

Sandford House Limited

# Sandford House – Chesterfield Road

## Inspection report

317 Chesterfield Road  
Sheffield  
South Yorkshire  
S8 0RT

Tel: 01143277035

Date of inspection visit:  
30 January 2017

Date of publication:  
07 March 2017

## 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

Sandford House - Chesterfield Road is registered to provide accommodation and personal care for up to 32 adults with a diagnosis of mental health related issues. The home is located in a residential area of Sheffield with access to public services and amenities.

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

The service was newly registered with CQC on 1 April 2016. Some people using the service, staff and the registered manager moved together to this new location from an additional smaller location the provider operates.

This is the services first inspection and was unannounced. This meant the people who lived at Sandford House - Chesterfield Road and the staff who worked there did not know we were coming. On the day of our inspection there were 32 people living at Sandford House - Chesterfield Road.

People spoken with were positive about their experience of living at Sandford House - Chesterfield Road. They told us they felt safe and they liked the staff.

We found systems were in place to make sure people received their medicines safely so that their health was looked after.

Staff recruitment procedures ensured people's safety was promoted.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff were provided with supervision and appraisal at appropriate frequencies for their development and support.

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

People had access to a range of health care professionals to help maintain their health. A varied diet was provided, which took into account dietary needs and preferences so people's health was promoted and choices could be respected.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and they were involved in decisions about their care. People's privacy and dignity were respected and promoted. Staff understood how to support people in a sensitive way.

People were supported to access a range of leisure opportunities so that their choices were respected and their independence was promoted.

People said they could speak with staff if they had any worries or concerns and they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

The staff recruitment procedures in operation promoted people's safety.

Sufficient levels of staff were provided to meet people's needs.

Appropriate arrangements were in place for the safe administration and disposal of medicines. Medicines were stored securely.

People expressed no fears or concerns for their safety and told us they felt safe.

### Is the service effective?

Good ●

The service was effective.

Staff had been provided with training, supervision and appraisal at relevant frequencies so they had the skills to support people.

People were supported to enjoy a varied diet that respected their choices.

Staff understood the requirements of the Mental Capacity Act (MCA) and considered people's best interests.

### Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were very caring in their approach.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans contained a range of information and had

been reviewed to keep them up to date. Staff understood people's preferences and support needs.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff told us the registered manager was supportive and communication was good within the home. Staff meetings were held.

There were quality assurance and audit processes in place to make sure the home was running safely.

The service had a full range of policies and procedures available for staff so that they had access to important information.

# Sandford House – Chesterfield 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 registered 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.

This inspection took place on 30 January 2017 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury.

We asked the provider to complete 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. The PIR was returned as requested.

We contacted Sheffield local authority and 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. All of the comments and feedback received was reviewed and used to assist and inform our inspection.

During our inspection we spoke with 11 people living at the home to obtain their views of the support provided. We spoke with eight members of staff, which included the registered manager, the registered provider, senior care staff, care staff, the cook, domestic staff and the maintenance person. We also spoke with a social care professional who was visiting the home at the time of our inspection.

Throughout our inspection we spent time observing daily life in the communal areas of the home and how staff interacted with people and supported them.

We spent time looking at records, which included three people's care records, three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

# Is the service safe?

## Our findings

People told us they felt safe living at Sandford House - Chesterfield Road. Their comments included, "I feel really safe here," "I'm all right. I like the staff" and "I've had bad experiences of care in the past, but here I get the care and love. I am learning to trust. I love it here. I am definitely safe."

All of the staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe.

At the time of this inspection 32 people were living at Sandford House - Chesterfield Road. We found that four or five care staff were provided each day, in addition to ancillary staff such as catering and domestic staff. During our inspection we found these numbers were maintained. We spoke with the registered manager about staffing levels. They said these were determined by people's dependency levels and occupancy of the home. We looked at the homes staffing rota for the two weeks prior to this visit, which showed the calculated staffing levels were maintained so people's needs could be met. Staff we spoke with said enough staff were provided to support people's needs. This meant that people could expect consistency from a group of staff who understood their care and support needs.

We looked at three people's support plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were individual to reflect the person's needs, for example we saw risk assessments on diabetes, smoking, and travel were undertaken. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

We looked at three staff files. Each contained two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. All of the staff spoken with confirmed they had provided references, attended interview and had a DBS check completed prior to employment. This showed recruitment procedures in the home helped to keep people safe.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they should take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager or senior person on duty and they felt confident senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe. We found the cook and domestic staff had also been provided with safeguarding adults training so they could help keep people safe.



