

# Dunstall Enterprises Limited

# Sandylee House

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

# Summary of findings

## Overall summary

### About the service

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

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People received high-quality care from a service which was extremely well-led. The registered manager took pride in ensuring people received personalised support from a staff team who were dedicated and committed and told us they felt valued and respected. The registered manager led by example and promoted an inclusive and positive culture within the service. Governance frameworks were embedded within with service to both maintain and continually drive improvement.

There were sufficient numbers of staff to meet people's needs. People's risks were managed in a safe way and people were protected from the risk of abuse and harm as staff were trained to identify and respond to concerns of abuse.

People's needs were assessed, and care plans were reviewed to ensure people received consistent support. Staff worked well with one another and with other agencies and professionals to improve people's health and well-being. 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.

Staff were kind and were committed to delivering support in line with people's wishes and needs, promoting people's independence and preserving dignity and respect. People's social needs were met, and people

were given choice about the way in which they lived their lives.

People and their relatives were consulted about the home and the way in which it was run and told us actions were taken as a result of feedback provided. People felt reassured complaints would be dealt with in line with the provider's complaints policy.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 27 September 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good ●

### 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 exceptionally well-led..

Details are in our well-Led findings below.

Outstanding ☆

# 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 Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

Sandylee is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

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 two people who used the service about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, a team leader and two care workers. We reviewed a range of records. This included two people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We sought feedback from three relatives and one other member of staff.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were processes in place to protect people from the risk of abuse and harm.
- People were encouraged to voice their concerns and were given appropriate and relevant information to be able to do so. One person said, "I do feel safe; staff are good at giving me the help I need to stay safe."
- Staff received training to support them to recognise and respond to safeguarding concerns and staff spoke with us about actions they would take to protect people from the risk of abuse.

Assessing risk, safety monitoring and management

- Risks were managed well and people were protected from the risk of avoidable harm.
- People had detailed risk assessments in their care records to guide staff to help them keep people safe.
- There was specific guidance in place for staff to support people living with health conditions that could pose a risk to their health and well-being. For example, people living with epilepsy had management plans in place and we saw these being used during our inspection.
- People, where possible were empowered to manage their own health conditions and were given the appropriate information and support required to keep themselves safe.

Staffing and recruitment

- Staff were recruited in a safe way. New employees were subject to pre-employment checks such as the Disclosure and Barring Service (DBS). The DBS support employers to make safer recruitment choices.
- There were sufficient numbers of staff to meet people's needs. People received personalised support in a timely way.
- There was a high staff retention rate and staff we spoke with told us they worked well as a team. One staff member said, "The staff all work really well together; it is a good team."

Using medicines safely

- People were supported to take their medicines in a safe way. People were provided with information so they understood why they were taking medication and how this would help them.
- Medication was stored and recorded in line with best practice guidance. Medication stock checks were accurate and corresponded with people's medication administration records.
- Where people received homely remedies or medication as needed, the correct protocols were in place.

Preventing and controlling infection

- Staff adhered to infection control processes and told us how they helped prevent the risk of the spread of infection. One staff member said, "We wear personal protective equipment and promote regular hand

washing."

- People were encouraged to take responsibility for maintaining the cleanliness of their own rooms and received support to determine responsibilities for cleaning communal areas.

Learning lessons when things go wrong

- Records of accidents and incidents were tracked on an electronic system where flashpoints and triggers were analysed to prevent a reoccurrence.
- Processes were in place to share information about lessons learned when things went wrong. The registered manager said, "We have a series of meetings where we discuss the information about the lessons we have learned, and this gets fed down to the staff team."

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 had their needs assessed before moving to live at Sandylee. A relative told us, "[Name of person] was assessed before they moved in and had a few overnight visits in which the staff when we visited, couldn't have been kinder."
- Reviews were held to identify any change in people's needs and this was reflected in people's care plan records.
- Staff used care plans to help them support and care for people in an individualised way.
- Staff worked with people to build positive behaviour support plans (PBS). PBS is a person-centred approach which is used to support behavioural change in people with a learning disability. This approach had decreased the frequency of challenging behaviours within the service and helped to promote people's quality of life.

