# South Yorkshire Housing Association Limited

# Sandringham Road

## Inspection report

263 Sandringham Road
Intake
Doncaster
South Yorkshire
DN2 5JG
Tel: 0114 290 0250
Website: info@syha.co.uk

Date of inspection visit: 3 and 4 September 2015
Date of publication: 23/10/2015

## 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 |

## Overall summary

The inspection took place on 3 and 4 September 2015 and was unannounced. Our last inspection of this service took place in November 2013 when no breaches of legal requirements were identified.

Sandringham Road is a six-bedded care home for people with learning disabilities. It is located in the Doncaster suburb of Intake, close to public transport links and local facilities. Staff working within the home are employed by Rotherham, Doncaster and South Humber NHS Foundation Trust. At the time of our visit there were six people living at the home.

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

# Summary of findings

'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.

Some people we spoke with had limited verbal communication. However, they very clearly indicated they felt safe and were happy living in the home, liked the staff and did the activities they liked to do.

Staff we spoke with had a clear understanding of safeguarding people and they were confident their managers and the rest of the team would act appropriately to safeguard people from abuse.

The support plans we looked at included risk assessments, which identified any risk associated with people's care and had been devised to help minimise and monitor the risks.

We saw that the control and prevention of infection was managed well and that staff had been trained in infection control.

We found there were enough staff with the right skills, knowledge and experience to meet people's needs and the staff told us they received good training and support.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. MCA assessments and 'best interests' decisions had been made where there were doubts about a person's capacity to make a specific decision. The registered manager had made DoLS applications to the local authority and we saw that staff explained and asked permission before providing any care to people.

People were supported to maintain a balanced diet. People were also supported to maintain good health, have access to healthcare services and received on going healthcare support. We looked at people's records and found they had received support from healthcare professionals when required.

People supported to keep in contact with people who were important to them, such as their family members.

People and their close family members, were encouraged to make their views known about their care. An independent advocate had sometimes helped with this. An advocate is someone who speaks up on people's behalf.

We saw staff were aware of people's needs and the best ways to support them, whilst maintaining their independence. Staff had caring attitudes, treated people with respect and were mindful of their rights and dignity.

People had a chance to say what they thought about the service and the service learned from its mistakes, using comments, complaint and incidents as an opportunity for learning or improvement. The registered manager promoted a culture that was person centred. Person centred care puts people at the centre of the design and delivery of the services they use.

People didn't have any complaints to tell us about and indicated they were happy living at Sandringham Road. Their relatives were very complimentary about the service and one healthcare professional we met during the inspection said, "I give this service my recommendation, it is very good."

# Summary of findings

## 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.

The provider had appropriate arrangements in place to manage medicines.

People's care and support was planned and delivered in a way that made sure they were safe. We saw support plans included areas of risk.

We found there were enough staff with the right skills, knowledge and experience to meet people's needs.

The service had safe arrangements in place for recruiting staff.

**Is the service effective?**

Good

The service was effective.

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and the staff we spoke with had good knowledge of this.

People were supported to eat and drink sufficient to maintain a balanced diet.

People were supported to maintain good health, have access to healthcare services and receive on going healthcare support.

**Is the service caring?**

Good

The service was caring.

People's relatives gave us lots of positive feedback about how caring the staff were

We saw staff were sensitive in their approach and supported people in a caring manner. They were also aware of people's needs and the best ways to support them, whilst maintaining their independence.

People who used the service were supported to keep in contact with the people who were important to them.

People's individual plans were personalised and included their likes and dislikes and what mattered to them.

**Is the service responsive?**

Good

The service was responsive.

People's needs were assessed and care and support was planned and delivered in line with their individual support plan.

We saw that people took part in activities and events that they liked.

The service had a complaints procedure and learned from any concerns raised.

# Summary of findings

**Is the service well-led?**

Good

The service was well led.

Staff we spoke with felt the service was well led and the registered manager and deputy manager were approachable and listened to them.

The feedback we received from people's relatives and from the local authority commissioners was positive about the way the service was managed.

There were effective quality assurance systems and these took account of the views of people who used the service and their relatives.

# Sandringham Road

**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 is 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 3 and 4 September 2015 and the first day was unannounced. The inspection was undertaken by an adult social care inspector.

Before our inspection, we reviewed all the information we held about the home including notifications the provider has sent us regarding significant incidents and the provider had sent us a 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.

