

Sandford House Limited

# Sheldon House

## Inspection report

61 Sheldon Road  
Sheffield  
South Yorkshire  
S7 1GT

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01 August 2019

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

Sheldon House is registered to provide accommodation and personal care for up to six people with a diagnosis of mental health related issues. The service is based in a large terraced house within the community. At the time of our inspection six people were living at the service. One person was visiting relatives at the time of our inspection. Staff employed at the home were multi lingual and spoke English, Punjabi and Urdu so they could communicate effectively with all the people they were supporting.

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

There was a strong, visible person-centred culture. The service ensured that staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind. All the people and staff we spoke with gave us positive feedback about the caring nature of the service, quality of the staff and thoughtful support they received. Care records showed people had been supported to be actively involved in all aspects of their care planning and their own risk management.

Respect for privacy and dignity was at the heart of the service's culture and values. We saw that was fully embedded in everything the service and staff did. People and staff felt respected, listened to, and influential.

People we spoke with told us they felt safe. People had individual risk assessments in place so staff could identify and manage any risks appropriately.

Safeguarding procedures were robust and staff understood how to safeguard people.

Systems were in place to make sure managers and staff learned from events such as incidents, concerns and investigations.

There were enough staff to ensure people's care and support needs were met.

The provider completed appropriate pre-employment checks for new staff, to check they were suitable to work at the service.

Medicines were managed safely at the service.

The service was clean and had a welcoming homely atmosphere.

We saw the service had received compliments from relatives about the care provided at the service. Relatives described how the compassionate care provided at the service had transformed their family member's life, health and mental wellbeing since they had come to live at the service.

Staff had undertaken training which was regularly updated to ensure they had the skills and knowledge to support people effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People made positive comments about the quality of food provided and told us their preferences and dietary needs were accommodated.

People were supported to maintain their independence and engage in activities of daily living such as, cooking, food shopping and cleaning their room. People's support also focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were encouraged and supported to engage in activities within the community.

There was a robust complaints process in place at the service. We found the service had responded to people's and/or their representative's concerns and taken action to address any concerns.

Staff spoken with made very positive comments about the staff team, registered manager and nominated individual.

There were planned and regular checks completed at the service to check the quality and safety of the service provided.

Rating at last inspection:

At our last inspection Sheldon House was rated good (report published 16 March 2017).

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

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

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

## 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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

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

#### Inspection team:

The inspection was carried out by one inspector and an assistant inspector.

#### Service and service type:

Sheldon House is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Sheldon House provides care for people requiring support with mental health needs. The service provides accommodation and care for up to six people.

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 this inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service. For example, where a person who uses the service has a serious injury. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they

plan to make. This information helps support our inspections.

We contacted social care commissioners who help arrange and monitor the care of people living at Sheldon House. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During our inspection we spoke with three people living at Sheldon House. We spoke with five members of staff which included, the nominated individual, the registered manager and three care staff.

We looked at three people's care records. We checked six people's medication administration records and three staff files, which included recruitment checks, supervisions and appraisals. We also looked at other records relating to the management of the service, such as quality assurance documents.

We spent time observing the daily life in the service and we looked around the building to check the home was safe and clean.

# 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.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse.
- People were supported to raise any concerns with staff. People told us they felt safe. One said, "Everything is nice here, I feel safe here."
- Staff had undertaken safeguarding training and were knowledgeable about their roles and responsibilities in keeping people safe from harm.
- We found there were satisfactory arrangements in place for people who had monies managed by the service.

Assessing risk, safety monitoring and management

- There were effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service.
- People's care records included assessments of specific risks posed to them, covering areas such as their physical and mental health.
- Care plans contained appropriate guidance for staff about how to support people to reduce the risk of avoidable harm.
- Risk assessments were regularly reviewed or more frequently if a person's needs changed. This supported staff to take appropriate action to reduce risks as risk levels changed.
- Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. During this inspection, we saw staff were available to meet people's needs in a timely manner.
- Staff felt there were enough staff to support people effectively.
- The provider completed appropriate pre-employment checks for new staff, to check they were suitable to work at the service.

Using medicines safely

- Medicines were managed safely at the service. People were receiving their medicines as prescribed. Staff kept records about what medicines they had administered to people and when.
- Staff who administered medication had received training and their competency had been checked.
- Some people were prescribed medicines to be taken as and when required, known as PRN medicines. PRN

protocols were in place to provide important information to staff.

