

Sandford House Limited

# Sandford Grove House

## Inspection report

70-72 Machon Bank  
Nether Edge  
Sheffield  
South Yorkshire  
S7 1GR

Tel: 01142507324

Date of inspection visit:  
10 September 2018

Date of publication:  
20 September 2018

## 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 is registered to provide accommodation and personal care for up to 18 people with a diagnosis of mental health related issues. Accommodation is based in two adjacent properties, over three floors and accessed by stairs. There are four double and ten single rooms. The home is in the Nether Edge area of Sheffield, on local bus routes and close to amenities. Sandford House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Whilst the service is registered with us as Sandford House, the service is also known as Sandford Grove. The registered provider has applied to change the services name to Sandford Grove.

The registered provider/ nominated individual is responsible for two other services in Sheffield. The registered manager of Sandford House is also registered manager for one other service. The registered provider and registered manager share time at Sandford House to manage the service. 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.

At the last inspection, the service was rated Good. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

People who lived at Sandford House told us they felt safe and they were provided with the support they needed.

Staff were aware of their responsibilities in keeping people safe.

Policies and procedures for the safe management of medicines were in place.

There were robust recruitment procedures in operation to promote people's safety.

Staff were provided with relevant training and supervision so they had the skills they needed to undertake their role.

People receiving support felt staff had the right skills to do their job. They said staff were respectful and

caring in their approach.

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's support plans contained relevant person-centred information to inform staff. The support plans had been reviewed to ensure they were up to date.

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

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

The service had a full range of policies and procedures available to staff.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Sandford Grove 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 10 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the registered manager is sometimes out of the office at the other care home they manage, and people are often out. We needed to be sure the registered manager or registered provider, some people receiving support and staff would be available to meet and speak with us.

The inspection was carried out by one adult social care inspector.

Prior to the inspection, we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury. We reviewed the Provider Information Return (PIR), which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted Sheffield local authority and Healthwatch (Sheffield) to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All the comments and feedback received were reviewed and used to assist and inform our inspection.

At the time of this inspection, seven people were living at Sandford House. During our inspection, we spoke with four people who were receiving support to obtain their views about the service.

We looked around different areas of the service, which included communal areas, and with their permission, some people's bedrooms.

We spoke with all the staff on duty to obtain their views. This included the registered provider, two senior support workers and one support worker.

We reviewed a range of records, which included two people's support plans, three people's medical files, three staff support and employment records, training records and other records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they liked living at Sandford House and they felt safe with their support workers. Comments included, "It's all right here. I get the support I need," "I'm all right here" and "I feel safe here. Safer than I have been before."

Staff said they would be happy for a relative or friend to live at the home and felt they would be safe.

All staff confirmed they had been provided with safeguarding vulnerable adults training. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team. This meant staff understood their responsibilities to protect people from harm.

We saw policies on safeguarding vulnerable adults and whistleblowing were available so staff had access to important information. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Staff knew about whistle blowing procedures.

The staff training records verified staff had been provided with relevant safeguarding training.

We checked to see if medicines were being safely administered, stored and disposed of. We found there was a policy on safe handling of medicines in place to inform staff.

We checked three people's medication administration records (MAR). These had been fully completed. The MAR held details of any known allergies and protocols for administering medicines prescribed on an 'as needed' basis. The medicines stored corresponded to the medicines recorded on MAR.

At the time of this inspection, one person was prescribed Controlled Drugs (CD's.) These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. The drugs held corresponded with the amount recorded in the CD register. This showed safe procedures had been followed.

Training records showed staff who administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff told us senior staff observed them administering medicines to check their competency. We saw regular audits of people's MAR were undertaken to look for gaps or errors and we saw records of medicines audits, which had been undertaken to make sure full and safe procedures had been adhered to.

We found the registered provider had recruitment policies and procedures in place that the registered manager followed when employing new members of staff. We checked three staff recruitment records. All three contained all the information required by legislation. The records evidenced Disclosure and Barring Service (DBS) checks had been undertaken. 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 service. This information helps employers make safer recruitment

decisions.

We checked to see if enough staff were provided. Staff told us, and records confirmed, during each day a minimum of two staff were provided. Three staff were provided on most days. One staff was provided during each night. Staff told us they felt enough staff were provided to meet people's needs. This showed appropriate levels of staff were provided to keep people safe.

