Sheffield Health and Social Care NHS Foundation Trust

Hurlfield View

Inspection report

203 Gleadless Common
Gleadless
Sheffield
South Yorkshire
S12 2UU

Tel: 01142399633
Website: www.shsc.nhs.uk

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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

This unannounced inspection took place on 4 May 2016. The home was previously inspected in December 2014 when we found two breaches of regulations. These were regarding the safe management of medicines and gaining people's consent to care and treatment. Following that inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to these breaches. This inspection was undertaken to check that they had followed their plan, and to confirm that they now met all of the legal requirements.

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

Hurlfield View (resource centre) is a care home registered to provide accommodation and personal care for up to 20 older people living with dementia. The centre provides periods of respite care and works with local community teams where additional assessment and support is required. Four of the 20 beds are allocated to people who are referred to the service by the dementia rapid response team.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

At this inspection we found improvements had been made and the provider had addressed both breaches found at the last inspection.

People who used the service, and the visitors we spoke with, told us they were happy with how care and support was provided at the home. They spoke positively about the staff and the way the home was managed. A relative told us, "They [staff] have been marvellous." We observed staff supporting people in a caring, responsive and friendly manner. They encouraged people to be as independent as possible while taking into consideration any risks associated with their care.

People told us they felt safe living and working at the home. We saw there were systems in place to protect people from the risk of harm. Staff we spoke with were knowledgeable about safeguarding people and were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified any potential risks to people and plans were in place to ensure people's safety.

At our last inspection we identified shortfalls in the way medication was managed. At this inspection we found medicines were stored safely and procedures were in place to ensure they were administered safely.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of

Liberty Safeguards (DoLS). The staff we spoke with had a satisfactory understanding and knowledge of this, and people who used the service had been assessed to determine if a DoLS application was required. However, records lacked comprehensive detail about best interest decisions as to whether or not a DoLS application was required.

There was enough skilled and experienced staff on duty to meet people's needs, but some people felt additional staff would be beneficial at key times, such as in the afternoons and evenings.

There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. Staff had received a structured induction into how the home operated, and their job role, at the beginning of their employment. They had access to a varied training programme that met the needs of the people using the service.

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. The people we spoke with said they were very happy with the meals provided and confirmed they were involved in choosing what they wanted to eat. We saw lunchtime on the day we visited was a relaxed and enjoyable experience for people who used the service.

People's needs had been assessed before they went to stay at the home and we found they, and their relatives, had been involved in the planning their care. The care files we checked reflected people's needs and preferences so staff had clear guidance on how to care for them.

People had access to activities which provided regular in-house stimulation, as well as occasional trips out into the community. People told us they enjoyed the activities they took part in.

There was a system in place to tell people how to make a complaint and how it would be managed. We saw the complaints policy was easily available to people using and visiting the service. The people we spoke with said they had no complaints, but said they would feel comfortable speaking to staff if they had any concerns. When concerns had been raised they had been investigated and resolved in a timely manner.

There were effective systems in place to monitor and improve the quality of the service provided. However, shortfalls identified by the registered manager in their audits had not been addressed by the provider and they had not ensured actions required were completed in a timely way. However we received information form the provider following our inspection that these were being actioned. This ensured there was oversight and governance by the provider.

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.

People told us the home was a safe place to live and work. Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. Assessments identified risks to people and plans were in place to manage any identified risks.

We found recruitment processes were thorough which helped the employer make safer recruitment decisions when employing new staff. Overall there was sufficient staff on duty to meet people's needs.

Systems were in place to make sure people received their medications safely, which included key staff receiving medication training.

Is the service effective?

Good

The service was effective.

Staff had completed training in the Mental Capacity Act and understood how to support people whilst considering their best interest.

A structured induction programme and a varied training programme were available, which enabled staff to meet the needs of the people they supported.

People received a well-balanced diet that offered variety and choice. The people we spoke with said they were very happy with the meals provided.

Is the service caring?

Good

The service was caring.

People were treated with respect, kindness and compassion. Staff demonstrated a satisfactory awareness of how they respected people's preferences and ensured their privacy and dignity was maintained.

We observed that staff took account of people's individual needs and preferences while supporting them.

Is the service responsive?

Good

The service was responsive.

People had been encouraged to be involved in care assessments and planning their care. Care plans reflected people's needs and preferences.

People had access to various activities and outings into the community, which they said they enjoyed.