Staff support: induction, training, skills and experience

- Newly recruited staff received an induction to enhance their skills, knowledge and development about the service and the people who lived at Sandylee.
- Staff received regular training to enable them to support people in the most effective way.
- Regular supervisions were held with staff to enable them to discuss their practice and development needs. One staff member told us, "I have the opportunity to discuss any important issues and discuss my personal progress."

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

- People received support to maintain a balanced diet. One person told us, "The food is very nice; we get to choose what we want."
- People planned their menus together in a household meeting. One person said, "It is very inclusive; we all choose what we want and when we want it."
- People were supported to prepare their own meals as required and mealtimes were observed to be a sociable experience.

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

- The registered manager worked well with other agencies and organisations to provide effective care and improve people's outcomes.
- People had access to healthcare as they needed it. People had health action plans and hospital passports

in place. This ensured people were given the relevant and appropriate support to ensure their health needs were met in a timely way.

- The on-site clinical lead supported people to identify and respond to any health care needs and supported people to access additional external support as needed.

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

- The service had been designed to meet people's needs. People had access to their own private space, and we observed people spending time together in communal areas.
- People's bedrooms were decorated to reflect people's personal preferences and choices and communal areas had been decorated in line with consultation from people living at Sandylee.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People received support to make decisions about everyday choices, needs and wishes as required.
- Where people needed additional support with more complex decisions, appropriate assessments had been completed to reflect people had been consulted in line with best practice guidance.
- At the time of the inspection, nobody was being lawfully deprived of their liberty.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 well cared for at Sandylee and we observed warm and positive interactions between people and staff. People and staff engaged with one another sharing in conversation and laughter.
- We received consistently positive comments about the care people received. One person said, "I like living here; I like all my housemates and staff help me whenever I need something." Another person said, "I receive five star treatment; everything about Sandylee is five stars."
- Relative's comments included, "We cannot speak highly enough of the staff and the management at Sandylee", "For [name of person], caring is key in enabling them to enjoy their life and the staff do this by using their knowledge of [name of person's] needs; the staff are respectful and always welcoming, pleasant and friendly" and "One of the best things about Sandylee is the family atmosphere the staff always provide."
- People's diverse needs were considered in line with Equality Act 2010.

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

- Staff adopted a personalised approach when supporting people and told us they put people at the centre of their work. One staff member said, "We don't tell people what to do, we ask them and involve them so they can make their own decisions."
- Relatives we spoke with confirmed their relatives were given choices about their care needs and were able to express their wishes and feelings. One relative said, "I can confirm staff always consult [name of person] about any decisions."
- Resident meetings were held to enable people to contribute to the ideas and wishes about decisions that would affect the household. People were given one-to-one keyworker support where additional support would be offered to enable people to freely express their needs and wishes.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted, and people were encouraged to do as much for themselves as possible.
- Dignity and privacy were respected. One person told us, "I have my own private time and staff know when I want to be alone." Staff had developed ways of identifying when people were expressing their choice to spend time away from the communal areas and in their own company.
- Staff told us what actions they took to ensure they considered people's dignity and were respectful.
- Relatives we spoke with confirmed what staff had told us saying, "Staff are always respectful and respect privacy."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care records evidenced people had been given the opportunity to express choice and control over their own care needs. Care plans gave clear guidance to staff about what was important to people and how they wished to live their lives.
- Records were reviewed to ensure people's choices and preferences remained current and relevant for them. One person said, "My care plan is in the office; [name of staff] is my keyworker and we go through this together."
- Relatives, where appropriate were involved in this process. One relative said, "We were involved in the planning of [name of person's] care and support but as they now have well established routines, we have in recent years become more hands off. We are of course consulted if any adjustments to their support are needed."

