

# SheffCare Limited

# Paddock Hill

## Inspection report

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## 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

About the service: Paddock Hill is a care home that provides personal care and accommodation for up to 40 people. At the time of this inspection there were 39 people using the service.

People's experience of using this service:

- The service met the characteristics of good in the key questions of effective, caring and responsive. However, some aspects of the service required improvement to ensure people remained safe. We found staff were not always deployed effectively throughout the home. For short periods of time staff were not available to support people in communal areas. Improvements were also required to the assessment and recording of risks to people, to ensure all appropriate steps were taken to reduce identified risks;
- People received personalised support from staff who knew them well. Staff had built positive relationships with people living at Paddock Hill. Staff supported people to retain their independence and to remain involved in planning and reviewing their care. This helped to ensure care was provided in accordance with people's preferences;
- Staff worked closely with a range of community health professionals to promote good outcomes for people;
- Staff were kind and caring. They treated people with dignity and respect. People we spoke with told us staff treated them well and they liked living at Paddock Hill;
- People living at Paddock Hill, their relatives and staff could approach the management team if they had any concerns;
- Staff received regular training and had developed the right skills to enable them to provide effective care to people;
- More information is in the full report.

Rating at last inspection:

Good (report published on 7 June 2016)

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection.

Enforcement:

We found one breach of the Care Quality Commission (Registration) Regulations 2009. Details can be found in the key question of well-led. You can see what action we told the provider to take at the end of this report.

Follow up:

We will continue to monitor this service. We will check improvements have been made by completing a further inspection in line with our re-inspection schedule for those services rated requires improvement.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Paddock Hill

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team:

This inspection was completed by two inspectors and an assistant inspector.

#### Service and service type:

Paddock Hill 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.

The service had a manager registered with CQC. This means the manager and the provider are both 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. The registered manager had completed a Provider Information Return (PIR). The PIR 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. We also reviewed notifications submitted to us by the service. Providers are required by law to notify us of certain events, such as when a person who uses the service suffers a serious injury. We took this information into account when we inspected the service.

We contacted social care commissioners who help arrange and monitor the care of people living at Paddock Hill. 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 the feedback from these organisations to plan our inspection.

During this inspection we spoke with six people living at Paddock Hill and two of their relatives. We spoke with six members of staff which included three care assistants, the team leader, the deputy manager and the registered manager.

To help us understand the experience of people who could not talk with us, we used an observation method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care.

We looked at six people's care records, several medication administration records and records relating to staff recruitment checks, supervisions and appraisals. We also looked at other records relating to the management of the service, such as quality assurance audits.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing levels:

- Staff were not effectively deployed throughout the home to ensure people were always safe. Each day two care staff were allocated to work on each of the three corridors, with a team leader moving between the corridors as needed.
- We observed people received care in a timely manner and staff were usually visible around the home. However, when staff were required to provide care for people in their own rooms, this left the communal areas without adequate staff oversight. Throughout the day we observed short periods of around 10 minutes where staff were not available to support people in communal areas. During these periods we observed some people required support from staff to keep them safe. We discussed this with the registered manager who agreed to review how staff were deployed throughout the home.
- The provider completed appropriate pre-employment checks for new staff, to assess whether they were suitable to work at the service.

Assessing risk, safety monitoring and management:

- Risks to people's safety were usually assessed and information was recorded in people's support plans detailing the support they required from staff to manage the identified risks. However, in some support plans we reviewed, not all risks had been adequately documented and some risk management measures were not detailed enough.
- The registered manager agreed to review the way the service recorded risk in people's support plans to ensure staff were provided with sufficient guidance about the risks posed to people and any action they must take to reduce those risks.

Systems and processes:

- The provider had appropriate systems in place to safeguard people from abuse.
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed abuse or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- People living at Paddock Hill told us they felt safe. Comments included, "I feel safe here and I'm happy living here" and "I feel safe here. I'm well looked after."

Using medicines safely:

- Medicines were obtained, stored, administered and disposed of safely by staff.
- The provider had a comprehensive policy in place regarding medicines administration. This provided detailed guidance to staff to help ensure people received their medicines safely.
- People were receiving their medicines as prescribed by their GP.

- We observed the staff member administering people's medicines to be patient, calm and reassuring. They supported people at an appropriate pace and provided appropriate explanations about the medicines they were being offered.
- We identified some minor inconsistencies in the medication administration records we viewed, however we found they were errors in record keeping rather than errors in medicine administration. The deputy manager agreed to address these errors with the staff member involved.

