

Achieve Together Limited

Sandylee House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

About the service

Sandylee House is a residential care home providing accommodation and personal care for 6 people with a learning disability and/or autism at the time of the inspection. The service can support up to 7 people in an adapted building.

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: Staff supported people to access the local community and engage in activities of their choice. However, there was not always sufficient staff to ensure people could access these at a time they wished as staff had to speak with other services to request additional members of staff to facilitate these. People were not always supported by staff who knew how to report potential safeguarding concerns. We made a recommendation to review staff training and competence around safeguarding. People were supported in a safe environment which was well maintained. People were supported by staff who followed infection control guidance. People could decorate their environment in line with their wishes. People were supported to reach their goals and support was focused on their strengths. Staff communicated with people in a way that met their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: People were supported by staff who were kind and caring. People's privacy and dignity was respected by staff. People's care plans reflected their needs and promoted their wellbeing. Risks to people were managed safely and staff enabled people to take positive risks.

Right Culture: People were supported by a high number of agency staff. The provider tried to keep consistency and was regularly trying to recruit staff but sometimes this meant staff turnover was high. People and those important to them were involved in planning and reviewing their care. People were supported by a management team and staff that were focused on their wellbeing. Staff placed people's wishes at the centre of what they did. The management team had recently changed and they were in the process of completing reviews at the home to ensure all records were up to date and reflected people's changing needs.

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

This service was registered with us on 17 July 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 03 April 2020. At this inspection the rating has remained the same.

Why we inspected

The inspection was prompted in part due to concerns received about people's care and support at the home. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

Recommendations

We have made a recommendation about staff knowledge of reporting safeguarding concerns at the home.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

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 well-led.

Details are in our well-led findings below.

Good 

Sandylee House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 2 inspectors.

Service and service type

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

Registered Manager

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

At the time of our inspection there was not a registered manager in post. However, the previous registered manager was overseeing the service whilst a manager was in the process of registering with us.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are

often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 4 people at the home and 2 of their relatives about their experience of the care provided. We spoke with 6 members of staff including the regional manager, the manager of another service, the manager and 3 care staff. We reviewed a range of records. This included 3 people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were also reviewed. Following the inspection we spoke with 3 professionals who work closely with the home.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood the different types of abuse and told us they would report concerns to the management team should they arise. However, not all staff were aware they could report concerns directly to the Local Authority safeguarding team.

We recommend the provider review staff understanding around safeguarding procedures.

- People felt safe. One person told us, "I feel safe here."
- Where potential safeguarding concerns arose, the manager investigated these and reported to the Local Authority for their review.

Staffing and recruitment

- Whilst there were enough staff to meet people's personal care needs, staff told us there were not always enough staff to support people to make spontaneous decisions around how they spend their day. One staff member told us, "The previous manager would be here all day every day. It was easier to get people out and about. Some days we have 3 staff if people have appointments or arranged activities but other days we have to call the management team for extra staff." Another staff member told us, "Normally there is only 2 staff on shift which means we can't go out in the community without leaving them short in the house."
- The management team were in the process of recruiting more staff and were aware of impact current staffing was having on people. They had ensured staff were aware they could contact the management team to request additional staff to support people to access the community. The management team were also available at the home to support staffing periodically each week. We will check staffing at our next inspection.
- People were supported by safely recruited staff. For example, the provider had ensured new staff had Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- Where people's needs had changed, this had not always been reflected in their risk assessments. For example, a person at risk of becoming confused and leaving the home did not have a risk assessment in place to reflect this. Staff were all aware of this risk and how to respond to keep this person safe. However, the home used a high proportion of agency staff who may not have been as aware of this risk. The manager ensured this document was in place following our inspection.

- People had risk assessments in place which explored their known risks and gave staff clear guidance to reduce these risks. For example, people at risk of choking had choking risk assessments in place with actions taken to reduce risk.
- The registered manager took action where things had gone wrong. For example, where a person had experienced difficulty whilst eating staff had referred them to their GP and speech and language therapists.
- Where people experienced episodes of emotional distress, there was guidance in place for staff to enable them to safely support the person and mitigate any risks or further distress. For example, people had plans in place which explore potential triggers for their distress and how to support them to reduce this.

Using medicines safely

- People received their medicines as prescribed by trained staff. We saw staff completed documentation to confirm people's medicines had been administered.
- People had access to 'as required' medicines as they were prescribed and when they needed them. Staff had clear guidance to follow to support this process.
- Medicines were securely stored at temperatures within the manufacturer's guidelines

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors in line with their preferences.

Learning lessons when things go wrong

- Accidents and incidents were reviewed by the management team to reduce future risk. For example, following a person experiencing a deterioration in their mental health the manager had referred them to health and social care professionals to review their health and care needs.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them receiving care and support at the home. This meant staff had clear guidance in place to enable them to meet people's needs.
- People and their relatives were involved in the planning and delivery of their care. For example, people choices were recorded within their care plans. People told us they received care in line with these.
- People's care plans included their health and social care needs and staff ensured people received care in line with these. For example, information about people's health conditions were included in their care plans to support staff to understand any needs people had associated with these.

Staff support: induction, training, skills and experience

- Staff received an induction and training prior to starting their role. One staff member told us, "I spent time shadowing the staff and I found that useful and helped me get to know the people who live here."
- People and their relatives told us staff were well trained. One relative told us, "The regular staff know what they are doing and seem well trained."
- Staff received a mixture of online and in-house training which they described as 'good'.