We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies and procedures were available to them. The staff training records checked verified staff had been provided with relevant safeguarding training.

The service had a policy and procedure on safeguarding people's finances. The registered manager explained small amounts of monies were looked after for a few people. Each person had an individual record and their money was kept in a separate wallet in the safe. We checked the financial records and receipts for two people and found they detailed each transaction, the money deposited and money withdrawn by the person. We checked the records against the receipts held and found they corresponded. We saw the registered manager undertook audits of financial records to ensure they were correct. This showed procedures were followed to help protect people from financial abuse.

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines.

We checked three people's Medicine Administration Record (MAR) charts and found they had been fully completed. The medicines kept corresponded with the details on MAR charts. Medicines were stored securely. At the time of this inspection no people were prescribed Controlled drugs (CD's) (medicines that require extra checks and special storage arrangements because of their potential for misuse). We discussed the appropriate storage arrangements for the management of controlled drugs as the service had a loose metal tin inside a locked cupboard which did not meet required safety standards. The registered manager gave assurances appropriate storage facilities would be obtained so that safe storage was available should this resource ever be needed. We saw the registered manager identifying and ordering appropriate storage on the day of our inspection.

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. The registered manager also regularly checked staff competency in administering medicines and staff told us these observations were regularly completed by the registered manager. The registered manager had also undertaken regular audits of people's MAR to look for gaps or errors.

The registered manager said the community pharmacist had visited in August 2016 to check medicines and records. We checked the record of this visit which did not highlight any recommendations to improve medicines management.

Regular checks of the building were carried out to keep people safe and the home well maintained. Firefighting equipment and gas safety were all checked on a regular basis by qualified contractors. We found a fire risk assessment had been undertaken in April 2016 to identify and mitigate any risks in relation to fire.

We looked around the building and identified two bedrooms on the second floor which held potential risks to people's safety. Two windows had not been fitted with opening restrictors which meant people could climb out and fall from the window. We discussed this with the registered manager who sourced appropriate window fixtures and had these fitted during our inspection. The day after this inspection the registered manager provided us with a copy of a full windows audit carried out and photographic evidence showing restrictors had been fitted to those windows identified as posing a risk. The registered manager also confirmed the fire risk assessment had been updated to reflect this and she had informed the homes fire officer. This showed people's safety was promoted.

We found policy and procedures were in place for infection control. Training records seen showed all staff was provided with training in infection control. We saw monthly infection control audits were undertaken which showed any issues were identified and acted upon. We found Sandford House - Chesterfield Road was clean and free from malodours.

## Is the service effective?

### Our findings

People living at Sandford House - Chesterfield Road spoke positively about the support provided. Their comments included, "Ten out of ten for this place. It has turned my life around," "It's lovely here, they [staff] are great" and "They [staff] help me a lot. I really like it here."

We asked about the support people received regarding health care. Comments included, "I see the doctor when I need to," "I'm loads better now I live here. I was skin and bone but look at me now" and "Before I came here I had [a specific problem]. They [staff] have helped me and it is not a problem anymore. I have put on weight and look a lot healthier as well. I am back in touch with my family because I am so much better, thanks to them [staff]."

We asked about the food provided. Comments included, "The food is good," "I like it; I am having sausage and mash today because I don't want sweet and sour chicken. [Name of cook] always asks us what we want" and "The food is lovely, we can choose what to eat."

We spoke with a community care professional who was visiting the home on the day of our inspection. They told us, "This is a smashing home. It is more like a family."

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 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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and the recent changes in DoLS legislation. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

At the time of this inspection no people who used the service had a DoLS authorisation in place.

We looked at three people's care plans. They held people's signatures to evidence they had been consulted and had agreed to their plan. The plans contained records that showed people's signed consent had been obtained in relation to aspects of living at the home. For example, consent to care, consent to photographs and consent to the smoking policy. People who used the service told us care staff asked their opinion and

checked things with them. This showed that important information had been shared with people and they had been able to make an informed decision.

The care plans seen all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people had been asked for their opinions and had been involved in the assessment process to make sure they could share what was important to them.

The care records showed people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, CPN (Community Psychiatric Nurses), opticians, chiropodists and dentists. People's weights were regularly monitored so that any weight and health issues were identified quickly. This meant people were provided with relevant support for their health.

