

Turning Point Sheldon Ridge

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Sheldon Ridge provides nursing and accommodation to up to 13 people who have a learning disability and complex needs. On both days of our inspection, 11 people were living in the home. Accommodation is split into 2 ground floor units each containing single occupancy bedrooms. Each unit has its own dining and lounge area.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: 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. People were empowered to make decisions they were able to. Where people were unable to verbally express their preferences, staff told us they made a decision for them based on their knowledge of the person's likes and dislikes and observed for their reaction. Where needed, they offered alternatives to people, which we saw during this inspection.

Right Care: An experienced and knowledgeable staff team provided effective care to people. Relatives consistently provided positive feedback about the quality of care provided by the staff team. Care was person-centred and put people and their families at the centre of their care planning. Staff were attentive to people's needs and skilled in identifying what people wanted. People's protected rights were understood and met by the staff team who showed a strong insight into their care and support needs.

Right Culture: There was a positive culture within the service. The management team expected an open and honest working environment and looked to improve the service and learn from mistakes. Diversity and inclusion was celebrated. Relatives and staff felt engaged and listened to. Relatives told us communication from staff about their loved ones was effective. Staff worked with a range of partners in the community to provide safe spaces for people to go to.

The management team developed a stable workforce which helped make for a positive culture. Staff felt supported through a program of induction, training and regular supervision meetings. They felt able to discuss their own wellbeing as well as talking about the needs of people living in this home. Effective systems of governance meant the provider had oversight of the running of the home.

The home was found to be clean, although some communal areas looked worn. Staff were actively working with the landlord to arrange repairs. Adaptations had been to the premises to meet people's needs. We

identified PRN (as required) protocols needed strengthening, to which the management team responded by immediately beginning this work. People received their medicines as prescribed. Staff received training in medication management and were assessed as competent to administer.

There were sufficient numbers of safely recruited staff to care and support people. Risks to people had been assessed, monitored and reviewed. People were supported to maintain a healthy and balanced diet. Dietary risks were understood and people's nutritional needs were being met. Staff knew how to recognise and respond to signs of ill health and were able to share examples with us.

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 rated good (published 14 September 2018).

At our last inspection we recommended the registered manager review the skill mix and staff deployment to ensure people were provided with the care and support they need at all times. At this inspection we found the registered manager acted on this feedback and had made the necessary improvements.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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

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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service was effective.</p> <p>Details are in our effective findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Sheldon Ridge

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

One inspector visited this service on both days of the inspection. An Expert-by-Experience made telephone calls to people's relatives and representatives. 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

Sheldon Ridge 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. Sheldon Ridge is a care home with 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from

the local authority and Healthwatch. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection, we spoke with the registered manager, a nurse, an office worker and 3 support workers and the cook. People who lived at the service were unable to verbally communicate with us. We used different methods to help us understand people's experiences. We spent time observing the support people received. We spoke with 6 relatives and representatives to gather their feedback about this service. We looked at multiple medication records and specific parts of 2 care plans.

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.

Staffing and recruitment

At our last inspection we made a recommendation regarding the provider consistently having sufficient numbers of staff and ensuring a suitable skills mix of staff. The provider had made improvements at this inspection.

- There were sufficient numbers of safely recruited staff.
- Relatives and staff told us there were enough staff. One relative said, "I tend to visit at the weekends and the staffing levels are good."
- We observed staff had a visible presence in the home and people who were assessed as needing '1 to 1' care received this assistance. People were supported to regularly access the community as there were enough staff to enable this.
- We looked at the staff files for 2 support workers and found relevant background checks had been carried out before they commenced their employment.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored, and reviewed.
- Night staff had not had a recent opportunity to undertake a fire drill. Between days 1 and 2 of the inspection, the registered manager took prompt action to address this and a fire drill took place. Further fire drills were also scheduled. The fire risk assessment dated November 2021 was refreshed between days 1 and 2 of the inspection. Regular checks on premises and equipment were taking place to ensure risks to people were reduced.
- People had risk assessments as part of their care plans which covered aspects including choking, falls and epilepsy. Staff we spoke with demonstrated a sound knowledge of risks and equipment needed to reduce risks to people had been introduced.

Using medicines safely

- The management of medicines was found to be safe as people received their medicines as prescribed from qualified staff.
- Some PRN protocols required further information to ensure these records were sufficiently personalised. The management team took immediate action to address this.
- The home applied the STOMP principles, which look to reduce the use of anti-psychotic medicines in care settings. At this inspection, we saw people had recent medication reviews and the use of these medicines was kept to a minimum. One person had become much more interactive with others since specific medicines had been stopped.

- Staff received medication training and successfully completed a medication competency check within the last 12 months.

Systems and processes to safeguard people from the risk of abuse

- Robust safeguarding processes helped ensure people were protected from the risk of abuse.
- Relatives we spoke with told us, "It is a safe and happy environment" and "I have never felt worried about anything."
- Staff received safeguarding training and we found they were confident in explaining how they would identify a person was being harmed. They told us they would report any concerns to the management team and felt appropriate action would be taken.
- We looked at the management of people's monies and found robust systems to help reduce the risk of financial abuse.
- The management team showed a good understanding of the types of actions which would be classed as restraint. Least restrictive practice was used to support people.

Preventing and controlling infection

- Suitable steps were taken to prevent the risk of transferring infection.
- The home was found to be clean and tidy throughout. Soap dispensers were full, and staff wore PPE when needed for their duties.

Visiting in care homes

- Relatives and other representatives were welcome to visit the home without restriction.