There was a system in place to tell people how to make a complaint and how it would be managed. People told us they would feel comfortable raising any concerns with the management team.

Is the service well-led?

Good

The service was well led.

People we spoke with told us the management team were approachable, always ready to listen to what they wanted to say and acted promptly to address any concerns.

There were systems in place to assess if the home was operating correctly and people were satisfied with the service provided. This included meetings and regular audits.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Hurlfield View

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 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.

The inspection took place on 4 May 2016 and was unannounced. The inspection team consisted of two adult social care inspectors and a pharmacist inspector.

At the time of the visit there were 18 people using the service. We spoke with two people who used the service, but as most people were living with dementia we could not speak to them in a meaningful way. Therefore we spoke with two visitors and spent time observing how staff interacted and gave support to people. We also 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 spoke with a team leader, two care workers, the cook, the registered manager and their line manager, who visited the home during the inspection.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing six people's care records, staff rotas, the training matrix, four staff recruitment and support files, medication records, audits, policies and procedures.

Before our inspection, we reviewed all the information we held about the home including notifications that had been sent to us from the home. On this occasion we did not ask the provider to send us provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Good

Is the service safe?

Our findings

At our previous inspection in December 2014, we judged the provider to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because appropriate recording and monitoring arrangements were not in place to ensure people were protected from the risks associated with the unsafe use and management of medicines.

During this inspection we checked to see what improvements had been made and found the provider was now meeting the Regulation.

We found the room used to store medicines was secure, with access restricted to authorised staff. There were appropriate arrangements in place for the management of controlled drugs, which are medicines controlled under the Misuse of Drugs legislation. Medicines which required cold storage were kept in a medicines fridge within the medicines store room. We found temperatures had been recorded daily. However, only the current temperature had been recorded rather than the maximum and minimum, as recommended in national guidance. All of the recorded temperatures we checked were within the recommended range. The temperature of the medicines store room had also been maintained within recommended limits.

We looked at six medication administration records (MAR) and spoke with the senior care worker who was administering medicines. We saw medicines had been given as prescribed and records had been completed correctly. The stock balances of medicines we checked were also found to be correct.

We found staff routinely checked people's medicines with their GP on admission to the service, so they could be certain people were receiving all of their medicines as their doctor intended. Protocols were in place for each person to guide staff when and how to administer 'when required' [PRN] medicines. We saw the amount of variable dose PRN medicines had been routinely recorded to reflect what staff had given to people.

All staff responsible for administering medicines had completed appropriate training and were subject to on-going observational competency assessments to ensure they were following company polices. We saw evidence that MAR were checked daily to ensure all the required information was completed. The deputy manager had also carried out weekly audits and kept a detailed incident log which clearly showed any actions taken when problems had been identified.

Care and support was planned and delivered in a way that promoted people's safety and welfare. The care records we sampled showed records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. Visitors and staff we spoke with told us they felt the home was a safe place to live and work. Staff demonstrated a good understanding of people's needs and how to keep them safe. They described how they encouraged people to stay as independent as possible while monitoring their safety

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adult's procedures, which aimed to make sure incidents were reported and investigated appropriately. They understood their responsibilities in promptly reporting concerns and taking action to keep people safe. Staff we spoke with could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. They told us they had received periodic training in this subject to keep their knowledge up to date. This was confirmed in the training records we sampled.

During our visit we saw people's needs were met in a timely manner and overall the people we spoke with confirmed there were sufficient staff on duty to meet people's needs. However, some staff felt that sometimes, dependant on the people who were staying at the home at that time, the afternoons and evenings could be very busy. For instance, we found care staff were responsible for serving and clearing away after the teatime meal, as well as providing personal care and social stimulation, yet there was one less care worker on duty during this time. One staff member said that if it was identified that more staff was needed the team leader would speak with the management team and the numbers would be increased. However, another staff member told us the number of staff on duty that day were "Okay" but gave an example of a time a few weeks ago when people's needs were high and yet they had still only had three care workers on duty in the afternoon and evening. We discussed this with the registered manager who said they would re-evaluate the staffing levels.

The recruitment policy, and staff comments, indicated that a satisfactory recruitment and selection process was in place. We checked four staff files to see how this had been implemented. We found the files contained all the essential pre-employment checks required. This included at least two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. However, the provider did not have a policy to determine the frequency of DBS checks. The registered manager told us they were only obtained at the time of recruitment. We asked if there was a regular declaration obtained from staff to determine that nothing had changed since their last DBS check. They told us that as good practice they intended to implement this as part of the annual appraisal.