We spoke with the local authority and Healthwatch to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the inspection we used a number of different methods to help us understand the experiences of people who used the service. We observed care and support in communal areas and looked at the environment. We talked with people and observed their care and support being provided by staff. We met all of the six people who used the service. Some people we spoke with had limited verbal communication. Other people had complex needs and we were unable to verbally seek their views. 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.

We spoke with seven members of staff including the registered manager and the deputy manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at the quality assurance systems to check if they identified and addressed any areas for improvement.

Three people's relatives gave us written feedback to tell us what they felt about the service and we spoke with two other relatives by telephone. We also spoke with one professional who visited and they gave very positive feedback about the service.

Good

# Is the service safe?

## Our findings

We asked if people felt safe in the home and they said that they did. For instance, one person said, “I’m alright.” Some people we spoke with had limited verbal communication. However, they very clearly indicated they felt safe and happy living in the home. We saw that one person was very excited when they saw the staff who came on duty in the afternoon. Other people had complex needs and we were unable to verbally seek their views. During the inspection we saw staff supporting people and they interacted well with people, who were relaxed, happy and well cared for.

Care staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person’s safety. People’s plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks. For instance, people had care plans relating to maintaining good skin condition and minimising the risks of pressure sores. People’s needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them.

The staff members we spoke with confirmed the service had policies and procedures in place to protect people and these were part of their induction training. Staff told us they had received training in safeguarding vulnerable adults and that this was repeated on an annual basis. The staff records we saw supported this. The staff were clear that they would report any concerns to the management team. One staff member said, I don’t think anybody here would hesitate.” They said they were confident that any concerns raised would be acted upon. They were also aware of the whistleblowing policy. Whistleblowing is one way in which a worker can report suspected wrong doing at work, by telling someone they trust about their concerns

Where the risk had been identified that people might display behaviour that was challenging to the service, there was clear guidance to help staff to deal with any incidents effectively. The service had an effective system to manage accidents, incidents and near misses, and to learn from them, so they were less likely to happen again. This helped the service to continually improve and develop, and reduced the risks to people.

Staff told us they had training in ‘breakaway techniques’ and that no physical intervention, such as restraint was necessary or was used with people in the home. As part of this inspection we looked at medicines records, supplies and care plans relating to the use of medicines. We looked at care plans for three people with complex healthcare needs and saw that these had been regularly reviewed so that people continued to receive appropriate care in relation to their medicines.

Most medication was administered from monitored dosage systems (MDS). These are medication storage devices designed to simplify the administration of oral medication. We saw that medicines were stored safely and records were kept of medicines received and disposed of. We did note that the supplying pharmacist had made an error in one person’s MDS and that this had not been picked up, when the medication had been checked by staff in the home, on delivery. This was issue was dealt with effectively at the time of the inspection.

Medicines storage was neat and tidy which made it easy to find people's medicines. Temperatures in the room and the refrigerator medicines were stored in were monitored and the records of this showed that they were stored within the recommended temperature ranges.

Staff only administered medication after they had received proper training and been assessed as competent. Their competence was re-assessed annually, in order to make sure they adhered to good practice.

There were clear protocols for staff to follow when people were prescribed 'as and when’ medicines, known as PRN medicines. Staff used a medication administration record (MAR) to confirm they had given people’s medicines as prescribed. We checked a sample of these and found they had been completed appropriately.

Members of the management team undertook audit checks to make sure medicines were managed safely and according to the policies in place. There was evidence that timely action was taken to address any issues identified for improvement.

Staff we spoke with told us that there were sufficient staff on duty to make sure people were safe and that their needs were met. We were told by staff that if they needed additional help then they were able to get it. This was usually through staff volunteering to work extra shifts. The registered manager was available during the day and there was an on call system out of normal hours.

Good

# Is the service safe?

We looked at the personnel files for three staff members and it was clear from recruitment records that care staff were only employed if they were suitable and safe to work in a care environment. We saw that all the checks and information required by law had been obtained before new staff were offered employment in the home. For instance, two references were obtained, and a satisfactory Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

The staff we spoke with told us there were enough staff with the right skills, knowledge and experience to meet people's needs. We found staff were available when people needed support. The staff we spoke with felt there were enough staff around and the service operated in a flexible way.

We saw that the control and prevention of infection was managed well. We saw evidence that care staff had been trained in infection control. They were able to demonstrate a good understanding of their role in relation to maintaining high standards of hygiene, and the prevention and control of infection. We saw that care staff wore personal protective equipment (PPE) when delivering personal care and practised good hand hygiene.