Learning lessons when things go wrong

- Lessons were being learned when these opportunities presented.
- The registered manager said they wanted to introduce having a fire drill for new starters as part of successfully completing their probationary period.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Most staff were up-to-date with their ongoing formal support.
- Supervision support for nurses and team leaders was behind schedule. The registered manager started updating these immediately following our inspection. All other staff had a current supervision which they said was effective. One support worker told us, "I feel like since I've come here, I've progressed and feel more confident in my job."
- Training completion levels were found to be high. As well as mandatory training, staff received specialist training to meet the nursing needs of people at this service.
- Support workers told us the induction they received helped prepare them for their role.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- People were empowered to have choices they were able to make.
- Staff were skilled in identifying the needs and preferences of people who were unable to verbally communicate. They looked for signs through the use of body language and other methods of communication. Staff routinely offered people choices and where the person was unable to make a decision, they were offered alternatives if they were dissatisfied. The registered manager described 1 person's support needs noting, "It's very much a process of elimination around what (person) wants."
- A wide range of mental capacity assessments and best interest decisions were seen in people's care

records. These showed involvement from family and other representatives.

- One person had an independent mental capacity advocate involved in their care when the person needed support with a key decision. Staff were aware who had an authorised DoLS in place and any conditions as part of the approval.

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

- People were supported to enjoy a healthy and balanced diet.
- One person had been supported to gain a healthy body weight as they were at risk when they moved into Sheldon Ridge. Where needed, people were prescribed supplements to help ensure they received the necessary nutrition.
- Freshly cooked meals were prepared for people to enjoy. One relative told us, "I have seen the meals and I think they are excellent, both healthy and well presented."
- Dietary risks were well understood and where needed, people were monitored using food and fluid charts. We observed the mealtime experience and saw meals served were based on the person's assessed needs.
- People were offered choice around meals and offered alternatives. Staff understood the importance of people having good nutrition and prepared food when people wanted to eat. A staff member told us, "(Person) can be eating salads at 3am in the morning" and "The kettle is always on." Staff told us having a good experience with food was important for people, noting how they reacted using non-verbal communication.

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

- The premises had been adapted to meet people's needs.
- The provider was in regular contact with the landlord of the building to request and chase up works needed on the premises.
- We observed people's bedrooms and found they were individually styled to ensure they were personalised based on their preferences. Sensory stimulation was seen in different rooms which helped relax people. A summer house was available if someone needed a quieter space.
- The provider was in the process of obtaining ceiling tracking for 2 people and the activities room to help with meeting mobility needs. On the second day of our inspection, the flooring in 1 bedroom was being replaced.

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

- Staff worked with other agencies to ensure healthcare needs were met.
- Relatives told us, "Any slight (health) change will be picked up on and dealt with effectively" and "The GP visits regularly and referrals are made appropriately." The home had a strong working relationship with a local GP practice who held a weekly clinic for people living at this service.
- The staff team were able to demonstrate significant involvement from health professionals who were involved in people's care. This included different specialisms such as the falls team, dermatologists along with speech and language therapists. People had healthcare plans which recorded their health needs and how they were being supported.

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

- People's needs were assessed and care was delivered in line with best practice.
- We looked at the admission of a person who moved to Sheldon Ridge and saw their pre-assessment. The registered manager said they went to meet with the person and relevant representatives to help ensure they could meet their needs.

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

- An open, inclusive and positive working culture was evident at Sheldon Ridge.
- Relatives told us, "I wish that I could put their (staff) names forward for an award because they are unsung heroes", "The staff are excellent and cope well with everything. They are supreme professionals" and "They are a fantastic staff. They would do anything for (person) and for us." In referring to the group of people living at this service, the registered manager commented, "That's our family at Sheldon Ridge."
- One staff member had won a local care award and went on to national finals. Two people were supported to attend this ceremony with staff. One person's relative told us, "They bought (person) a new suit for this."
- To meet 1 person's communication needs, the registered manager told us, "Staff have had to learn a bit of (sign language)." Three people were supported to attend a choir for a sensory experience. This demonstrated an inclusive environment was being provided.

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

- Diversity and inclusion was celebrated at Sheldon Ridge, and everyone felt involved.
- Religious events were celebrated which meant people and staff were valued and supported to share their faith.
- Relatives consistently told us staff effectively communicated and kept them up to date about their loved one. One relative told us, "The staff always let us know what's happening and involve us in care reviews and meetings."
- Staff provided positive feedback about their involvement in the service. Staff comments included, "The nurse listens to any ideas I've got and they'll try to make changes" and "I love it here, to be fair."

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

- There was sufficient oversight through quality assurance systems.
- The management team completed their own audits which covered topics such as infection control, managing people's finances and medication.
- A service improvement plan was shared with us which showed action being taken in response to issues found.
- The registered manager was supported by an area manager who they described as approachable and excellent with communication.

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; Continuous learning and improving care

- The registered manager and staff team were open and honest with us throughout the inspection. They were responsive to our feedback and took immediate action. They were committed to continuously improving the service at Sheldon Ridge.
- They valued transparency and integrity in their staff team and we saw these values on display. The registered manager told us, "When we make a mistake, we don't hide it." Relatives told us, "The manager is open with us, and I appreciate that" and "Everything is straight down the line. It's honest and open there."

Working in partnership with others

- Staff identified a local hairdresser who specialised in cutting and styling the hair of people who feel particularly anxious about this activity. One person had been to the hairdressers which was an achievement for them due to their complex needs.
- Just before our inspection, people had been supported to fill in their ReSPECT forms with the support of a local GP practice. The form asks about what is important to a person or their representatives and the kinds of treatments they would want to have in an emergency.
- The staff at Sheldon Ridge had formed working relationships with various partner organisations in the community which provided a safe space for people.