

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?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected this service on 22 December 2015. This was an unannounced inspection carried out by one inspector. Our last inspection took place on 19 July 2013 and at that time we found the provider was meeting the regulations we looked at.

The service was registered to provide accommodation for up to seven people with a learning disability. At the time of our inspection six people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When people were unable to consent, mental capacity assessments and best interest decisions were not completed. The provider had not considered that some people were being restricted and that deprivation of liberty safeguards referrals were needed.

People were treated with dignity and respect and the staff were kind and caring. People were protected from the risks of abuse because staff understood where harm may be caused and took action when people were at risk of harm.

Summary of findings

People were cared for by staff that had the knowledge and skills required to care and support them

The staffing was organised flexibly to enable people to be involved with activities and do the things they enjoyed.

People were supported to eat and drink the food they liked, a variety of food was offered and meal times were viewed as a social event.

People had access to health care and were supported to attend healthcare appointments when they needed it.

People and staff were encouraged and supported to provide feedback on the service. There were systems in place to review the quality of the service provided and the provider was committed to developing and improving the service.

You can see what action we told the provider to take at the back of the full version of the report.

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?

The service was safe.

Good



People were provided with support to reduce the risk of harm. Where people may have been harmed, staff had made safeguarding referrals to ensure people were protected from further potential abuse. There were sufficient staff to meet people's support needs and checks were carried out to ensure staff were suitable to work with people.

Is the service effective?

The service was not consistently effective.

Requires improvement



The principles of the Mental Capacity Act 2005 were not always followed. When needed, mental capacity assessments were not completed and decisions were not recorded to show how they had been made in people's best interests. Some people were subject to restrictions and authorisations were not in place. Staff received training that helped them to support people. People received a varied and healthy diet and had access to health professionals as required.

Is the service caring?

The service was caring.

Good



People were supported by staff who were kind and caring and respected their privacy and dignity. People were encouraged to take responsibility for how they spent their time and staff helped and guided people to make choices about their care.

Is the service responsive?

The service was responsive.

Good



People had opportunities to socialise together or independently if they preferred. People knew who to speak with if they wanted to raise any concerns or complaints.

Is the service well-led?

The service was well-led.

Good



Staff were supported in their role and able to comment on the quality of service and raise any concern. Systems were in place to assess and monitor the quality of care. The staff were committed to providing a quality service and demonstrated positive values.

Sandylee House

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. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the service on 22 December 2015 and the inspection team consisted of one inspector. The inspection was unannounced.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send 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. However, we offered the provider the opportunity to share information they felt was relevant.

We spoke with four people who used the service and spent time observing how staff interacted with people. This helped us to understand their experiences of the care and support they received. We spoke with five relatives, three members of care staff, the provider's clinical lead and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at two people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People experienced care and support which enabled them to feel and stay safe. One person told us, “I like it here, I really do. I feel safe enough, there are always staff about.” Another person told us, “I feel safe here because all my friends are around me.” A relative said, “I know [person who used the service] is safe. You can just tell, they are always happy to return to Sandylee, everyone is happy and [person who used the service] has integrated, converses well, has friends and peers, and always wants to return home.” Our observations and discussions demonstrated that people who used the service were supported to remain safe. For example one person who went to work called from their mobile phone both on arriving and leaving work. We saw there were protocols in place for the staff to know what to do if this did not occur. The staff we spoke with were able to tell us what to do, and information and risk assessments in their care records matched what the staff had told us.

The staff we spoke with confirmed they had received training in safeguarding and certificates were available in their files. One member of staff told us, “We make sure people are safe and protected but we try not to stop them doing anything. People need to be able to take some risks but in a safe way. We recognise abuse and I would act on it by either speaking with my manager or yourselves.” Another member of staff told us, “We have a policy and we discuss safeguarding in our meetings.” This demonstrated people who used the service knew how to safeguard people from harm.

We saw that when new staff started working recruitment checks were in place to ensure they were suitable to work with people. These checks included requesting and checking references of the staffs’ characters and their suitability to work with the people who used the service.

One member of staff told us, “After I came for my interview I was not able to start until all the checks had been completed. It included a police check to make sure I was suitable to work with people here.”

