I did things." This demonstrated the staff member had been supported to make sure they felt confident about providing care to people before they were expected to do this independently.

Staff files showed that staff received regular supervision and annual appraisal. The provider's policy identified that supervision should be carried out bi-monthly. We found this guidance was being followed. We saw supervisions covered training needs, individual professional targets for the staff member and any concerns regarding working practices or individuals using the service. Staff told us supervisions were useful for their personal development as well as ensuring they were up to date with current working practices. This showed us staff had the training and support they required to help ensure they were able to meet people's needs. One member of staff told us, "I really value my supervision, it's an opportunity to discuss all aspects of the service and how I can develop professionally."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and its Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. Staff we spoke with had a broad understanding of the Act's provisions and how it affected the people they provided a service to. Staff were aware of, and care plans documented, people's mental capacity to make day to day decisions about their lifestyle.

We checked records in relation to food, and talked to people using the service. We saw that people were

given information and choices in relation to the food offered to them, and the staff took time to understand people's preferences. One member of staff told us, "We discuss meals with people and always ensure that individual preferences and choices are met." Fresh fruit was also available and people could access snacks and drinks throughout the day. The lunch time experience for people appeared positive, with conversation and humour. People received support when required and there was always a staff presence in the kitchen. This meant that staff were available when required to deliver the care expected.

One person who used the service told us, "The food here is lovely, and there is always plenty if you want more." Each care plan we checked contained detailed information about people's food and drink preferences, as well as details about how they should be supported at mealtimes. Where food allergies or specific dietary requirements were identified, these were consistently recorded so that people did not receive unsuitable food. Care staff we spoke to were aware of those requiring specific diets, such as people with diabetes.

People we spoke with told us they were able to see a health professional when they needed to and there were effective arrangements for people to access the local GP. A staff member told us, "We book appointments whether it's the district nurse or doctor. The registered manager and staff told us they sought advice from health professionals when necessary, so that people's health and safety was not put at risk. Advice given was recorded in care plans and followed by staff.

People's files contained clear information about whether people were able to consent to their care. This had been considered in relation to all types of care and support provided and there were comprehensive records showing where people could give consent to some care tasks but not others. This meant that people's capacity to consent had been assessed in a personalised and thorough manner.

Communication amongst staff was good. Staff told us that they received an effective and informative handover at the beginning of every shift which brought them up to date with any changes to people's support and care needs.

Is the service caring?

Our findings

People were happy with the care and support they received. One person said "The staff look after me well and are always kind". Another said "I could not fault a thing, everyone is really nice". A relative said they were very happy with the care and support provided to people and were complimentary about how the staff cared for their family member. One relative said, "I really can't fault the staff, the support they provide is first class. The staff know everyone well and really care about the people who live at Sandford House."

We saw staff interacted well with people. People were given choices and staff were aware of people's likes and dislikes. We observed staff caring for people and supporting them around the home. We saw that whenever staff interacted with people they ensured they discussed with people first what was going to happen. For example, we saw some staff preparing to go shopping with one person who lived at the home. The staff doing this told the person what they were going to do, and why they needed to do it. They talked about appropriate clothing for the activity and discussed the importance road safety. This meant that people experienced staff supporting them in a reassuring and transparent manner, which met their needs.

Staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before entering. When staff approached people, they would always engage with them and check if they needed any support. Staff were caring and respectful in their approach towards people. They addressed people by their preferred names and made sure people were supported to dress appropriately and were well groomed.

We observed staff relationships with people living at Sandford House were supportive and caring. One member of staff told us, "It's a great place to work, I get so much from the people I support." People told us that their individual care needs and preferences were met by staff who were very caring in their approach. One person said, "Staff are lovely, I have to say that I have no complaints."

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed on discreetly, at staff handovers or put in each individual's care notes. There was also a diary and a communication book for staff where they could leave details for other staff regarding specific information about people. This helped to ensure only people who had a need to know were aware of people's personal information.

Is the service responsive?

Our findings

People said they were well looked after and had everything they needed. One person said "If I want or need something I will ask the staff and they will sort things out for me." A relative said staff knew their relatives well and were aware of their needs. They said they were invited to reviews and said staff kept them updated on any issues they needed to be aware of. One relative said "The staff are wonderful, I am always kept up to date, communication is excellent."

People were supported to maintain relationships and social networks. Details of contact numbers and key dates, such as birthdays for the important people in each individual's life was kept in their care plan file.

Before accepting a placement for someone the provider carried out an assessment of the person's needs so they could be sure that they could provide appropriate support. This assessment formed the basis of the initial care plan.

Care plans provided detailed information about how the planned care and support was to be provided. However, the plans were not organised in way which made the information easily accessible. The registered manager had recognised this and was in the process of drafting a new care plan which would be more user friendly.

The plans provided details about the person's life history, their health care needs and the social activities they liked to participate in. The plans had been written with the involvement of the person. Where possible people had signed to say they agreed to their plans. Care plans described how people should be supported with their, likes and dislikes. We saw staff supporting people in accordance with the assessed needs described in care records. Care plans were kept under regular review or as people's needs changed and reviews involved the person, relatives and other healthcare professionals.

During the lunchtime meal we saw staff responding quickly to people's requests. For example one person requested condiments to accompany their meal. A staff member ensured that the request was met without fuss or delay.

We saw the service had a complaints procedure which was publicly displayed. People we spoke with knew how to make a complaint. One person said, "If I was unhappy about something I would tell (the manager) and I know something would change." Staff we spoke with were confident in their knowledge of how to respond to complaints, raise concerns or whistleblow.

Both formal and informal meetings were held with people who used the service and relatives. We saw one person who used the service go to the registered manager's office just to sit down and chat. The manager listened, talked and also took this as an opportunity to gauge the person's experience of living at Sandford House

Is the service well-led?

Our findings

People told us the registered manager and all the staff were good and were always around to listen to them. One person said, "If I am not happy I will say something to the staff and they will sort things out." A relative confirmed the registered manager was approachable and said they could raise any issues with them or a member of staff. They told us they were consulted about how the home was run and were always invited to reviews. The relative said, "The manager is easy to talk to and always accessible."

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The provider had a quality assurance system in place, where the registered manager, nominated individual and senior staff carried out regular monitoring and checks on the quality of service people experienced. These checks were conducted to a good level of detail. We found audits covering care records, health and safety, food safety, medication, finance and the environment, amongst other areas. This meant that the quality of service provision was regularly monitored, although we noted that the last medication audit recorded was undertaken in November 2015. We spoke to the registered manager about this during our inspection. They said that whilst there are more frequent medication checks they were not as robust as the audit and as such accepted our findings. We saw that any issues highlighted in audits received a plan of action. Therefore, any issues were addressed quickly.

Observations of interactions between the registered manager and staff showed they were inclusive and positive. All staff we spoke with were aware of the values of the home and their role in upholding them. Staff also told us that the registered manager was supportive and approachable. One person told us, "The manager makes time for all of us." Another member of staff said, "We have a great team."

Staff attended regular meetings to ensure they were provided with an opportunity to give their views on how the service was run. Handovers were also used at the beginning of each shift to ensure that all staff were aware any changing needs or risks and to pass on any other important information about the people who lived at the home. Staff told us that it was essential to discuss and pass on information to each other.

People told us they were happy with the service, and that they found the registered manager and staff helpful. For example one person who used the service told us, "The staff are really good, kind and professional." When we asked people if they knew who the registered manager was and whether they could easily approach the registered manager and staff, they told us they could. We saw numerous examples of the manager and staff chatting to people in a relaxed manner.