#### Preventing and controlling infection:

- Paddock Hill was clean and there was an effective infection control system in place. The system was regularly audited to check it was effective and being implemented correctly.
- Staff followed cleaning schedules and had access to personal protective equipment such as gloves and aprons.

#### Learning lessons when things go wrong:

- The provider had a system in place to learn from any accidents or incidents to reduce the risk of them reoccurring. The registered manager analysed accident and incident records every month to identify any trends and common causes.
- The management team promoted a culture that encouraged learning opportunities if issues were raised or if anything went wrong.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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 were positive about the care they received at Paddock Hill.
- People's needs were assessed and a detailed support plan was written for each person which guided staff in how to care for them. This was kept under regular review.
- People and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so care could be delivered in accordance with their needs and preferences.

Staff skills, knowledge and experience:

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively.
- New staff received an induction when they started working at the service. This included shadowing more experienced staff so they could get to know people and develop the right skills.
- All staff received an ongoing programme of training which provided them with the knowledge and skills they needed to care for people effectively. We observed staff were suitably skilled during this inspection. For example, we saw they used the correct techniques when supporting people to mobilise and when supporting people who displayed challenging behaviour.
- All staff were regularly supervised by senior staff members and received an annual appraisal to review their competence and discuss areas of good practice or any improvements that were needed.

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

- Staff worked closely with other organisations to deliver effective care and support to people. They sought advice from community health professionals such as the GP, district nurses and speech and language therapists. This process supported staff to achieve good outcomes for people and to help people maintain their health.

Supporting people to eat and drink enough with choice in a balanced diet:

- People were supported to maintain a balanced and varied diet that met their nutritional requirements.
- Staff were knowledgeable about which people required a special diet. If people required a specialist diet due to health or cultural reasons, this was clearly recorded in their support plan.
- We observed people enjoying the food served during this inspection. People were offered a range of food and drink options and they told us the food was excellent.

Staff providing consistent, effective, timely care within and across organisations:

- Staff worked together as a team to provide consistent care to people. They had regular opportunities to discuss people's care at handover meetings which took place every day. This helped to ensure all staff were



informed of any changes to people's needs so they could provide the correct level of support to people.

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

- The premises had sufficient amenities such as bathrooms and communal areas to ensure people could receive the support they required. Technology and equipment was used effectively to meet people's care and support needs.
- Some areas of the home required refurbishment, however the registered manager had plans in place to complete this. They had also requested new dementia friendly signage to help people navigate around the home.
- The provider had made some adaptations to the premises to help meet people's needs. They had designed a vintage room which was decorated in the style of a 1950's lounge. It provided a quiet, relaxing environment and prompted reminiscence about the past.

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 the service had obtained the appropriate legal authority to deprive people of their liberty and whether any conditions on any DoLS authorisations were being met.
- Staff developed support plans in consultation with people living in the service. People had signed consent forms to demonstrate they consented to the care and support described in their support plan.
- We observed staff seek consent from people throughout the day before providing any care.
- People's capacity to make their own decisions had been considered, where appropriate. Where people lacked capacity to make certain decisions this was recorded within their support plan, however the full assessment of capacity was not always recorded.
- We found some best interest decisions had been made but they had not been properly recorded in people's support plans. The registered manager agreed to review how capacity assessments and best interest decisions were recorded.
- The registered manager applied for DoLS authorisations when appropriate. Any conditions placed on a person's DoLS authorisation were recorded in the person's support plan so staff were aware of them.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- Staff were kind and compassionate. They had formed strong relationships with people and clearly knew them well. They used their knowledge of people's personal preferences to care for them in the way they liked.
- People told us staff treated them very well. Comments included, "Staff are kind and helpful", "The staff are marvellous" and "The [staff] are all lovely. I can always get help when needed."
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. This was because they knew people's preferences and what approach worked to enable the person to relax.
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People and their relatives were involved in reviews of their care. People were asked about their likes, dislikes and preferences so they could be recorded in their support plan. This process was embedded into the service and a staff member commented, "It's a really important thing; to involve people in their own care."
- People were afforded choice and control in their day to day lives. We observed staff asking them what they wanted to during the day and where they would prefer to spend their time. One person told us, "You can do what you want to here."

