

# South Yorkshire Housing Association Limited

## Gardens Lane

### Inspection report

32-34 Gardens Lane  
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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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 13 July 2016 and was unannounced. The home was previously inspected in November 2014 and the service was meeting the regulations we looked at.

Gardens Lane is a 12 bedded home providing care and support to adults with learning disabilities. It consists of two bungalows within their own grounds, and is located in the Conisbrough area of Doncaster. At the time of our inspection there were 11 people using the service.

The service had a registered manager in post at the time of our inspection. 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 time of our inspection the registered manager was on leave, therefore we were led by the nurse on duty, who is referred to throughout this report as the staff nurse.

Staff we spoke were knowledgeable about the process they would follow if they suspected abuse. They told us they received training in this area and would be able to recognise abuse.

We looked at the systems in place to manage people's medicines and found this was done in a safe way. We looked at storage and records of medicine and found these were accurate.

We found the provider had a safe and effective system in place for employing new staff. We looked at four staff files and found them to contain pre-employment checks and other appropriate information.

Through our observations and speaking with people who used the service, their relatives and staff, we found there were enough staff available to meet people's needs.

Risks associated with people's care were identified and appropriate measures put in place to reduce the risk occurring.

From speaking with staff and looking at records, we found staff received relevant training to do their job well. Staff felt training was valuable and they felt supported by their managers.

The service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff were keen to ensure people were at the centre of their care and that decisions were made in the person's best interest.

We observed meal times and found that people were involved in deciding what they preferred to eat and drink. Snacks and drinks were available throughout the day.

People had access to healthcare professionals when required. We looked at care records and saw professionals such as speech and language therapist, and physiotherapists had been involved in their care.

Throughout our inspection we saw staff interacted well with people and it was evident that staff knew people well. We saw staff respected people and were kind and caring in their nature.

People had their needs assessed and plans of care and support were available which met their needs and preferences.

People took part in a range of activities and social events and were very happy living at the home. Staff joined in conversations of interest with people.

The provider had a complaints procedure which was displayed in the main corridor of the home. People we spoke with and their relatives had no concerns about the service and were very complimentary.

There was evidence of good leadership at all levels. Staff knew their roles and responsibilities well and looked to senior staff for advice and guidance when required.

We saw audits were completed to ensure the quality of the service was good. Audits had action plans to ensure any issues were identified and resolved.

There was evidence that people who used the service had a voice and were given the opportunity to contribute ideas to the service.

## 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 service had a policy in place to safeguard people from abuse. Staff knew how to recognise, record and report abuse.

We saw that people received their medicines in a safe manner.

The provider had a safe recruitment process and ensured new starters completed an induction.

There was enough staff available to meet people's needs and staff knew people well.

### Is the service effective?

Good ●

The service was effective.

Training was provided to staff to ensure they were kept up to date with their knowledge.

The service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People received a nutritious and balanced diet which met their needs and maintained their preferences.

People had access to healthcare professionals when required.

### Is the service caring?

Good ●

The service was caring.

Staff interacted well with people who used the service.

People's choices and preferences were respected and people were treated with dignity.

Staff took time and every opportunity to develop a good understanding of each person so they could support them in line with their individual choices.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care and support was provided on an individual basis.

People enjoyed a range of social activities and holidays.

The service had not received any complaints, but were actively seeking comments from people and their relatives.

### Is the service well-led?

Good ●

The service was well led.

There was evidence of good leadership at all levels.

We saw audits were completed to ensure the quality of the service was good.

There was evidence that people who used the service had a voice and were given the opportunity to contribute ideas to the service.

# Gardens Lane

## 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 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.

The inspection took place on the 13 July 2016 and was unannounced. The inspection was carried out by an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We also looked at the information sent to us by the manager on the 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. We also spoke with the local authority and other professionals supporting people at the service, to gain further information about the service.

We spoke with four people who used the service and two relatives, and spent time observing staff supporting people who used the service.