- Regular checks of medicines were undertaken to identify any issues and improve the management of medicines.

Preventing and controlling infection

- Sheldon House was clean and regular infection control audits were undertaken by senior staff.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons. We observed a staff member using PPE appropriately during our inspection.

Learning lessons when things go wrong

- The service had a process in place for staff to record accidents and untoward occurrences. The registered manager told us the occurrences were monitored to identify any trends and prevent recurrences where possible.
- Staff handovers and team meetings were used to discuss learning points from incidents and changes to people's care plans, so that people were supported safely.



# 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.

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's physical, mental and social needs were holistically assessed before they started using the service. Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met.
- All the people we spoke with were very satisfied with the quality of care they had received and they told us they were happy living at the service. One person said, "I am very happy living here, it's great."
- We reviewed the feedback received from relatives and we saw it was consistently good.

Staff support: induction, training, skills and experience

- Staff induction procedures ensured staff were trained and knowledgeable about the people they supported.
- Staff were supported to undertake the Care Certificate. The Care Certificate is an identified set of standards that health and care professionals adhere to in their working life.
- Staff had received specialised training to meet the needs of the people who used the service such as mental health training.
- Staff told us they were well-supported by the registered manager; they received regular one-to-ones and appraisals.

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

- People were supported with their health and dietary needs, where this was part of their plan of care.
- Some people living at the service were supported by staff to do some of the cooking at the service.
- People participated in the planning of menus for the service. People we spoke with made positive comments about the food options at the service.
- We saw people were offered a varied diet and were provided food from different cultures.

Staff working with other agencies to provide consistent, effective, timely care

- The service had clear processes for referring people to other services, where needed.
- The service worked closely with health professionals to support people's health needs.

Supporting people to live healthier lives, access healthcare services and support

- In people's records we found evidence of involvement from other professionals such as doctors and psychiatrists. People were supported to attend appointments.

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

- The service is based in a large terraced house within the community. On our arrival we found a very welcoming atmosphere. People spoken with referred to the service as their home or their house. One person said, "This is my house I like living at Sheldon." People had been consulted about the decoration of the service and their rooms. People were able to personalise their rooms so they reflected their interests and hobbies.
- There was a spacious communal lounge and dining kitchen for people to use. People's bedrooms were based on the first and second floor; accessed by stairs. Two bedrooms had an en-suite and there was communal bathroom for people to use.
- There was an outside space with tables and chairs which included a sheltered seating area for people to use.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the service was working within good practice guidelines.
- People had signed to indicate their consent to their care plans. People we spoke with confirmed staff sought their consent.
- Mental capacity assessments we reviewed were decision specific and, where needed, best interests' decisions had been recorded, when made on a person's behalf.
- Staff had received training in the MCA and DoLS.
- Staff described how people were promoted to be as independent as possible and to make decisions for themselves.

# 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 improved to outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they received exceptionally high quality, personalised and creative care. Without exception people, relatives and staff gave positive feedback about the caring nature of the service and the quality of care and support provided. People's comments included, "The staff are brilliant, I am very happy living here" and "All the staff are very good." One person showed us round the service and described the thoughtful and sensitive support they had received from staff.
- The service ensured staff focussed on building and maintaining open and honest relationships with people and their families and friends. We reviewed the compliments the service had received from people's relatives. We saw relatives had described how the care provided had made such a difference to their family member's life, health and/or mental wellbeing. Comments included, "Once again thank you very much for the splendid and sensational work you guys do," "I have seen a world of difference in my sister since she's been here," "I'm so happy she [family member] is here in being cared for in this environment" and "The care she gets from you all ladies are so amazing."
- There was a strong, visible person-centred culture. The service ensured that staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind. Staff demonstrated a real empathy for the people they cared for. Our observations during the inspection told us people received exceptionally high quality, personalised, creative and compassionate care. We saw staff were sensitive to times when people needed caring and compassionate support with their mental health. It was clear from our discussions with staff that they enjoyed caring for people living at the service and they found it rewarding.
- We received positive feedback from the local authority about the service and that the service went the extra mile when supporting people. Comments included, "Management and staff will go to extraordinary lengths to support residents and one resident was accompanied to visit her [relative] in [name of city] as family could not support her to do this."
- Staff had completed equality and diversity training and gave constant thought and consideration to promoting inclusivity. People were supported by staff to explore ways to participate in their faith and beliefs. For example, one person did not want to attend the Mosque, so staff found Quran recitations on YouTube for them to listen to. Staff also obtained prayers translated into Arabic for them. Another person told us they were looking forward to celebrating Eid al-Adha (religious festival) and they had bought a new outfit to wear.