During our visit we looked around the service and found the standards of cleanliness to be good. However, some areas required improving to ensure they were well maintained, so they could be kept clean. These areas included the housekeeper's room, laundry and pantry. We saw items were stored on the floor, which meant the floor could not easily be kept clean. We found the floor covering and wall plaster was damaged in these areas and therefore could not be kept clean. We also identified a bathroom with water damage on bath panel and behind the toilet. The registered manger told us these had been identified, and were waiting for work to commence. We saw an email from the provider dated 7 March 2016 confirming work would be completed. However, at the time of our visit the registered manager had no date for the work to commence.

Good

Is the service effective?

Our findings

At our previous inspection in December 2015, we judged the provider to be in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people's consent to care and treatment was not always sought. At this inspection we found staff had received training in this specific area and understood the need to obtain consent from people they cared for.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). DoLS is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom. Staff confirmed they had received training in these subjects.

Care files checked demonstrated that where people could not speak for themselves meetings had taken place to look at what was in the person's best interest and any decisions made had been recorded. For instance, one file highlighted that a best interest meeting had taken place regarding someone holding a key to their room.

We saw applications had been made to the supervisory body. However, the registered manager said that due to people's short stay at the home, these were normally withdrawn before they could be processed by the local authority, as the person was discharged. We also identified that where people had capacity to make a decision to stay at the service staff were still submitting a DoLS request. The registered manager explained that this was because the local authority was requesting they submit a DoLS for everyone who used the service. Following discussion with the registered manager they agreed to provide more details in the best interest tool to show where people had capacity to make the decision to stay at the home and to review this with the local authority. This would mean DoLS would then only be submitted if required. We saw an example of where an urgent DoLS application had been made and the correct process had been followed.

People we spoke with said staff were caring, friendly and efficient at their job. A relative told us, "They [staff] are marvellous. I have every confidence in them. " We saw staff going about their work in a competent and confident manner.

The training records we saw showed staff had attended regular training to be able to carry out their roles and responsibilities. Staff we spoke with confirmed they had attended all mandatory training as well as additional courses such as managing challenging behaviour.

Staff told us they had received all the training they needed to do their job well. One care worker told us, "I have completed all the mandatory training topics expected, there is nothing else I need." A team leader said they had completed all essential training including regular medication update training, but had requested

training in additional topics they felt would be useful to them in their work, including dementia mapping, which was a more advanced course in dementia care.

Records showed staff received regular supervision and all staff had received a yearly appraisal. The registered manager told us these were being planned at the time of our visit and were due to be completed by the end of June 2016. Staff we spoke with said they felt well supported by the management team and confirmed they received regular support sessions and an annual appraisal of their work performance. One staff member commented, "You can always see management if you need to, they are always available to talk to you."

We observed lunch being served and spoke to people before they left the dining room. The dining room had a relaxed atmosphere and the menu was displayed on a board. However, the menu board was small and in a corner of the room so people would not easily see it. We asked a member of staff how people knew what meals were available. They told us people were asked which meal the preferred, but if they did not understand both meals would be plated up and shown to them so they could select the one the wanted, and we saw staff doing this. Most people were able to eat their meal without assistance, but where help was needed we saw staff sat next to the person helping them to eat and offering encouragement.

All the people we spoke with who used the service said they enjoyed the meals provided and were very happy with the choice of food available. One person told us, "They [meals] are always nice." Another person commented, "I've never had a bad meal here." This was also confirmed by the visitors we spoke with.

The cook gave good examples of catering for people's medical and cultural dietary needs, as well as their preferences. They said staff completed a dietary form which was shared with the catering team. This outlined what people liked and disliked and any special dietary needs they had, as well as their date of birth. The cook said the latter enabled them to prepare for people's birthday. During lunch on the day of our visit we saw one person being presented with a birthday cake, everyone sang to them and then staff invited them to blow out to candles. All the people in the dining room enjoyed the experience.

We saw drinks and snacks were provided between meals and the cook told us food supplies were available 24 hours a day if people wanted a snack in the night.

Staff and the relatives we spoke with told us how GPs, dieticians and language team could be involved if there were any concerns about meeting people's dietary needs. People who were at risk of poor nutrition or dehydration had a nutritional screening tool in place which indicated the level of risk. Care plans were in place to guide staff regarding supporting people to eat and drink enough. Where needed, monitoring charts had been used to record and assess people's food and fluid intake.