We spoke with four support workers, two staff nurses and the registered homes manager (this person provided support to registered managers of care homes within the company). We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

# Is the service safe?

## Our findings

We spoke with people who used the service and their relatives and were told the service was safe. One relative said, "It's very safe here, we never worry about the care [relative] receives." We observed staff interacting with people and they appeared happy and content in the presence of staff.

We spoke with staff who were knowledgeable about safeguarding people from abuse and told us they had received training in the subject. Staff were able to explain the process of recognising and reporting abuse in a timely manner. We spoke with the registered homes manager who told us there had been no safeguarding concerns over the past 12 months. One care worker said, "I feel confident that I would be able to recognise abuse. I would report it straight away to the person in charge of the shift."

We looked at procedures in place for managing people's medicines and found this was done in a safe way. Medicines were stored correctly and temperatures of the room and the fridge used to store items were checked on a daily basis. The service had a procedure for storing and monitoring the stock of controlled medicines. The service did not currently have any controlled medicines on site.

We looked at records in relation to medicines and found these were accurate and up to date. They gave a clear indication of the medicines prescribed, the doses and the times for taking them. We looked at the medication administration records and found they were completed fully. The provider had a system in place to ensure medicines prescribed on an 'as and when' basis, (PRN) were given in line with the person's individual needs. Protocols were in place to support this process and care plans gave clear information about how to support the person with their medicines. For example, one person liked to take their medication from a spoon followed by a drink of water.

We looked at care plans belonging to people and found they contained information about risks associated with their care and how to minimise the risk occurring. For example, one person's care plan highlighted that they were at risk of choking and stated how this could be reduced. We spoke with staff who were aware of the risks that could be presented and they were able to talk about how they would reduce the risk occurring.

We found the provider had a safe and effective system in place for employing new staff. Staff files were stored at a local office known as the community homes office. We asked to see four files which were brought to the home by the registered homes manager. We looked at information and found pre-employment checks were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

Staff files we viewed also showed that an induction had taken place with new employees and included training, and working alongside experienced staff. Staff we spoke with felt the induction was worthwhile and helped them get to know people and the service well.

Through our observations and speaking with people who used the service, their relatives and staff, we found there were enough staff available to meet people's needs. The service was split into two bungalows which both accommodated up to six people. At the time of our inspection there were five people living in one bungalow and six people living in the other. Each bungalow was supported by three staff available during the day. This included a staff nurse who managed the shift. The manager worked supernumerary to the rota. During the night there was one support worker in each bungalow and a staff nurse who slept on the premises. Staff knew people well and were trained to meet their needs. There was a good sense of teamwork and staff supported each other very well. One relative said, "There is always plenty of staff around when we visit."



# Is the service effective?

## Our findings

We spoke with people who used the service and their relatives and were told that staff knew how to support people well. One relative said, "[name] is well looked after here, it's like a weight has been lifted off us."

We spoke with staff about the training they received and they told us this was worthwhile and covered subjects appropriate to their role. Staff felt the training supported them to do their job well. One staff member said, "We get loads of training and it is great to keep updated." Another staff member said, "The training is of good quality and I usually get something out of it."

We looked at records in relation to training and found that training in subjects such as manual handling, first aid, food hygiene, and infection prevention and control were completed by all staff. We saw that each staff member had an individual training matrix which highlighted training they had completed and informed the registered manager when training was due. We saw most training was up to date. Where training was due, sessions had been arranged to meet the training need.

Staff we spoke with felt supported by their managers and felt they were very approachable. The staff we spoke with told us they received regular supervision sessions. Supervision sessions were individual meetings with their line manager to discuss their work and aspects of training etc. We saw that supervision was scheduled and records were in place to support this. Staff also received an annual appraisal to discuss their progress and to identify targets for the coming year.

All the people we spoke with told us they really enjoyed their meals. They were given choice and if they didn't like something or changed their minds, they could have something else. One person said, "Oh yes the meals are nice and I can have what I want." Another person said, "Lovely, the meals are lovely."