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

- Individual activity planners were used to identify and review activities and social experiences for people. We saw photographs of people accessing varying activities and people accessed the provider's on-site facility, 'The Hub' where many activities and social gatherings took place.
- People were valued members of the community and were recognised for their contributions. For example, one person had been recognised for 10 years of voluntary service for a charitable organisation based locally.
- People were encouraged to maintain and develop relationships. Family links were well established where relevant for some people. A relative said, "Visits to Sandylee are encouraged; we are always made to feel welcome."
- The clinical lead worked with people promoting the importance of safe and healthy relationships.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There were mechanisms in place to ensure information was accessible to all. For example, quality surveys were compiled in picture format and the provider used specific system software that enabled people to understand their care records in a way individual to them.
- Makaton was used as a form of communication. The registered manager said, "Staff have worked with a

person to develop their own signs too; it is very creative and has enhanced communication." The person's relative said, "Staff are trained in the use of Makaton signs and symbols and have also learned to recognise [name of person's] own signs."

Improving care quality in response to complaints or concerns

- People were familiar with the complaints procedure and were able to show us where they accessed the information if they wanted to make a complaint.
- Relatives we spoke with had confidence in the complaints procedure and told us they would know how to, and who to go to in order to make a complaint.

End of life care and support

- There was no one in receipt of end of life care at the time of the inspection.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager led by example and was motivated and driven to ensure people received high quality care. They had a visible presence within the service which people appreciated, and which promoted staff morale. The feedback we received about the leadership of the service was incredibly positive. People told us, "[Name of registered manager] is very nice; they always come to see us. Another person said, "[Name of registered manager] looks after me; they come to see me. They are really good; I really, really like them." A relative said, "We cannot speak highly enough of the management at Sandylee."
- There was a real evident and apparent person-centred culture within the home. People were given the right support to gain confidence and skills to enable them to live fulfilling lives. The registered manager promoted positive risk taking with people to improve people's outcomes. One person had been supported by the registered manager to continue to access the community following events that compromised their safety. They were supported to learn new skills and a staff member told us how the registered manager ensured staff had the right knowledge and resources to support the person, so they could continue to enjoy their social activities independently but safely. A staff member said, "I have seen a lot of progression in the people we support. I have seen how the staff and ultimately [name of registered manager], have constantly made this happen by going above and beyond,"
- Staff were highly driven and motivated and attributed the pride they took in their work, and how this led to positive outcomes for people, to the excellent leadership which was in place. A staff member told us, "[Name of registered manager] has gone absolutely above and beyond supporting me. The knowledge and experience I have gained is thanks to them; they have taught me so much and have ensured I have the tools and knowledge to support people to live their lives independently as possible and to reach their full potential and improve their outcomes by maintaining a person-centred approach and having a passion for helping people."
- Equality and diversity were promoted and celebrated. The provider was a member of the Stonewall charitable organisation which demonstrated their commitment to inclusion; fostering an accepting culture of the LGBT community.

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 understood their responsibilities in meeting the duty of candour and headed up a workforce who were transparent and open when things went wrong. The registered manager said, "We openly discuss issues and incidents and we learn from our actions." Staff supported what the registered

manager had told us saying, "The registered manager is approachable; we can go to them with anything. We are always learning and if we make mistakes, we learn from them."