We looked at two 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 specific to reflect the person's individual needs, for example, the risk of self-harm. 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 found policies for infection control were in place so that important information was provided to staff. Staff were provided with equipment, including gloves and aprons, to ensure they could provide care safely. All areas of the home seen were clean. Training records seen showed all staff were provided with training in infection control. We saw infection control audits were undertaken which showed any issues were identified and acted upon.

The registered manager confirmed that they monitored records of accidents and incidents so that any trends or patterns could be identified and acted upon and action plans were put in place to reduce the risk of them happening again.

We found a fire risk assessment had been undertaken to minimise potential risks. Each person had a personal emergency evacuation plan for staff to follow in case of emergency. This showed that people's safety was promoted.



## Is the service effective?

### Our findings

People receiving support spoke highly of the staff. They said support workers knew what support was needed and they had the skills to do their jobs effectively. Comments included, "They [staff] are good" and "They [staff] are all right. They understand my problems and what I go through."

We found the service had policies on supervision and appraisal to inform practice. 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. We checked three staff files. These showed staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to their managers at any time. Staff were knowledgeable about their responsibilities and role. Staff confirmed they had been provided with an appraisal within the last 12 months.

We found the service had policies on induction and training to inform practice. We checked the staff training matrix, which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook an induction and refresher training to maintain and update their skills and knowledge. This meant all staff had appropriate skills and knowledge to support people. Staff spoken with said the training was, "Very good."

We checked two people's support plans. These showed people were provided with support from a range of health professionals to maintain their health. These included GPs, consultants and psychiatrists. The records contained clear details of people's health needs and how these were supported. This showed that people's health was looked after and promoted.

We found people were supported to enjoy a balanced diet in line with their preferences. People were supported to plan, shop and prepare the food and drinks they liked and people told us they were happy with this. Each person was supported to make choices, which meant they could eat foods that were to their specific tastes and which met their cultural needs. Staff had a good awareness of people's varying needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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.

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.

People told us they felt consulted. The support plans we checked all held signed agreements to evidence their consent. Where people had refused to sign, the plans held evidence that the person's preferences and wishes had been obtained so that these could be supported. This showed important information had been shared with people and they had been involved in making choices and decisions about their support.

The support workers spoken with had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes.

Each person had their own bedroom and people told us they were happy with their rooms. One person showed us their room and displayed pride in their belongings. Their room was well personalised and reflected the person's interests. The home had two floors, accessed by stairs. All the people living at Sandford House were independently mobile and could access all areas of the home.

## Is the service caring?

### Our findings

People told us they liked the staff. They said staff were respectful and kind. We saw frequent and friendly interactions between people receiving support and the staff supporting them, shared laughter and mutual respect for each other.

From our discussions with staff we found they had a good understanding of people's individual care and support needs.

We spoke with support workers about people's preferences and needs. They could tell us about the people they were supporting, and could describe their involvement with people in relation to the support needed. Staff also described good relationships with the people they supported. They were aware of people's history, interests and what was important to them. This showed support staff knew the people they supported well.

During our inspection, we spent time observing interactions between staff and people living at the home. 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 who were kind, patient and respectful. We saw staff shared conversation with people and were attentive and mindful of people's well-being. People were always addressed by their names and staff knew them well. People were relaxed in the company of staff. This showed people were treated respectfully.

Staff we spoke with could describe how they promoted dignity and respect. For example, treating people how you would want to be treated, supporting by encouragement, respecting people's choices and not sharing private information. This showed that staff had an awareness of the need for confidentiality to uphold people's rights.

Staff told us training in equality and diversity was provided as part of induction to ensure staff had appropriate awareness, skills and knowledge to carry out their role and meet people's diverse needs.

Every staff member said they would be happy for a family member or friend to live at Sandford House.

The support plans seen contained information about the person's identified needs, preferred name, their history, mental health, hobbies, preferences and how people would like their care and support to be delivered. It was clear from the plans that people receiving support had been involved in and consulted about writing their support plan. This showed people had been involved in discussions about support and important information was available so staff could act on this.