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

- People were supported to eat in line with their needs and preferences. For example, people met to discuss meal planning and were involved in the food preparation and cooking process.
- People who required alternative diets received these to enable them to eat safely. For example, one person required a bitesize diet and we saw they received this in line with their needs.
- People and relatives spoke positively about the food. One person told us, "The food is very nice. I get to choose what I want. We do a weekly menu. I enjoy fish and chips."
- People's weights were monitored, and action was taken where there were concerns.

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

- People had access to a range of health professionals where they needed them. One professional told us, "Staff know people really well and always call if anyone needs anything."
- A representative from the GP spoke with the home regularly to ensure changes in people's healthcare needs were addressed in a timely way. We saw advice from health professionals recorded within people's records.

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

- The home was spacious with communal areas to suit people's needs. For example, people had access to a living room and a conservatory.
- People had access to a garden area which had outdoor furniture for people's comfort.
- People were able to personalise their rooms to make them feel homely in line with their preferences.

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 had decision specific capacity assessments and best interests decisions completed where these were required. These assessments involved the people and those close to them where appropriate.
- People were supported by trained staff who understood and followed the principles of the MCA. For example, people were asked for their consent prior to staff supporting them.
- Where people lacked capacity to consent to their care, the registered manager had applied for DoLS from the local authority.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were supported by kind and caring staff who knew them well. One person told us, "Its nice environment with nice staff. They are my friends." Another person told us, "The staff are very nice. They know what I need and are around when I need it."
- People's protected characteristics were recorded within the care plans and staff were aware of these. For example, people's religious, sexuality and gender needs were explored within their care plans.
- Relatives gave positive feedback about staff and their approach. One relative told us, "Staff are great with [person's name], they are lovely with all of the people at the home."

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

- People were supported to make decisions around their care. For example, one person wanted to stay in their bedroom on the morning of our inspection and was supported within their room in line with their preferences.
- People were offered choices around their meals, drinks and what they wanted to wear. For example, we saw people being offered choices around their meals and making hot and cold drinks for themselves.
- People's preferences for their care were recorded within their care records. For example, one person's care plan recorded they liked to sit in their room and listen to their music.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. For example, people were supported with personal care in a timely way and staff closed people's door and curtains when supporting them. One staff member told us, "I always make sure people's doors and blinds are shut and I talk people through each step of what we are doing."
- People's independence was promoted by staff and we saw prompts for staff to maximise people's independence recorded within their care plans. People were encouraged to get involved with the day to day running of the home by cooking, cleaning and putting the shopping away.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- There were not always enough staff to support people to access activities outside the home unless these were pre-planned. The management team were aware of this and were continuously working on recruiting additional staff. We will check improvements have been made at our next inspection.
- People had access to a range of activities both inside and outside of the home. For example, people enjoyed puzzles, games and activities at a local hub which provided a variety of activities.
- People enjoyed planned trips outside of the home to Blackpool, the railway and Alton towers.
- People were supported to maintain relationships with those important to them. For example, families were encouraged to visit the home when they wished to. Staff supported people to visit their relatives when they wished to.

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

- People had personalised care plans which reflected their preferences. For example, a person's care plan recorded they did not like loud noises and provided options to support the person to limit their exposure to these.
- People's preferences were respected and people received their care in line with these. One person told us, "I can get what I want when I want it."
- The management team encouraged people and their relatives to be involved in their care and support. For example, people's records detailed how relatives had been involved in reviews of people's care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans in place which explored their needs and gave clear guidance to staff on how to meet these. For example, one person had limited eyesight and hearing and guided staff to speak into their left ear which they had better hearing in.
- People had access to a range of information in formats which they understood. For example, people could access in an easy read format.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to complain and knew the process of doing this. One person told us, "I could speak to the girls if I was worried."
- The registered manager took action where concerns were raised. All concerns were investigated in full.

End of life care and support

- People had end of life care plans in place which explored their preferences for the end of their lives. For example, people had shared what music and flowers they would like at their funeral.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People, their relatives and spoke positively about the management team. One person told us, "I like the manager, they are very kind."
- Staff spoke positively about the management team. One staff member told us, "I feel I could go to the management team if I needed something. They have always been supportive here."
- The manager was approachable within the home and they were well supported by the provider and wider management team. One relative told us, "I know where to find the manager if I need them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had informed professionals, people and their relatives when concerns about people's care had been identified. This was in accordance with the duty of candour.

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

- The management team completed audits across the home to identify where improvements were required and ensure action was taken to make these improvements. For example, there was an ongoing recruitment program to ensure there were enough regular staff at the home.
- Audits were completed on people's care and medicine records updated these to ensure they remained up to date.
- The provider had informed us about significant events which occurred at the home within required timescales as they are legally required to do so.

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

- People and their relatives felt able to feedback about their care and support. One relative told us, "The management team keep me updated with any changes. I could tell them if I had any concerns."
- The manager sent out relative and staff surveys to gain feedback on staff support and people's care.
- People were supported by staff to have regular meetings to discuss their support and any changes they would like to make to this.
- Staff had supervisions and appraisals to discuss their role and any additional support they may require.

Working in partnership with others

- Staff worked with external health and social care professionals to ensure people received the support they required and feedback from professionals was positive. One professional told us, "The staff and management team know people really well and always call if anyone needs anything." Another professional told us, "Staff and the management team have been really on the ball with [person's name]. They interact with people really well and are working well with us and healthcare professionals."