People's relatives left us feedback cards to tell us what they felt about the service. One person's relative wrote, "The home is safe and always clean." A second person wrote that people were cared for in, "A safe and hygienic environment."

Good

# Is the service effective?

## Our findings

People we spoke with said they enjoyed the meals and we found that people were supported to eat and drink sufficient to maintain a balanced diet.

During the inspection, we saw people supported by staff to have their lunch. Staff told us that most people needed to eat a texture modified diet because of they had difficulties with swallowing. People had a detailed risk assessment and care plan about their specific needs. These included guidance about the way their food should be prepared and any special equipment they used to help them to be as independent as they could with eating and drinking. This included things like slip mats, plate guards and adapted spoons and cups. There was pictorial guidance for staff, to supplement the written guidance.

We saw that menus offered variety and provided a well-balanced diet for people and staff told us they tried to provide what people chose to eat. We saw that the menus were put together using feedback from people who used the service about what they liked and didn't like, as well as input from a dietician and a speech and language therapist. People's plans included what the liked and disliked to eat and drink and this had been put together from what people had indicated they enjoyed, staff observations of people's reactions to different food and drinks, and information from people's families. One staff member told us people's preferences sometimes changed, staff tried not to become complacent, and they placed an emphasis on making sure people had opportunities to change their minds, or to try new things.

There was guidance for staff on how to meet people's particular needs in their risk assessments and care plans. We saw the advice available for staff from a speech and language therapist, about what foods were appropriate for people on a soft diet. We saw evidence that people were weighed at regular intervals. Where people were assessed as at risk, records were seen detailing the person's nutritional and fluid intake. We saw evidence that contact was made with their GP and other health care professionals for advice and treatment.

One person had specialist needs around nutrition and there was a detailed risk assessment and care plan, with details of the equipment they used. In people's files there were very thorough assessments and care plans related to all aspects their health and the records showed that people's health was monitored, and any changes that required additional support or intervention were responded to. There were records of contact with specialists who had been involved in their care and treatment. These included a range of health care professionals such as specialist nurses, psychiatrists, speech and language and occupational therapists. They showed that referrals were quickly made to health services when people's needs changed. A chiropodist visited at the time of the inspection.

There was information for staff about how people communicated if they felt unwell or were in pain. The deputy manager described how people were observed and monitored in relation to their general well-being and health. There was emphasis on observations, especially for signs of any pain, as not everyone could effectively communicate their needs verbally

There was a programme of staff training, supervision and appraisal. Staff had received training in the core subjects needed to provide care to meet people's basic needs. This included moving and handling, health and safety, food hygiene and infection control. They also had training such as dignity, respect and person centred care, equality and diversity, working with people with epilepsy, working with people with swallowing difficulties, and other bespoke training, that was specific to people's individual needs.

The staff we spoke with told us they were provided with lots of training opportunities and were encouraged to identify any learning needs they had, to help with planning for future training. Some training was provided in house, some via external courses and there were also e-learning courses available to them.

Staff told us they received regular, one to one supervision sessions with their line managers and found these useful. These meetings gave staff the opportunity to discuss their personal and professional development, as well as any concerns. Staff also received annual appraisals to discuss their development and training needs.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected,

Good

# Is the service effective?

including balancing autonomy and protection in relation to consent or refusal of care or treatment. The service had a policy in place for monitoring and assessing if the service was working within the Act.

The care plans we saw included mental capacity assessments. These detailed whether the person had the capacity to make and communicate decisions about their day to day care, along with more complex decisions, such as their health care needs or financial expenditure.

The staff we spoke with during our inspection understood the importance of the MCA in protecting people and the importance of involving people in making decisions. We were told that all staff had received some training in the principles associated with the Mental Capacity Act 2005 (MCA), but not all staff had done formal, external training in this area. The registered manager said this was being planned for all staff.

People's care plans included information about how they should be supported with making and communicating day-to-day decisions about their care. We saw that the staff used a range of methods to support people to communicate their choices and consent to their day-to-day care. For example, using speech, gestures and Makaton. Makaton is a language programme designed to provide a means of communication to people who cannot communicate well by speaking.

People's care plans included descriptions of the ways they expressed their feelings and opinions. Each person had a profile detailing how they communicated when they were happy and content and how they expressed, pain, anger or distress. During the SOFI we saw how staff members interacted with people who used the service. The staff appeared to know the people they were working with really well and were respectful of their wishes and feelings. They were given practical opportunities to make choices about consent, with time to think or to change their minds.

