South Yorkshire Housing Association Limited

Sandringham Road

Inspection report

263 Sandringham Road
Intake
Doncaster
South Yorkshire
DN2 5JG

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 3 January 2018 and was announced. We gave the registered provider very short notice of our inspection as we wanted to make sure someone would be at the service on the day of our inspection. The last comprehensive inspection took place in October 2015 when the registered provider was meeting the regulations. You can read the report from our last inspections, by selecting the 'all reports' link for 'Sandringham Road' on our website at www.cqc.org.uk.

Sandringham Road is a six bedded care home providing care and support for people living with a learning disability. The service is located in the Doncaster suburb of Intake. The service is close to public transport links and local amenities. Staff working at the home are employed by Rotherham, Doncaster and South Humber NHS Foundation Trust.

At the time of our inspection there was a registered manager in post. 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. However, the registered manager had recently moved to another location within the company and a new manager had begun in post. These changes occurred on the 1 January 2018. As the changes were so current, the registered manager attended the inspection to support the new manager.

Systems were in place to safeguard people from abuse. Staff told us they would report abuse straight away. The service had sufficient staff available to meet people's needs in a timely way. Care records included risk assessments which assisted staff in supporting people whilst minimising any risks associated with their care. People received their medicines in a safe way. However, we found that the room used to store medicines was slightly above the recommended temperature for storing medicines. We raised this with the registered manager and the new manager who were looking at ways to reduce the temperature of the room.

Staff training took place and staff felt supported to carry out their role. People were supported to eat and drink enough to maintain a balanced diet. We found the registered provider to be compliant with the Mental Capacity Act 2005. We saw people were offered choice and they were respected. People had access to healthcare professionals as required and their support was sought without delay.

People who used the service and the staff team got on well together. Staff showed kindness and a caring manner in their interactions with people. Staff respected people's privacy and dignity.

People received personalised care which was responsive to their needs. Care plans were in place which detailed the support people required. The registered provider had a complaints procedure.

The management team consisted of a new manager, deputy manager, and a team of senior care workers. The management team offered support and guidance to the rest of the staff team. Systems were in place to ensure policies and procedures were being followed.

Further information is in the detailed findings below

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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 January 2018 and was announced. The registered provider was given short notice because the location was a small care home for people who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by an adult social care inspector. At the time of our inspection there were five people using the service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority and other professionals supporting people at the service, to gain further information about the service.

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 spoke with people and their relatives and observed their care and support being provided by staff. We met all of the five 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 two care workers, a senior care worker, the registered manager and the new manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at two people's care and

support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Our findings

We observed staff interacting with people who used the service and found they supported people in a safe way and in line with their current needs. People we spoke with had limited verbal communication but were able to clearly indicate that they felt safe. People smiled at staff and appeared comfortable with the staff team.

We spoke with staff and they were clear about what action they would take to keep people safe from the risks of abuse. One care worker said, "We have all done safeguarding training. I would report abuse of any kind, straight away." Another care worker said, "We build up close working relationships with people and know them really well. We would know if something was wrong."

The new manager told us that any safeguarding incidents would be reported to the safeguarding authority and the registered provider without delay. Any information regarding safeguarding would be recorded within the person's care records.

Risks associated with people's care and support were identified. We saw risk assessments were in place to guide staff in how to minimise the risks from occurring. For example, one person had a risk assessment in place to help minimise choking. This informed staff to look for physical signs such as slurred speech or facial weakness. Staff we spoke with were aware of the risks associated with people's care and could explain how they supported people in a safe way.

Staff we spoke with told us there were enough staff working with them to support people who used the service. We observed staff interacting with people and saw there were enough staff available to ensure people's needs were met. On the day of the inspection staff were available to support people with their daily activities. Staff told us that there was an on call system available to support staff out of office hours. The new manager was also available throughout the day.