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

- At the time of our inspection, there had been a change in provider. The new regional manager for the new provider told us, "We share the same values and the same ethos as the old provider. Resources and development will be taken further forward; it is what is needed now for the services to continue getting better." There had been no other change to roles and remits of staff and staff told us they were confident this was a positive change. Relatives also told us they were reassured there would be no significant changes but only ones for the better. One relative said, "With the recent organisational change we hope that standards will be maintained. It's difficult to see how they could be much improved." Another relative told us, "There has of course been a recent change of ownership at DE Healthcare, so far this seems to have been seamless; it remains to be seen whether this will have any impact on the service in the near future. It's very difficult to comment on how they could make potential improvements."
- There was an emphasis of trust placed in staff to work in people's best interests which was underpinned by strong management support. Staff felt valued and were given the guidance and autonomy to support people in line with people's own wishes and needs, creating and promoting independence. One person received clear guidance from a member of staff to specifically help them manage their own health needs. By creating a detailed monthly log of the associated side effects of the condition and comparing this with the descriptors in the person's care plan records with the member of staff, the person was able to see whether medication was required and how this impacted on them. The staff member told us, "The person gets a lot from this as understanding their health condition is very important to them, and in doing this with them, I feel they have control and the independence as well as being able to understand all patterns of the side effects and they seem to feel reassured by the fact they have as much control and knowledge over something obviously uncontrollable."
- Good governance was integral to the day-to-day running of the service and embedded in all elements of practice. The new provider evidenced additional systems to be put in place to build on the sound frameworks already in place. For example, the new provider had introduced a new self-assessment tool called the 'wheel of achievement'. Managers would self-assess against a specific set of criteria and values. This would then be reviewed by regional managers with the implementation of an action plan to support further improvements. The regional manager told us, "The values in the wheel came from people who use the service; it is how they see what quality looks like."
- There was a strong emphasis on continuous improvement, and this was driven through recognising staff achievements and their dedication to people living at Sandylee. Staff had been nominated for many prestigious awards and had been finalists and winners. For example, staff were nominees at the National Learning Disabilities and Autism awards and the registered manager was nominated for a lifetime achievement award along with the senior manager award at the same ceremony. The clinical lead was successful in winning the 'good nurse' category at the Great British Care awards. Staff were also celebrated at the Dignity in Care awards which was nominated by people living at Sandylee and the provider's other services. The registered manager said, "Although we did not always win, to be nominated was an honour and all the staff won in our eyes; they are my modern-day heroes. We have just carried on what we always do which is providing and improving the care we provide, and we know we do it well." A staff member said, "I love my job; the interaction I have with people and improving lives for the better."

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

- Levels of engagement with people, their relatives and staff were consistently high. People were put at the

heart of their service and they were extremely proud of their home and Sandylee family. People were encouraged to take the lead in showing potential new residents and their families around the home. People sat on the recruitment panels for new staff and asked them specific questions in relation to their own individual support needs. The registered manager said, "They [people] take real pride in their home and what they do, and we are respectful of their feedback following any employee interview."

- Relatives were also integral to the running of the service and feedback was actively sought through regular engagement. A relative said, "There is a tremendous team ethic and exchange of information. We are always kept informed about events and [name of person's] health and well-being."
- Staff opinions and feedback was sought through meetings and 1:1 support with management. All staff we spoke with told us how they felt appreciated and valued and were supported to be able to effectively carry out their roles. Some staff required additional levels of support and we saw and heard how this had positively impacted on staff to enable them to continue working and subsequently how this had provided consistency for people living at Sandylee. A staff member said, "I have seen first-hand how [name of registered manager] has changed the lives for the people we support for the better and they have changed mine too; they never once gave up on me and they are always there for me. They have watched and helped me 'grow up' the past 10 years and because of them I'm confident now in what I do, and I've never lost the passion for my work. I can honestly say I wouldn't be where I am in my career without their support."

#### Working in partnership with others

- The service was innovative and creative in utilising their own resources to ensure people received care and support in a timely way. Recognising community professionals had limited resources, DE Healthcare appointed a clinical lead to support people and bridge the resource gap until relevant professionals were available. The clinical lead liaised with other agencies and organisations, working collaboratively to improve care people received.
- The registered manager worked with other organisations and professionals, advocating the needs of people living at Sandylee to ensure they received good care outcomes. For example, the registered manager liaised closely with the local authority to enable one person to continue living at Sandylee following a significant change in their needs. By adopting a joined-up approach, the registered manager was able to demonstrate they could continue to meet the person's needs developing their own facilities at Sandylee; providing more suitable accommodation and a purpose built wet-room to continue to provide a safe and secure environment for the person to live. The local authority continued to support the person to remain at Sandylee which without the support of the provider and registered manager, would not have been possible.