We saw there were enough staff to meet people’s needs, and keep them safe. Staff told us that where activities were planned they worked flexibly to ensure people had opportunities to do the things they liked. One person told us, “I choose what to do and where to go. I like the cinema and I go. The staff are very nice to me and ask what I want to do.” Another person said, “There are always enough staff to help me if I need it.” A relative said, “The staff team have done a lot to keep [person who used the service] active, they go out a lot, and live a full and active life.” Another relative confirmed there was a consistent staff team and when they visited they recognised and knew who was on duty. They said the staff knew their relative well and were always available to talk if necessary.

Records showed that checks were carried out on the environment and electrical items to ensure they were safe and in good working order. The environment was suitable for people who were mobile because there was not a lift on the premises. There was one bedroom downstairs, the rest were on the first floor.

We checked there were systems in place to monitor how medicines were given and administered to ensure people received the right medicine at the right time. We saw medicines were stored securely and at safe temperatures. One person was going away for Christmas and we saw their medicines were checked and a record was made of what was leaving the premises. The person told us, “We always do this and I keep my medicines safely in this bag.” Staff told us and records confirmed that staff who handled medicines were trained to do so. Records showed that a full audit of medicines, including people’s medication administration records (MAR), were audited daily. This demonstrated suitable systems were in place to manage medicines.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw where people lacked capacity to make decisions; assessments and best interest decisions had been not been completed. Staff confirmed some people who used the service may lack the capacity to make certain decisions. Care plans we looked at did not show how people were supported to make these decisions in line with the MCA. We spoke with the registered manager and clinical lead about this who confirmed mental capacity and best interest decisions had not been completed but they would look at this as a matter of priority.

This is a breach of Regulation 11 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

There were examples where people were restricted of their liberty and DoLS applications were not in place and had not been made. For example the provider had not considered that some people who used the service were under constant care and supervision. This demonstrated that the provider had not always considered if people were being restricted and there was no information to confirm a best interest decision had been made or granted.

This is a breach of Regulation 13 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

We saw that people were offered choice the staff supported people to ensure they spent their days doing things and making choices that were important to them. One member of staff said, "If people want a lie in they have a lie in. I had a perception that things would be regimental, it's not like that at all it's very flexible." People we spoke with confirmed that they led individualised lives, one person said, "I choose what to do and where to go. When I first came here I was nervous about that, but I am really happy because I do lots of things, and things that I want to do." Staff told us the training they received enabled them to do their job. A member of staff said, "Training is good and we discuss training in meetings. If we want something we just ask."

Staff told us they had received an induction and explained how they supported new starters. A member of staff explained how new starters would shadow them and they would show them how people liked things doing. One staff member told us, "The induction was good, I wasn't expected to do anything until I was ready." The manager was aware of the new national Care Certificate which sets out common induction standards for social care staff and was introducing it for new employees. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

We saw the breakfast and lunch time meals were flexible which enabled people to have individual support when needed, ensuring they had the time to eat their chosen meal. When preparing for lunch, we saw staff asked people if they were hungry and what they wanted to eat, and when appropriate people who used the service, assisted with the preparation. During the meal, staff sat with people and supported them where necessary. A relative we spoke with told us, "I have seen the menus, they are very good and everyone is involved. They go shopping and are involved in decision making." People we spoke with were aware of healthy diets and their medical conditions. One person told us, "I am a diabetic so I don't eat biscuits." We saw people were regularly weighed to ensure they maintained good health.

Is the service caring?

Our findings

Without exception people and relatives told us they were happy with the care people received and the staff team. One person told us, "The staff are good here, they are nice people." Another person said, "The staff are excellent". A relative told us, "I have no reservations whatsoever, the staff engage with people all the time." We saw staff chatting and laughing with people and people were treated respectfully and approached in a kind and caring manner.

Staff addressed people by their preferred name and we saw people responded well to them, there were lots of interactions and laughter, people were relaxed in the company of staff. We observed that the back door had come open, a member of staff went up to the person and asked them if they were too cold and would like the door closing. The person agreed and the door was shut, this demonstrated people's opinions were sought and acted upon.

