

Sandford House Limited

Sheldon House

Inspection report

61 Sheldon Road
Sheffield
South Yorkshire
S7 1GT

Date of inspection visit:
30 December 2015

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18 February 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Sheldon House on 30 December 2015. The inspection was unannounced.

Sheldon House is registered to provide accommodation and personal care for up to six women with a diagnosis of mental health related issues. Accommodation is based over three floors and accessed by stairs.

The home 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.

People who used this service were not always safe the home did not always ensure the proper and safe management of medicines. You can see what action we told the provider to take at the back of the full version of the report. The 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. They also assessed the risks to the health and safety of people receiving care.

The care staff knew the people they were supporting and the choices they had made about their care and their lives. People who used the service, and those who were important to them, were included in planning and agreeing to the care provided. The decisions people made were respected. People were supported to maintain their independence and control over their lives. People received care from a team of staff who they knew and who knew them.

Staff were well supported through a system of induction, training, supervision, appraisal and professional development. There was a positive culture within the service which was demonstrated by the attitudes of staff when we spoke with them and their approach to supporting people to maintain their independence.

People who used the service and their families were asked for their views of the service and their comments were acted on. There were systems in place for care staff or others to raise any concerns with the provider.

The service was not consistently well-led. Audits and quality systems were in place but were not always completed with the provider's intended frequency or efficiency.

The provider did not always fulfil its legal obligation to notify the CQC without delay about incidents that adversely affect the health and welfare of people.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

The home did not always ensure the proper and safe management of medicines.

The home assessed the risks to the health and safety of people receiving care.

The care staff knew how to protect people from harm.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff were aware of the Mental Capacity Act 2005, and its Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

There were good systems in place to ensure that people received support from staff who had the training and skills to provide the care they needed.

Staff were well supported through a system of regular supervision and appraisal. This meant people were cared for by staff who felt valued and supported.

Good ●

Is the service caring?

The service was caring.

People were treated with kindness and received support in a patient and considerate way.

People received support from a team of care staff who knew the care they required and how they wanted this to be provided.

People were treated with respect and their privacy, dignity and independence were protected.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Care plans reflected people's current needs.

People agreed to the support they received.

People knew how they could raise a concern about the service they received.

Is the service well-led?

The service was not always well-led.

Most audits and quality systems were in place but were not always completed with the provider's intended frequency or efficiency.

People who used the service and their families were asked for their views of the service and their comments were acted on.

There were systems in place for care staff or others to raise any concerns with the provider.

Requires Improvement 

Sheldon 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. This inspection was planned to check 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.

This inspection took place on 30 December 2015. The inspection was unannounced. The inspection was undertaken by one adult social care inspector.

Before our inspection we reviewed the information we held about the home. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met with two people who lived at Sheldon House and observed their care, including medicines administration and activities. As some people had difficulties in communication, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we reviewed five care records. We also looked at records including staff training and supervision records, staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

We spoke with two members of care staff and the manager from another of the provider's homes as the registered manager for Sheldon House was on leave.

Is the service safe?

Our findings

People told us they felt safe at Sheldon House. One person told us "Yes, it is safe here." Another person said, "I feel safe, there are staff to help me feel safe."

Although people felt they were safe at the home, we found the safety of people had not been ensured in some areas, for example medication. We looked at the systems in place for managing medicines in the home. This included the storage and handling of medicines as well as a sample of Medication Administration Records (MARs), stock and other records for three people living in the home. Overall, we found that appropriate arrangements for the recording, administration and safe handling of medicines were not in place. We found that medicine stocks did not always tally with the total recorded as administered. For example, one person's MAR showed 32 tablets had been received, five had been signed for as administered, however there were only nine tablets in stock and not the 27 expected.

Another person's medication records showed that they should receive, 'one or two tablets three times a day.' There was no indication on the MAR as to what quantity had been administered. It was therefore not possible to determine if stocks were correct. A bottle of Lactulose in the medicines trolley did not have a dispensing label, the identification of the intended recipient or a date of opening. No explanation could be given for the discrepancies highlighted.

The home did not always ensure the proper and safe management of medicines. This is a breach of Regulation 12 (1)(2)(g) of the HSCA Regulations 2014.

The provider had systems in place to protect people using the service. We saw the provider had clear guidance for all employees on identifying possible abuse and reporting any concerns they had about people's welfare. The manager told us all staff completed safeguarding adults training as part of their induction training. Staff told us they had completed the training. Information on how to identify and report abuse to the local authority was clearly displayed in the reception area of the home.