We saw that if people did not have the capacity to consent, procedures had been followed to make sure decisions that were made on their behalf were in their best interests. The registered manager told us that people living in the home had received support from independent advocates and the records we saw confirmed this.

We saw records in two people's files that showed best interest meetings had taken place and that decisions made on people's behalf, were made in accordance with the principles of the MCA. Meetings usually involved people who were important to the person and involved in their life, along with staff from the home and other professionals. Independent Mental Capacity (IMCA) Advocates had also been involved, where appropriate.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of MCA 2005 legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The MCA Deprivation of Liberty Safeguards (DoLS) require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. At the time of our inspection no-one living at the home was subject to a DoLS authorisation. The managers had made DoLS applications to the local authority in accordance with recently issued guidance and were awaiting an outcome.

Good

# Is the service caring?

## Our findings

When asked if the staff were caring people indicated that they were. For instance, one person said, “She’s nice.” And indicated a particular member of care staff.

People’s relatives gave us feedback about what they felt about the service. One person’s relative wrote, “Excellent staff who give a wonderful caring service to all users.” Another told us, I find the care here excellent for all service users.” A third person wrote, “An excellent home with a homely atmosphere. Staff are very caring and the care given is very good. My son is happy and has a good relationship with staff.”

One person’s relative we spoke with said, “They (the staff) have been so kind. (My family member) has come on in leaps and bounds, is talking better and gets involved in things.” They went on to say, “They (the staff) really do care and seem they know people really well.”

Two staff told us they had worked in the service for 17 years. Another had joined the team 15 years ago. When asked if they enjoyed their work they were very enthusiastic, saying they loved it. One staff member said, “It’s these six people that we care for.”

A senior staff member told us that one person had new shoes, and we saw that the staff member made sure that they changed into their slippers when they came home, to prevent them from becoming uncomfortable or from getting blisters.

One person indicated that staff knew what they liked to eat. We saw that staff asked people what they liked and what they wanted. They tried alternatives if people did not appear to want what was offered. For instance, one person did not seem to want their cup of tea, so staff provided a cold drink, to see if they would like that better.

We observed the staff as they interacted with people. Staff were sensitive in their approach and supported people in a caring manner. They showed patience and the atmosphere was relaxed and calm. It was clear that people who used the service and the staff got on well together. We saw that staff were aware of people’s needs and of the best way to support their choices and they explained the importance of really getting to know the people they were supporting.

People’s individual plans were personalised and included their likes and dislikes and what mattered to them. People’s support plans included information about those who were important to them. The records we saw showed that people were supported to maintain family relationships and friendships and that people’s relatives were involved in decisions about their care.

The service had appropriate outside garden areas and the lounge provided a pleasant view of the garden. We were told that people’s relatives regularly brought presents, of plants and hanging baskets to help people to keep their garden nice.

Staff we spoke with explained how they maintained people’s privacy and dignity, whilst helping people to have a choice and to be as independent as they could. One member of staff told us they made sure curtains and doors are closed when providing personal care.

Good

# Is the service responsive?

## Our findings

The files we looked at included assessments of the person's care and support needs and a plan of care. People's plans were informative and gave information about the person's assessed and on going needs. They gave specific, clear information about how the person needed to be supported.

The assessments were clear and outlined what people could do on their own and when they needed assistance. They provided information to guide staff on people's care and support needs. They also gave guidance to staff about how the risks to people should be managed. They included areas such as; supporting people with their personal care, eating and drinking, keeping the person healthy and safe, supporting the person with activities and their likes and dislikes. These had been kept under review.

People had person centred plans on their files. These included their individual preferences and goals. We also saw that people had their own, pictorial versions of their person centred care plans, reviews and communication passports in their rooms.

The staff we spoke with confirmed that people's independence was promoted at all times. Staff described how they met the needs of the individuals and promoted their rights. Staff described how people were observed and monitored in relation to their general well-being and health. There was emphasis on observations, especially for signs of any pain, as people could not always communicate their needs verbally.

We spoke with the registered manager and the deputy manager about the contact people had with their families. They told us that some people had regular contact with their families, as they lived fairly nearby. Others had visits and also kept in touch by phone. Some people went on outings with their family and also spent time at their family home. One staff member told us staff in the home had good, strong links with people's families. The registered manager said where people did not have family contact they often had input from an independent advocate.

We saw that symbols and pictures were often used to provide information to people in formats that aided their comprehension. The support provided was documented for each person and was appropriate to their age, gender, cultural background and disabilities.