## Is the service responsive?

### Our findings

People receiving support told us they got the help they needed and they could talk to staff if they had any concerns. Comments included, "They [staff] are good. They know me and I can talk to all of them. We have residents' meetings where we can all talk together and say if we are worried about anything. I don't have any worries" and "The staff give me the support I need. They are all right."

Throughout the inspection, we heard staff constantly ask people about their preferences and choices regarding their daily living activities.

We looked at two support plans. They were specific to the individual and person centred. They contained a range of information that covered all aspects of the support people needed. They included clear information on the person's identified needs, interests, hobbies, likes and dislikes so that these could be respected. The plans detailed what was important to the person, and gave clear details of the actions required of staff to make sure people's specific needs were met. The care plans seen showed people's wishes regarding end of life care had been discussed so that these could be respected.

The plans focussed on promoting independence. The plans showed that people had been involved in developing their support plans so their wishes and opinions could be respected.

We saw the support plans reflected what people receiving support, and staff, told us. For example, one person told us of a specific concern relating to their mental health, and the actions taken by staff to support them with this. Staff also told us about this and we found corresponding details recorded in the person's support plan. Another person shared an interest that was important to them. We saw that this interest was reflected in their personal space. Their support plan contained details of this important interest. Support plans were reviewed every three months or sooner if changes to a person's care and support was made. This showed important information was recorded in people's plans so staff were aware and could act on this.

Support workers said people's support 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 needs and could clearly describe the history and preferences of the people they supported. Staff were confident that people's plans contained accurate and up to date information that reflected the person.

People receiving support led independent lives and chose how to spend their day. During our visit three people were out for the day. Other people chose to visit the city centre later in the day to go shopping and to see friends. There were no restrictions on people leaving the home to pursue their interests. Staff told us some people visited family regularly and had overnight or weekend stays with their family. This showed people's independence was promoted.

We saw that a system was in place to respond to complaints. There was a clear complaints procedure in place and we saw a copy of the written complaints procedure was provided to people in the service user guide. 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. The procedure gave details of who to complain to outside of the organisation, such as CQC and the local authority should people choose to do this. This showed that people were provided with important information to promote their rights and choices.

Stakeholders we contacted prior to the inspection told us they had no current concerns about Sandford House.

## Is the service well-led?

### Our findings

The manager 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 2008 and associated Regulations about how the service is run.

The registered manager was responsible for managing Sandford House and one other home run by the same provider in the Sheffield area. The registered provider told us they spent time at Sandford House each week day, and the registered manager also spent time at the home. The registered manager and registered provider had mobile phones and all staff were aware of this and could contact them if needed. Staff said both managers were approachable and supportive.

We found a welcoming, open and positive culture at the service that was encouraged and supported by the registered provider and registered manager. Staff told us there was always a good atmosphere at the service. They told us they enjoyed their jobs and the registered manager was approachable and supportive.

We saw an inclusive culture at the service. Staff spoken with were fully aware of the roles and responsibilities of manager's and the lines of accountability. All staff said they were part of a good team and could contribute and felt listened to. All the staff spoken with felt communication was good and they could obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know. Staff told us they enjoyed their jobs and all the staff spoken with, irrespective of their role, displayed a commitment to and pride in their work. Comments included, "[Name of registered provider] is excellent. We are a good team and we all work together" and "We've got a very good manager. It's great working here. I love it."

Staff told us and records showed regular staff meetings took place to share information.

People using the service also spoke positively about the registered provider and registered manager. Comments included, "[Name of registered provider] is very nice" and "She is really good."

Discussions with staff and review of records showed that representatives from a variety of health and social care professionals were actively involved in supporting people. For example, psychiatrists and social workers. This showed partnership working was promoted by the service.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process to question practice so that gaps could be identified and improvements made. We found that systems were in place to measure service delivery and make sure the service continually improved. We saw that checks and audits had been made by the registered provider and registered manager and senior staff. These included medication, support plans and health and safety.

As part of the services quality assurance procedures, surveys had been sent to people using the service. The

most recent survey had been undertaken in February 2018. We found the results had been audited and a report and action plan compiled from this so that information could be shared with interested parties. This showed that the service used feedback from people using the service to improve service delivery.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were 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 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 would be submitted.