We saw some people in the dining area at breakfast and lunch time. During the meals staff were chatting to people as they served food. People said they enjoyed their meal. We observed drinks being regularly taken into the lounges during our visit. Staff were aware of people's food and drink preferences and respected these.

We spoke with the cook who was aware of people's food preferences and special diets so these needs could be met. We looked at the menu for two weeks and this showed a varied diet was provided. Alternatives were available from the menu and people told us they could always have different to the menu if they chose. This was confirmed by staff. This demonstrated a flexible approach to providing nutrition. We saw plentiful food stocks which included fresh fruit and vegetables so that people had choice.

We found a 'Tuck Shop' had been set up and was run by two people living at Sandford House- Chesterfield Road so that people had the opportunity to buy sweets and drinks at reasonable prices rather than paying premium prices at local shops. People spoken with said this was 'great'. The registered manager informed us that people had been initially provided with a small sum of money to set up the tuck shop. Any profit from the tuck shop was re- invested into stock.

Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as moving and handling, first aid, medicines and safeguarding was provided. Training in specific subjects to provide staff with relevant skills and knowledge to support people were also undertaken, for example, training on dementia awareness and end of life care. We found that health professionals had provided training on specific health conditions, for example arthritis and asthma, so that people's specific health conditions could be effectively managed.

The registered manager informed us, and staff spoken with confirmed, that all staff had undertaken the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

Records checked showed staff were provided with supervision and annual appraisal for development and support. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Staff spoken with said they felt supported and supervisions were provided regularly and they could talk to the registered manager or senior staff at any time.

## Is the service caring?

### Our findings

People told us they were happy living at Sandford House - Chesterfield Road. They told us the staff were respectful and they could choose what to do with their day. Their comments included, "I am really happy here. I like here better than the old Sandford House (this person had moved from the previous care home to the new care home with staff and other people receiving a service). It is brighter and better," "It is lovely here, staff are lovely," "My life has changed for the better. If I won the pools I wouldn't want to leave here" and "It is brilliant here, just brilliant."

During our inspection we spent time observing interactions between staff and people living at the home and their relatives. Staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people. We saw in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they passed them in a corridor or entered a communal room. Staff shared conversation with people and were attentive and mindful of people's well-being. We saw care staff knock on bedroom doors and call out before entering. People were always addressed by their names and care staff knew them well. People were relaxed in the company of staff. This showed that people were treated respectfully.

We saw staff discussed people's choices with them and enabled them to be as independent as possible. For example, during our inspection one person had decided to go out. Staff discussed their plans with them and checked they had the things they needed before they left. Another person discussed what they wanted to do later in the week with staff; staff listened to them, reassured them that their plans were possible and they had the right to choose what to do, and then supported them to make arrangements. This showed that people experienced staff supporting them in a reassuring and transparent manner, which met their needs.

All assistance with personal care was provided in the privacy of people's own rooms. We heard staff speaking with people and explaining their actions so people felt included and considered.

We did not see or hear staff discussing any personal information openly or compromising privacy. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed on discreetly, at staff handovers or put in each individual's care notes. There was also a diary and a communication book for staff where they could leave details for other staff regarding specific information about people. This helped to ensure only people who had a need to know were aware of people's personal information.

Staff told us the topics of privacy and dignity were discussed at training events and they were able to describe how they promoted people's dignity. At every staff meeting each member of staff was asked to share an example of how they had respected people's privacy and dignity. Records of the staff meeting checked showed examples such as making sure people wore dressing gowns from the bathroom when supporting them to shower, knocking on doors and asking opinions. These examples showed that people's privacy and dignity was promoted and respected.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed important information was available so staff could act on this and provide support in the way people wished. All of the staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe.

## Is the service responsive?

### Our findings

People living at Sandford House- Chesterfield Road said staff responded to their needs and knew them well. They told us they chose where and how to spend their time and how they wanted their care and support to be provided. People also told us they could talk to staff if they had any concerns or complaints. Comments included, "The staff know all about me and what matters to me. They are great and I get all the help I need," "I decide what to do, it's my choice," "Staff sit and chat with me when I get anxious" and "They [staff] help me but I do what I want."