We saw that each person had an activity plan. People had a combination of activities in the home and in the local community. They were supported to attend day services that provided for their particular needs and interests. Records were maintained of the activities that people had participated in and whether they had enjoyed it or not. Staff told us the most popular activities were going out to the shops, to cafes and restaurants and to the park. One person told us they liked listening to music and liked helping with the laundry. Another person told us that they liked doing puzzles.

People were given support by the provider to make a comment or complaint when they needed assistance. The communal notice board displayed a copy of the organisation's complaints procedure. The policy also included details of other organisations to contact. The Information displayed was provided in an easy read format. Pictures and symbols were used to support people to make their concerns known. Staff told us that most people would raise concerns through non-verbal communication. From talking with staff it was evident that they got to know people's individual communication methods and their body language, as a means to determine if a person was happy with the care provided. Where people had expressed that they were not happy, this had been recorded in their daily records. For example, where a person had not enjoyed a certain activity or food, this was then communicated to the staff team to make sure everyone was aware.

A complaints record was in place, there were no outstanding complaints on file. Complaints were investigated in line with the organisation's policy. Discussion with the registered manager and the deputy manager showed that complaints were taken seriously and thoroughly investigated. The registered manager also told us that lessons learnt from concerns were used to develop the service. We noted that there had been more compliments than complaints received by the service.

Good

# Is the service well-led?

## Our findings

The service had a registered manager in post. The feedback we received from people's relatives was very positive and one person told us, "As a parent, I visit the home regularly and if I have any queries they are acted on and dealt with as soon as possible." The feedback we received from

the local authority commissioners was also very positive about the way the service was managed, particularly in relation to the care planning and quality assurance systems in place in the home.

The service had a clear set of values. These included involvement, dignity, respect, equality and independence for people. We spoke with staff who demonstrated a good understanding of these values. They were reflected in people's individual plans, were in the organisation's policies and procedures, and were part of the staff induction and on-going training. The deputy manager said they liked to have student nurses on placement in the home, because of the benefits of having, 'fresh eyes' in the team periodically.

We observed that the atmosphere was calm and relaxed and we found the registered manager and deputy manager were well organised. They both spoke positively about providing a high standard of service for people. Records showed the turnover of staff to be relatively low, with a good percentage of the team having worked at the home for some years. The staff team were co-operative during the inspection. We found everyone to be very enthusiastic and committed to their work.

Staff we spoke with told us they felt well supported by members of the management team on a day to day basis, and also through regular supervision meetings and annual appraisals. They told us they were very happy to be working in the service. The staff we spoke with felt the service was well led and that the registered manager was approachable, they felt confident to raise any concerns and they were listened to. They felt people who used the service were involved in the service and that their opinions counted. The registered manager had recently taken a period of time off and the deputy manager had taken over the day to day running of the home. Staff said that during this period the home continued to, "run well, as it always did."

We found monitoring of the service to be good generally, with a range of health and safety and quality audits had been periodically conducted by members of the home's management team and the housing providers. Checks were conducted regularly in areas such as fire safety, falls, accidents, nutrition, care planning and complaints. Any areas identified as needing improvement during the audit process were then analysed and incorporated into an action plan, which was effectively monitored. This helped the provider to focus on continuous improvement by regular assessment and monitoring of the quality of service provided.

Additionally, the registered manager told us they completed updates about the general, day to day running of the service for the senior management team. This included any significant events, concerns, accidents and incidents. We also saw evidence in people's care records that risk assessments and support plans had been updated in response to any incidents which had involved them. Accident records had been completed appropriately and were retained in line with data protection guidelines. This helped to ensure the personal details of people were kept in a confidential manner.

There were opportunities for people to provide feedback about the quality of the service. Meetings were held with people who used the service. This allowed people to be involved in discussion about things they felt were important in an open forum. It was clear that people's relatives were kept informed, involved, and asked their opinions of the quality of the service, and there was an emphasis on continually improving the service.

We saw at the time of the inspection that people's feedback was actively sought by staff on a day to day basis. Additionally, surveys were also used to gain feedback about the quality of service from stakeholders. We saw feedback, which indicated a good level of satisfaction with the service.

We saw minutes of staff meetings, which had been held at regular intervals. This enabled staff to meet in order to discuss various topics of interest and any relevant information could be disseminated amongst the workforce. Agenda items included, the wellbeing and support of people who used the service, safeguarding people, staff training and health and safety.