Respecting and promoting people's privacy, dignity and independence:

- Staff were respectful of people's privacy. They knocked on doors and called out before they entered bedrooms or toilet areas. When staff discussed personal matters with people we observed staff got down to their level and spoke quietly to them, to maintain confidentiality and privacy.
- People were treated respectfully and with dignity. The staff we spoke with were committed to providing the best possible care to people living at Paddock Hill.
- People's care records showed they were encouraged to maintain their independence by making it clear what they could do for themselves and what they needed staff to support with.
- During this inspection we observed staff encouraging people to mobilise as independently as possible, by providing explanations about what people needed to do and only supporting them when they needed it.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

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

Personalised care:

- People's support plans were very person-centred and accurately described the support they needed from staff. They were reviewed monthly or sooner, if a person's needs changed. This helped to ensure they were up to date so people would receive the correct level of support from staff.
- Support plans clearly documented people's likes, dislikes and social histories. They were personalised to each individual living at Paddock Hill. They contained specific details about how a person liked to be cared for, such as what type of scented toiletries a person liked to use. This helped staff provide a more personal service to each person living in the home.
- People's communication needs were identified and recorded so staff knew whether people needed to be provided with information in a particular way. This helped to ensure people were given the information they needed to remain actively involved in making decisions about their care.
- Paddock Hill provided a range of activities for people living in the home. People told us, "I keep myself busy. There is always a lot going on" and "We have fun. We like to have a sing-song." A relative told us their family member took part in lots of activities, both in the home and in the community. For example, people were supported to attend a dementia friendly lunch in a local pub. The home had also recently started facilitating a weekly session called 'wobble-tots', where young children and their parents attended the home for a dance class.
- During the inspection we observed a church service taking place followed by a Christmas party for people and their relatives. An external singer provided entertainment during the party and we observed people, their relatives and staff dancing and sharing laughter with each other.

Improving care quality in response to complaints or concerns:

- The provider had an appropriate complaints policy and procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
- People we spoke with told us they had no reason to complain however they all knew how to make a complaint should they need to.
- At the time of this inspection the service had not received any formal complaints in the last 12 months. The registered manager did not keep a log of low level concerns raised, however they agreed they would consider implementing this in the future.

End of life care and support:

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death. Staff had received training in this area and spoke about the importance of keeping people comfortable.
- Where appropriate, people had care plans in place which described how they wanted to be cared for at the end of their life.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership did not ensure all regulations were met. Some improvements are required.

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

- All staff felt well supported by the registered manager and they provided positive feedback about how the service was run.
- Staff and managers were clear about their roles and responsibilities.
- The registered manager understood most regulatory requirements however they had failed to submit various notifications to CQC. Registered persons are required by law to notify CQC of any incidents of or allegations of abuse. During this inspection we found eight recorded incidents that had been referred to the local safeguarding authority in 2018 which CQC were not notified of. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009; Notification of other incidents. We discussed this with the registered manager who informed us they would submit notifications for incidents of this nature in the future.
- The registered manager had submitted timely notifications for other notifiable incidents in accordance with the regulations.

Continuous learning and improving care:

- The registered manager and senior staff monitored the quality of the service. Each month they completed a wide range of checks on the service. For example, they audited a sample of care plans every month and completed a detailed audit of the medication administration system.
- Where audits identified something could be improved, the registered manager created an action plan to help ensure the improvements were implemented.
- The provider's quality assurance systems had not identified that some notifications were not being made to CQC as required by the regulations.

Planning and promoting person-centred, high-quality care and support, and how the provider understands and acts on duty of candour responsibility when things go wrong:

- The registered manager and provider were keen to promote the provision of high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the home which was driven by the registered manager.
- Staff told us the home had an open and transparent culture. All staff were comfortable raising any concerns or ideas with the management. Staff told us they were listened to.
- A relative told us the management team were approachable and supportive when their family member moved into Paddock Hill. We observed the managers and senior staff were accessible to people, relatives and staff throughout this inspection.

- It was clear from our observations that staff enjoyed their jobs. They were keen to achieve good outcomes for people.

Engaging and involving people using the service, the public and staff; Working in partnership with others:

- People, their relatives and visiting professionals were asked to complete surveys to obtain their views of the service. The results were analysed by the provider and used to continuously improve the service. Action plans were created where necessary.
- 'Resident meetings' took place every other month so any issues about the home could be discussed and people's views obtained.
- The registered manager completed a daily 'walk-around' which gave people regular opportunities to discuss any issues with them or provide feedback about the service.
- Staff welcomed community organisations and visiting health professionals into the home which enabled the service to work in partnership with them.

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 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 notify the Care Quality Commission every time a notifiable incident had taken place.