People's medicines were managed in a safe way and people received their medicines as prescribed. Staff only administered medicines after they had received training and been observed by a competent person as being capable of administering medicines in a safe way.

Medicines were stored in a room which was clean and tidy. Temperatures of the room were taken daily. However, we saw that for the last three days the temperature had exceeded the maximum temperature recommended for storing medicines. We saw that a fan had been put in the room to help reduce

temperature but this was not having the desired effect. We spoke with the registered manager and new manager about this and they told us they would look at ordering a more efficient fan to help reduce the temperature. Items requiring cool storage were kept in a fridge and temperatures were taken daily. These temperatures were within the required range.

At the time of our inspection nobody was prescribed controlled drugs (CD's). CD's are governed by the Misuse of Drugs Legislation and have strict control over their administration and storage. However, the registered provider had appropriate storage facilities and recording systems in place in case they were prescribed.

Each person who used the service had a medication administration record (MAR) sheet in place. This was used to record medicines which had been delivered to the service and administered to people. These gave a clear record and were completed fully. The registered provider also had a stock sheet where a balance of each person's medicines was recorded.

The service had a system in place for disposal of medicines. Medicines which required returning to the pharmacy were recorded in a returns book and returned. This process meant that there were times when the returns book was not at the home. The manager agreed to look in to this process and make some changes. This would mean that a record of medicines returned to the pharmacy would always be available within the home.

We looked at people's care plans and found they included a plan of care regarding medicines and how they liked to take them and any allergies. We saw that protocols had been developed for people who were prescribed medicines on an 'as and when required' basis (PRN). These showed what dose was prescribed, how often it could be given and when to administer it.

The registered provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Baring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

We looked at staff recruitment files and found they contained all the relevant checks. We also spoke with staff who confirmed they had to wait for the checks to be returned prior to them starting their new role.

Good

Our findings

We spoke with relatives of people who used the service and they felt staff were knowledgeable about their role. One relative said, "The staff have worked at the service years and know what they are doing." Another relative said, "The staff are really good."

We observed staff interacting with people who used the service and found that staff knew people well. The registered provider ensured staff had the skills, knowledge and experience to deliver effective care and support. The staff received training on a regular basis to ensure their skills and knowledge was up to date.

Staff we spoke with told us they had completed training in a range of subjects such as moving and handling, health and safety, food hygiene and safeguarding. Staff told us that training was completed regular and refresher courses were also provided to keep their skills up to date. Staff also told us they received supervision sessions. Supervision sessions were one to one meetings with their line manager which gave staff the opportunity to discuss work related issues. Staff also received an annual appraisal to discuss their performance and any training and development needs they had.

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 people 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found consent to care was sought in line with the law and relevant guidance. We observed staff communicating with people and checking out people's preferences and consent prior to assisting them. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and were able to demonstrate this knowledge through their interactions with people.

Care records we looked at had a section in them to address capacity and to guide staff in how best to support people. For example, best interest decisions had been made where people lacked capacity to make decisions about their care.

People were supported to eat and drink sufficient amounts to maintain a balanced diet. Care records we looked at included a section about people's dietary requirements. This included people's likes and dislikes and any specific diets or support people required. Menus were devised with this information in mind.

We saw drinks and snacks were offered to people during the day. Staff sat with people at these times and offered support.

People were supported to maintain good health and have access to healthcare professionals as required. Care records we looked at contained information about referrals that had been made to other services such as Speech and Language Therapist, physiotherapy, and psychiatry. Advice given by these professionals had been entered in to care plans and followed to ensure people received appropriate support.

Good

Our findings

During our inspection we observed staff interacting with people who used the service. We found staff were kind, caring and thoughtful in their manner. People who used the service appeared happy and content in the presence of staff. We spoke with people's relatives and they told us the staff were very caring. One relative said, "We are very happy with the care our family member receives. The staff are lovely." Another relative said, "I couldn't wish for a better place for my relative to live. The staff are very caring."