We were unable to view staff files as there was no access to the cabinet due to the registered manager being on leave. However we spoke to two staff who described the process of recruitment they had undergone. This included, application, interview, checks with the disclosure and barring service and two satisfactory references.

Two members of staff told us they thought there were enough staff available. We looked at current and historic staff rotas and saw that staff numbers were consistent and sickness or annual leave was covered by other staff. During the inspection, we saw there were enough staff to provide people with the care and support they needed.

The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering each individual person's care. For example, risk assessments were in place to help identify individual risk factors, such as safety in the community, falls and nutrition. These had been reviewed

regularly to identify any changes or new risks. This helped to provide staff with information on how to manage risks and provide people's care safely.

However we found conflicting information which could place people at risk. For example one person's care plan contained a daily routine which included special notes which described the person as chaotic regarding shopping and finance. This was at odds with the person's financial care plan which stated, "Spends money sensibly."

The provider conducted regular checks to ensure the environment was safe. Electrical appliances had a portable appliance test (PAT) certificate, gas and fire fighting equipment also had up to date certificates issued by appropriate professionals.

People had up to date emergency evacuation plans in place. We saw fire alarm tests took place weekly, in line with the fire authority's national guidance.

Is the service effective?

Our findings

People received effective care. They told us staff had the skills and experience to support them to have a good quality of life. One person said, "I like living here as I can do the things I like. I really like the staff." Another said, "The staff give me everything I need."

People were supported and cared for by a well-trained and motivated staff team, a number of staff had worked at the home for several years. All new staff undertook an induction programme which was specifically tailored to their roles. In addition to e learning based training, staff shadowed more experienced staff over a period of time and had regular supervision with the manager to support their on-going training and development needs. New staff were not allowed to care for people independently until they had undertaken all mandatory training which included moving and handling, health and safety and first aid training. Training records were unavailable to us on the day of our inspection however staff described the training they had received including safeguarding adults, fire safety and food safety. One member of staff said, "The induction is good and thorough, it gave me confidence."

Staff told us they had regular supervision meetings with the registered manager. This gave them the opportunity to talk about their work, training and development needs. One member of staff told us, "It's a supportive environment. We meet regularly and the manager are always available for advice and support."

The service had policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and staff described how they had been trained in this area. The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of people who lack the ability to make specific decisions for themselves. Where appropriate best interest decisions were recorded, for example for personal finances. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe.

People were supported to maintain their health and had access to health services as needed. Care plans contained clear information about peoples' health needs. There was evidence of the involvement of healthcare professionals such as doctors and dentists. One person told us, "If I was poorly the staff would look after me and would get a doctor for me." People were fully involved in decisions about the way their support was delivered. We observed staff talking to people about the task they were undertaking with them, asking what they wanted and explaining what they were doing, constantly reassuring people if needed.

People were supported to have a balanced diet. Meals gave people a variety of food they could choose from and were developed through consultation with people who used the service. Staff confirmed people had access to good quality food and there was plenty of choice. One staff member told us, "We encourage as healthy diet as possible with plenty of fruit and vegetables. They (people) choose, shop for and prepare, with support, all the meals." We noted that Sheldon House had a current food hygiene rating of five.

Is the service caring?

Our findings

People received their care and support from a staff team who treated everyone with respect, kindness and compassion. We observed staff relationships with people living at Sheldon House were strong, supportive and caring. One member of staff told us, "It's a good place to work, the people who live here and staff are nice." People told us that their individual care needs and preferences were met by staff who were very caring in their approach. One person said, "Staff are nice they help me to prepare and cook meals."

We spoke with staff about how they preserved people's dignity. Staff responses showed they understood the importance of respecting people's dignity, privacy and independence. They gave clear examples of how they would preserve people's dignity. This included closing doors and curtains while personal care was provided. One staff member told us, "Dignity is very important to the people who live here."

We observed the way that staff interacted with people living at the home and found that they responded sensitively to their needs. Staff recognised and understood people's non-verbal gestures and body language. This enabled staff to be able to understand people's wishes and offer choices. We found that people's social and emotional needs were considered and catered for as well as any physical care needs.