People were supported to maintain good health and had access to healthcare services. Care records detailed any health care professionals involved in the person's care.

In some areas the home's décor and furnishings were in need of attention and the registered manager told us plans were in place to address these areas in the near future. The gardens were suitably designed, with seating areas. However, as the service was dedicated to supporting people living with dementia we did not find the environment to be very dementia friendly. For instance, corridors were decorated in the same neutral way, and doors were of a similar colour to the walls making it difficult for people to distinguish between them. We discussed with the registered manager the need to develop a more dementia friendly environment taking account of published best practice guidance that would help people find their way around the home and stimulate them, for example, the National Dementia Strategy 2009 and

'Environmental Assessment Tool' from the Kings Fund 2014. They told us they would consider further good practice guidance.

Good

Is the service caring?

Our findings

Our observations and people's comments indicated that staff respected people's decisions and confirmed that they, or their relatives, had been involved in planning the care and support staff provided. One person we spoke with told us, "It is lovely here, it's a nice friendly atmosphere and I feel part of it."

Some people were unable to speak with us due to their complex needs. Therefore we spent time observing the interactions between staff and people who used the service. We saw staff were kind, patient and respectful to people, and people seemed relaxed in their company. We saw staff communicated with, and treated people in a caring manner. Where necessary they spoke with people in a discreet, quiet and calm manner. We saw they listened to people, making eye contact and waiting patiently for answers.

We saw staff supporting people in a responsive way while assisting them to go about their daily lives. They treated each person as an individual and involved them in making decisions. We also saw people were asked what they wanted to do or what assistance they needed in an inclusive, sensitive way.

We found people's needs and preferences were recorded in their care records. For instance, whether the person preferred a male or female care worker to deliver their care and what time they normally liked to get up and go to bed. Staff were able to describe the ways in which they got to know people, such as talking to them and reading their care files, which included information about people's likes, dislikes and history.

People living at the home looked well-presented and cared for. We saw staff treated them with dignity and the relatives we spoke with confirmed their family member's dignity and privacy was respected. One relative told us they spent a lot of time visiting the home adding, "They [staff] look after her really well."

Staff described to us how they preserved people's privacy and dignity by knocking on bedroom doors before entering, closing doors and curtains while providing personal care and speaking to people about things quietly, so they could not be overheard. A care worker told us, "I knock on doors before going in and wait outside of the toilet [if the person being supported was safe to use the toilet unaided.]"

We saw people chose where they spent their time, with some people choosing to stay in their rooms while others sat in communal areas, and staff respected these decisions. One care worker told us, "I try to prompt people rather than choose for them, for example their clothes." Bedroom doors were kept locked when people were not in their rooms, and the registered manager said they could have a key to their room if they wanted one. We heard one person asking to go to their room, we saw staff escorted them there and opened the door to let them in. Staff told us that once people had accessed their room they could stay there as long as they wanted to, in privacy with the door locked to anyone who wanted to come in. However they said the door opened from the inside with the handle, so people could easily get out. The registered manager told us all staff carried a master key to enable them to open doors quickly from the outside in case of an emergency.

Relatives we spoke with said they could visit without restriction. We saw visitors freely coming and going as

they wanted during our inspection.

Good

Is the service responsive?

Our findings

The people we spoke with indicated they were happy with the care and support provided and we saw that they looked happy and interacted with staff in a very positive way. One person told us, "I love it here." We saw care interactions between staff and people using the service were good and focused on the individual needs and preferences of the person being supported. Care workers offered people options about their meal or where to sit and responded to their requests promptly.

The care records we sampled showed needs assessments had been carried out before people stayed at the home and this was confirmed by a relative we spoke with. Staff told us information collated had been used to help formulate the person's care plan.

The home used both paper and computerised care records. The files we sampled contained detailed information about the care and support the person needed, along with information about how staff could minimise any identified risks. Care plans consisted of tick boxes to identify where people needed support, but this was supplemented with further information in red about people's individual preferences, so staff could easily see how to meet these needs. This information included the person's abilities, so staff knew the level of support needed and could therefore enable the person to maintain their independence. Records also included information about what food the person liked and disliked, as well as their interests and hobbies.