Staff we spoke with had developed caring relationships with the people they supported. They spoke compassionately about how they ensured people felt happy and 'at home' in the service and did all they could to achieve this. Staff had involved people in choosing décor for their bedrooms and had created an environment where people felt comfortable to relax in.

We looked at care records and found they were individualised and person centred. They included people's likes and dislikes and staff were aware of what these were. Care and support was delivered in line with people's preferences. Staff we spoke with evidently knew people well.

People's records contained a communication passport which included information about how people indicated their needs. For example, one person's said that if the person was trying to get out of their chair, it meant that they may need the bathroom or that they were unhappy about something. This meant that staff could recognise non-verbal communication and respond appropriately to people's needs.

People who used the service had been allocated a special interest worker. This was a system where staff had the opportunity to build up a meaningful relationship with people and their families. The staff ensured that people's life history and important aspects of their life were considered as part of their care plan.

Staff told us that it was important to ensure people remained as independent as possible. One care worker said, "You have to build up a relationship of trust, so that you are aware of how people want to be supported." Staff we spoke with commented about the importance of maintaining people's privacy and dignity by closing curtains, doors and respecting people.

Good

Our findings

We spoke with people's relatives and they told us they were involved in their relatives care. One relative said, "We are invited to an annual review where we discuss [our relatives care], what's happened over the year and plans for the next 12 months."

People received personalised care which was responsive to their needs. We looked at care records and found they included an assessment of people's needs and plans were in place to guide staff in how to meet people's needs. For example, one person required the use of a hoist and sling to move them from one area to another. The care plan detailed the size of sling to be used and the loop configuration to ensure the person was transferred in a safe manner and staff knew what equipment to use. Another person required their food to be fork mashable to prevent choking. This person's care plan for eating and drinking gave specific guidelines to follow to ensure the correct constancy of food was provided.

People were supported to engage in social stimulation and had an occupational and leisure plan in place. This included regular, weekly social activities that people enjoyed and took part in such as day centres. Staff played an active role in ensuring people engaged in social events and activities.

On the day of our inspection was saw that some people went to a day service. Other people remained at home but staff were available to support them to go out shopping and have lunch out.

The service had a complaints procedure and ensured people were given the opportunity to raise concerns. Relatives of people who used the service told us they would contact the service if they had any problems or concerns about the home or the care and support their relative received.

The service kept a log of complaints received although none had been received in a long while. There was a process in place to follow should any complaints be received. We spoke with the registered manager and the new manager and found that complaints would be seen as learning and used to develop the service.

Good

Our findings

At the time of our inspection there was a registered manager in post. 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. However, the registered manager had recently moved to another location within the company and a new manager had begun in post. These changes occurred on the 1 January 2018. As the changes were so current, the registered manager attended the inspection to support the new manager.

We spoke with people's relatives and they told us they were aware of the recent management changes. They told us that both the registered manager and the new manager were approachable.

The service was well organised and staff spoke highly about the management team. Staff felt supported to carry out their role and found the registered manager and the new manager very approachable. There was a low staff turnover and therefore some staff had worked at the service for a long time. They were committed to their job and were happy to contribute to the inspection process.

We saw audits took place to ensure the service was operating in line with the registered providers policies and procedures. These included a range of health and safety checks and quality audits which were completed by the management team and the registered provider. There was a commitment to focus on continuous improvement. Any concerns raised as part of the audit process, were placed on an action plan and resolved in a timely manner.

We found that people who used the service and their relatives were involved in how the service was run. We saw people were able to attend meetings to discuss the service. People were also invited to be a representative on the focus group. This was a group for people who used the service and for other people who also used community homes provided by Rotherham, Doncaster and South Humber NHS Foundation Trust.

We saw that quality surveys took place regularly to ensure people were happy with the service. People were asked to comment on different topics such as staff, dignity and respect and independence. Last year's quality survey revealed positive results.