The six support plans we looked at had been written in a person-centred way. Each one contained information in relation to the individual person's life history, needs, likes, dislikes and preferences. Each care plan contained a one page profile of the person. This included information such as, what was important to the person, how to best support the person and what people liked about the person. It was therefore evident that people were looked after as individuals and their specific and diverse needs were respected.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were able to choose the décor for their rooms and could bring personal items with them. We saw people had personalised their bedrooms according to their individual choice. People were invited to attend residents' meetings, where any concerns could be raised, and suggestions were welcomed about how to improve the service.

Is the service responsive?

Our findings

Before people came to live at the service they had an assessment which included an extensive pre-admission questionnaire. These assessments were used to create a person centred plan of care which included people's preferences, choices, needs, interests and rights. People told us they had been involved in developing and reviewing care plans.

Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual person. During our visit we looked at the care plans and assessment records for six people. The care plans and assessments we looked at contained details about people's individual needs and preferences, including person centred information that was individual and detailed in most cases. Care plans and assessments had been reviewed regularly and provided good information about people's needs. However, not all sections of the care plans were detailed, for example, the mobility assessment of one care plan simply stated, "Appears to have no problem." This was not a sufficient assessment of the mobility of the person. The covering manager assured us that this would be passed on to the registered manager. Reviews had been attended by the person who received support, representatives of Sheldon House and on occasion, family members and professionals external to the service, for example social workers. We saw that these reviews had been signed by the person who received the service.

We saw that daily records were kept for each person at Sheldon House. These records documented a person's daily activities, nutritional information, incidents, behaviours and events. These documents were signed by staff and formed part of a staff handover. This meant that all staff were aware of the immediate needs of all the people who lived at Sheldon House. Regular meetings were held between the people who used the service and the staff. These were called 'house meetings'. This was a forum where people could raise any issues they had with their care and support. We saw from the minutes of one of these meetings, that trips and activities were discussed and planned as well as ideas for a forthcoming programme of re-decoration.

The provider had a written complaints policy, which was contained in the service user guide which each person had in their home. The complaints policy was written in an 'easy read' format so that everyone had access to the information. People who used the service told us they knew how to make a complaint if they needed to but had not yet found it necessary to do so.

Is the service well-led?

Our findings

The service was led by the registered manager who had been registered with the Care Quality Commission since November 2012. People we spoke with told us they knew who was the manager and said they were approachable. One person said, "She is nice." The registered manager led a team care staff to provide hands on care and support to people. They led by example to provide a service which was tailored to each person's individual needs and wishes.

The provider had established systems for reviewing the quality of care provided. However they were not always completed with the frequency or efficiency required to identify relevant matters. For example the last medication audit dated 30 November 2015 stated that all medication label details were correct and the service user was identified on the medication. This was not the case as we had found evidence of medication without a prescription label and without any identification of the recipient. The audit also stated that all medicines had been returned as required. Again we found evidence to the contrary. The medication trolley contained boxed medication which daily records confirmed had been discontinued some weeks prior to the audit but had not been returned. The manager also completed a daily walk around check, assessing areas such as infection control. However the last documented daily walkaround check had been completed on 9 November 2015. There was no care plan audits completed and a proforma or system was available. Staff told us that care plans were reviewed and checked by the registered manager, although feedback was given verbally.

This was in breach of Regulation 17 (1)(2)(a)(b) of the HSCA Regulations 2014.

We noted in one care plan that a person had fallen in 2013 which resulted in a shoulder fracture. The care plan did not contain any body map nor did the provider notify CQC of the incident. The provider has a legal obligation to notify the CQC without delay about incidents that adversely affect the health and welfare of people. This meant the CQC might not take prompt action to follow up what the provider has done to deal with such incidents or events because we were not notified about their occurrence in a timely way.

This was a breach of Regulation 18 (1)(2)(b)(ii) Care Quality Commission (Registration) Regulations 2009

People knew how to make a complaint and the provider had a complaints policy in place. People were very complimentary about the service and told us they had no reason to complain. If they had any comments or suggestions these were taken on board and immediately actioned. Staff were clear about their responsibility and the action they would take if people made a complaint.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings where people were asked about their views, questionnaires to people who used the service, healthcare professionals, relatives and staff. The latest questionnaires were dated July 2015. The collated responses for all aspects of the service had been excellent or good. There were no negative responses.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider did not always report incidents that adversely affect the health and welfare of people.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The home did not always ensure the proper and safe management of medicines. 12 (1)(2)(g) of the HSCA Regulations 2014.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had systems for reviewing the quality of care provided. However they were not always completed with the frequency or efficiency required to identify relevant matters.