People told us their privacy and dignity were promoted. One person said, "I have a key to my room and staff always knock". A relative told us, "They are all so caring and treat people with dignity. We are very happy and confident the staff promote this."

During our inspection the management team arrived and delivered presents from Santa. They addressed and engaged with each person individually. We saw from facial expressions and from hearing conversations that everyone knew who was visiting and that they had developed positive and caring relationships. One person who used the service told us, "We have decided to have our Christmas Day meal here this year rather than go to the pub. We are all such good friends we know we will have more fun and better food here."

We saw staff spent time with people individually and encouraged them to spend time in the way they wanted to. We saw and relatives told us people went shopping, out for coffee and for walks around familiar areas of the town and to the cinema with staff. A member of staff told us, "As a team we all work closely together to make things the best they can be." Another member of staff told us, "I just love working here, it is about getting to know their habits, likes and dislikes. We want to make a positive difference."

Is the service responsive?

Our findings

People were able to participate in a range of activities according to their interests. One member of staff told us, "People go out regularly; we go out as often as we can. Some people have enjoyed carriage riding or different crafts, it's about doing what people want to do so we try different things and then evaluate whether people liked doing this." A relative told us, "A lot of [person who used the service] tales are about going out. The staff have produced photographs and collages so we can see exactly what goes on."

People told us they went shopping and chose what clothes and personal items to buy. We saw people were dressed in individual styles. One member of staff told us, "People know what they want. We help people by picking clothes for them to choose in a style they like." One person told us, "The staff always talk to me about what I would like to wear and I enjoy buying my clothes."

People's care and support was reviewed with people who were important to them and professionals were invited to contribute to the review. We looked at one person's care

record with them and they told us, "I look at this with my keyworker we talk about what is important to me and take pictures." People were supported to express how they felt and staff had developed good relationships with them and understood how people communicated. One person made gestures and sounds to express themselves. The staff member we spoke with explained to us how they understood what the sounds and gestures meant. They said, "It's about watching, learning, working closely with people and developing that special relationship."

Relatives we spoke with told us they knew how to raise concerns or make a complaint. They also told us they felt confident that any issues raised would be listened to and addressed. One person told us about an incident where they were unhappy. They told us they had raised it with the manager and it had been responded to. Another person told us, "Communication is really good I just picked up the phone and things were sorted quickly." There had been no complaints recorded since our last inspection but the manager told us they would maintain a copy of a complaint and any action that resulted from an investigation.

Is the service well-led?

Our findings

The service had a registered manager. The staff told us that the manager provided leadership, guidance and the support they needed to provide good care to people who used the service. A member of staff told us that the manager was approachable and provided support when they needed it. They told us, "It's like working as one big family." Another staff member said, "The managers door is always open, I think it's brilliant. I am so lucky I landed here, it's like home."

The registered manager assessed and monitored the staffs learning and development needs through meetings with the staff and appraisals. One member of staff told us, "It's inclusive here, for everyone." The registered manager informed us of how they supported staff to progress and the initiatives they had put in place to show staff were valued. For example the provider offered leadership courses and had introduced a senior support role.

People who used the service, their family, the staff and professionals were consulted about the quality of the service during the annual service review. People were sent questionnaires to complete. We saw when issues were raised they were actioned for example, they had completed a secret Santa which people who used the service had asked for.

Staff we spoke with knew about the whistle blowing procedure and were confident about reporting any concerns or poor practice to their managers. One member of staff told us, "I know what to do and I am confident the management team would deal with things."

The provider reported significant events to us in accordance with their registration. This demonstrated the provider and registered manager understood the responsibilities of their registration with us.

Quality assurance audits were carried out by the registered manager and they identified where improvements could be made. The audits included checking people's care records, reviewing accident and incidents and checking the environment. We saw where concerns were identified these were recorded for action and staff told us they were responsible for making necessary changes and improvements. Staff told us they had meetings and supervisions to bring about change. For example, one member of staff had told us how they had identified a need for training in a specific area and the registered manager was able to tell us how this was being arranged. This showed when staff made suggestions they were listened to.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse

Where people lacked capacity to make decisions; mental capacity assessments had been not been completed.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The provider had not always considered if people were being restricted and there was no information to confirm a best interest decision had been made or granted.