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

- Care records showed that people had been supported to be actively involved in all aspects of their care planning and their own risk management. This involvement enabled staff to anticipate people's needs and recognise distress and discomfort at the earliest stage.
- The service kept a record of each person's participation in their care planning. We found people had been supported to fully explore their needs and preferences in relation to personal and family support. For example, two people had been supported to lose weight and learn about healthy eating. This had resulted in the two people no longer requiring their medication prescribed for diabetes.
- People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. For example, one person had been supported to learn English, have a better understanding of road safety and managing monies since they had come to live at the service. During the inspection they asked us questions in English. We also observed them preparing a written shopping list, counting their monies with staff, prior to going out shopping with them. We saw the person enjoyed interacting with us in English and showed us what they had purchased when they returned from their shopping trip.
- We found the service welcomed the involvement of advocates. We saw the registered manager and staff were working alongside one person's mental health advocate to achieve the best outcome for them. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services, defend and promote their rights and responsibilities and explore choices and options.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. This was fully embedded into the service. People and staff felt respected, listened to and influential.
- People were supported to maintain their independence and engage in activities of daily living such as, cooking, food shopping and cleaning their room. People were able to lock the doors of their room if they wished to. The service promoted people to be as independent as possible and to make decisions for themselves. All the people we spoke with described the service as their home or their house and offered us refreshments during our visit.

# 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.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People we spoke with made positive comments about the care and support provided.
- Care plans were detailed and person centred. We found there was a record of the relatives and representatives who had been involved in the planning of people's care.
- People's risk assessments and care plans showed how people may behave when they were well or when they maybe becoming unwell. Care plans gave guidance to staff in how they should respond to promote wellbeing.
- People's care plans and risk assessments were reviewed regularly and in response to any change in needs.
- Staff handovers enabled information about people's wellbeing and care needs to be shared effectively and responsively. The service provided an on-call service for staff to contact if they needed assistance and advice.
- The service promoted people's wellbeing by taking account of their needs including activities within the service and community.

Improving care quality in response to complaints or concerns

- The service had received one formal complaint since the last inspection. We saw the complaint had been taken seriously, explored thoroughly and responded to in good time.
- The complaints process was available in different languages to meet the needs of people using the service.
- Resident meetings were held at the service and people were encouraged to express any concerns they may have.

The provision of accessible information

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.

- People's communication needs were identified, recorded and highlighted in care plans.
- We saw a range of documents were available at the service in different languages. The nominated individual told us the provider was in the process of creating a range of easy read documentation for all their services to use.

End of life care and support

- There was no one receiving end of life care at the time of our inspection. People's wishes and preferences had been explored and were included in their care plans.

# 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 remained the same.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- We observed a positive, welcoming and inclusive culture within the home.
- Regular checks were completed at the service by senior staff and the nominated individual to identify and areas for improvements and to ensure it provided high-quality care and support.
- The service had an open culture. Staff were committed to providing person-centred care and learning from any incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We received positive feedback from staff about the way the service was run. They told us the registered manager was approachable, supportive and proactive at dealing with any issues that arose.
- Staff at all levels were clear about their roles and responsibilities.
- Staff told us there was a good team of people working at the service and they worked effectively as a team.
- The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008.

Continuous learning and improving care

- There were quality assurance systems in place to monitor the quality and the safety of the service provided.
- Staff meetings took place to review the quality of the service provided and to identify where improvements could be made.

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

- We saw evidence that the registered manager actively sought people's views by sending out surveys and holding resident meetings at the service.
- The nominated individual carried out regular checks at the service. During these visits they always spoke with people and any visiting relatives to obtain their views about the quality of care provided. They also spoke with staff to obtain their views.
- The service had developed strong links within the community.

Working in partnership with others:

- The service worked with other agencies such as the local authority and clinical commissioning groups who commissioned care for some people living in the home.