As most people did not stay at the home for long, care plans and risk assessments had not required reviewing and updating. However, the registered manager told us if someone revisited the home a review of their needs would take place to ensure nothing had changed. A team leader told us that if someone stayed at the home longer than six weeks their care plan would be reviewed on a weekly basis. We found one person's care plan had not been reviewed on the computer system. We saw that it had been documented in the communication book that a review had taken place, but this was not recorded on the system. We discussed this with the registered manager and identified that to go into the system and individually update each care need was a lengthy process. The registered manager agreed to look at simpler ways to ensure this was completed and evidenced.

The home did not employ specific staff to facilitate social activities. The registered manager told us that at the time of our visit they had two apprentices who were providing activities when they were at the home. They said some people also continued to attend the day centre which adjoined the home, if they normally did so from their own home. On the day of our visit the apprentices were not on duty and we saw no activities taking place. Care staff said they tried to provide stimulation when they had free time. They said this included quizzes, watching DVDs, board games, singing and dancing, arts and crafts, as well as one to one sessions. Staff also said that someone came in to the home regularly to provide armchair exercise sessions, which people enjoyed. People told us they enjoyed the activities that had taken place. However, one person said they often had nothing to do.

The provider had a complaints procedure which was available to people who lived and visited the home. We

saw concerns received had been recorded and reflected any action taken, including letters sent to the complainant. None of the people we spoke with had made a formal complaint. One visitor said they felt staff would take any concerns highlighted seriously, and take action to address them.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. The people we spoke with said they were happy with the overall care provided and how the home was run.

When we asked people staying at the home, and their visitors, if there were any areas they felt the service could improve no-one could think of anything. A visitor commented, "No, I would like her to stay here permanently." They added that the management team were very approachable and staff were "marvellous."

Staff were also complimentary about the registered manager and the deputy manager. One care worker told us they were very approachable adding, "They [the deputy manager] were very supportive when I had personal problems." Another staff member said they liked working at the home because, "The home has a good reputation and is always open to improve." They also said the staff team was "Brilliant, friendly and good at their jobs." A third staff member commented, "The home is well run, staff are organised and the management are caring and supportive."

When we asked staff if they felt there was anything the service could do better one staff member felt the décor could be improved, while another person said a designated activity person would be beneficial.

Staff said the provider gained their opinions using questionnaires and regular meetings. We also saw the provider gained feedback from people who used the service and their relatives. A questionnaire had been sent to people who used the service at the end of their stay. We saw a number of completed questionnaires which all contained very positive comments. One comment was, "Very grateful for the quality of care extended to my [relative] by all the staff." Another comment was, "I really enjoyed my stay, staff were warm and welcoming."

We found there were systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the regional manager. The reports included any actions required, and these had been checked regularly to determine progress.

The registered manager told us they completed daily, weekly and monthly audits which included the environment, infection control, fire safety, medication and care plans. We sampled a variety of audits and it was clear any actions identified had been addressed in a timely way. However, some areas identified by the registered manager as requiring improving had not been addressed by the provider. These included redecoration and improvements to some storerooms and bathrooms, as well as improvements needed to the environment to ensure it was more dementia friendly. We saw the registered manager had identified all the areas we found that required action. However, they were waiting for these to be followed up by the provider. We found there was a lack of timescales to determine when improvements would be implemented; therefore the provider was not ensuring actions were completed in a timely way. This did not ensure adequate oversight and governance by the provider. We discussed this with the regional manager at the time of our visit and they agreed to feedback to the provider. Following our inspection we received

information from the provider to evidence the issues were being actioned. We were also provided with timescales for actions to be completed.

When asked if any audits were carried out to check the home was operating at expected standards, a team leader told us, "They do every one in the world." They went on to describe the audit system which included infection control, medication being checked twice a day, bedroom checks to make sure furnishings and facilities were in order, and various spot checks that took place.

The registered manager told us that in 2015 the home took part in a pilot scheme called 'Adopt a care home' facilitated through Sheffield University. The project linked a local school with the home to give the children the opportunity to visit the home and meet the people living there. The registered manager said the children had completed life story work with people living at the home and provided entertainment at Christmas. She told us she had also visited the school to talk to the children and answer their questions. The registered manager said the project had been a very positive experience for all concerned, so it was being rolled out all over the Sheffield area. They said they planned to participate again in September 2016 with the new intake of children.

The registered manager said the home was also linked with the Alzheimer's Society, who were to provide dementia friendly training at the home. She said the staff were also taking part in the 'Memory Walk' with the proceeds going to the society.