We spoke with the registered manager and staff about leisure opportunities provided to people. They told us that people's independence was promoted and they supported people to maintain friendships, relationships with family and any interests they had. One person told us about a specific interest in music they had. The weekend before this inspection they had attended an event at another city to enjoy the music. They told us they often enjoyed doing this. Another person told us they enjoyed football and were part of a local team. Staff told us that Tai Chi (a martial art) classes were organised for people that wanted to participate and art therapy was also provided for people to benefit from. We saw examples of people's artwork on display throughout the home. This showed that people were provided with leisure opportunities.

Throughout our inspection we saw staff support people's choices. We heard staff asking people their choices and preferences, for example, asking people what they would like to drink and if they wanted to join in an activity. One person decided to visit the local shops, another person decided to catch the bus to the city centre. A further person decided to go to a local bingo club and a member of staff joined them in this activity. We saw people 'come and go' as they chose, sharing and discussing plans with staff. One person was visiting family and telephoned the home during our inspection to say they had decided to come back early. Staff checked if they would want a meal on their return and reassured them they had the right to make this decision. We heard staff say, "This is your home, you can come home when you want, it is your choice. Do you want your tea here?" This showed that people were provided with choice and the opportunity to make decisions.

Before accepting a placement for someone the registered provider carried out an assessment of the person's needs so they could be sure that they could provide appropriate support. This assessment formed the basis of the initial care plan.

We looked at three people's care plans. The registered manager had updated these so they were more person centred and individual to the person. The plans were well set out and easy to read. They contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Each plan also contained a 'Me and my life' document that gave information on everything that was important to the person. Health care contacts had been recorded in the plans and showed people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs.

The care plans seen had been signed by the person supported to evidence their involvement.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported. This meant that people were supported by staff that knew them.

There was a clear complaints procedure in place. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw the complaints procedure was on display at the home so that people had access to this important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was available to record action taken in response to a complaint and the outcome of the complaint. There were no complaints about the home at the time of this inspection.

All of the people living at the home said they could speak to staff if they had any worries and staff would listen to them.



## Is the service well-led?

### Our findings

People living at Sandford House- Chesterfield Road spoke positively about the registered manager. People told us they knew the registered manager well and found her approachable. People said they had confidence in the registered manager and they were encouraged to voice their opinion. People commented, "[Name of registered manager] deserves a medal, she is a lovely woman," "She (pointing at the registered manager) has helped turn my life around. She is absolutely brilliant," "This is a really good place. [Name of manager] is a good woman" and "[Name of registered manager] is great, she is lovely. I can talk to her about anything."

Throughout our inspection we saw that people had a good relationship with registered manager. People approached them freely, shared conversation, friendly 'banter' and laughter with them. People often approached the manager to discuss plans and check things with them. The manager always responded in a caring and respectful manner.

Staff also spoke very highly of the registered manager and told us they had an 'open door' and they could talk to them at any time. Staff used words like, "Lovely," "Great" and "Fantastic" to describe the registered manager. They told us the registered manager was always approachable and keen on staff working together. Comments included, "I love working here. I would definitely recommend this place. It is a big house but it's a home. We are all very friendly" and "Everybody gets on. The manager is great and [name of senior care worker] does my supervision. She is fantastic."

All staff said they were part of a good team and could contribute and felt listened to. They told us they enjoyed their jobs. All of the staff spoken with said they would be happy for a friend or family member to live at the home.

We saw an open and inclusive culture in the home. We found the registered manager led by example and encouraged staff to share their views. For example, the registered manager spent time with people talking to them, sharing laughter and supporting their decisions. Staff could observe and learn from this positive behaviour.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process. We found quality assurance procedures were in place to cover all aspects of the running of the home. Records showed the registered manager undertook regular audits. Those seen included care plan, medication and health and safety audits. We saw environment checks were regularly undertaken to audit the environment to make sure it was safe.

We saw records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns so that people's well-being and safety could be promoted.

The registered manager informed us that now the home had been open for almost one year they had plans to send questionnaires to people living at the home, their relatives, health professionals and staff. The results of questionnaires would be audited and a report compiled from these so people would have access to this information. The registered manager told us if any concerns were reported from people's surveys these would be dealt with on an individual basis where appropriate. Where people had identified any improvements needed, an action plan would be developed to act on this. The registered manager had undertaken surveys at the homes previous location. This showed that people's views would be formally obtained and responded to.

Records showed staff meetings took place to share information relating to the management of the home. All of the staff spoken with felt communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

The home had policies and procedures in place which covered all aspects of the service. Some of the policies seen were dated 2013 and 2014. The manager gave assurances that the registered provider would review these to make sure they were relevant and up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant that staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.