Staff told us that they sat with people on a Sunday evening to discuss and plan the menu for the coming week. Menus were devised around people's tastes and preferences. The menu was then displayed in the kitchen area to refer to throughout the week.

People enjoyed a cooked breakfast and a light snack at lunch time, followed by a cooked meal at tea time. Snacks and drinks were available throughout the day and people were offered them on a regular basis.

People who used the service who had dietary requirements were well catered for. For example, some people required a pureed meal due to swallowing difficulties. Where this was provided it was served in a manner that was pleasing to the eye. Staff also monitored people who were only eating a small diet. The staff ensured their weight was monitored and that professionals such as speech and language team were contacted when required.

Staff we spoke with told us they had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at records belonging to people who used the service and saw best interest meetings were held where appropriate. These meetings involved relevant professionals and discussed the least restrictive way of deciding the best approach for the person. Meetings were minuted and gave clear outcomes.

Care records we looked at showed that people received healthcare without delay when required. Relatives we spoke with confirmed this. One relative said, "The staff are good at identifying if [name] is not well and will call the doctor if required."

# Is the service caring?

## Our findings

We spent time throughout the inspection observing staff interacting with people who used the service. We saw that staff were considerate and respectful and shared light banter with people. We saw people were happy and there was a lot of laughter.

We spoke with people who used the service and they told us they enjoyed living at the home and liked the staff. One relative we spoke with said, "[name] is well looked after here. We are always made welcome when we visit and there is always a lovely atmosphere. If we have a family occasion the staff will bring [name] along to it and [name] always looks lovely."

We looked at care plans and found they included a detailed pen picture, which gave information about the people. This stated where they had lived, their family and their likes and dislikes. This gave staff information which was person centred.

Each person who used the service had a named nurse who was responsible for formalising the persons support plan and a group of staff worked alongside the nurse. One of the staff in the group was known as a special interest worker. The special interest worker was responsible for ensuring the individual and personal requirements of people were met.

We observed a detailed handover taking place between staff when they were changing over shifts in the afternoon. A written document was also completed to ensure a continuity of care took place for people who lived at the home.

We saw staff had developed positive, caring relationships with people based on individual preferences of people. People's privacy and dignity were well maintained. We observed staff knocked on doors prior to entering toilets and bedrooms. Staff also addressed people in a caring way and in a manner that was appropriate for people. This showed staff were committed to their role and showed respect and compassion for people.

We saw people were actively involved in decisions about their care and support. Staff were respectful about where people liked to sit during the day and had made every effort to ensure people were comfortable.

We saw people's bedrooms were individually decorated to suit their tastes and interests. People had their own belongings in their bedrooms which also made them more personalised. Staff respected people's rooms as their individual space and made sure they were kept just as people wanted them.

We spoke with staff who were committed to providing support that met the persons needs and preferences. One care worker said, "It's important to give people as much choice as possible and to make people feel comfortable both mentally and physically. That's what's most important."

## Is the service responsive?

### Our findings

We spoke with people who used the service and their relatives and found that people were involved in their care plan and knew what was written about them and were happy with the support they received.

We looked at care plans belonging to people and found that they provided clear guidance about how best to support people. This also included rationale and information about the support required and included a goal. We also observed staff interacting with people and found this was in line with their care plans. We saw that staff had signed to say they had read and understood each care plan and that they agreed to comply with it. Staff we spoke with knew people very well and were able to talk in depth about the care and support people received on a daily basis.

Care plans we looked at were reviewed on a regular basis to ensure people were still receiving care and support which met their needs.

We saw people took part in activities that interested them. For example, a recent event was a party to celebrate someone's birthday. This was themed around a particular film. Photos from events such as this were captured and placed on an IPAD so that people could view the pictures at ease. This was very popular among people as they all seemed to like this as it was a reminder of the events and a talking point.

Staff were committed to making sure people enjoyed events. One care worker said, "It's hard work putting on a themed night, but as long as people enjoy it that's what matters most. It's a relief when you plan some entertainment and people enjoy it and it goes down well."

During our inspection we observed staff doing a karaoke with people. Staff took part and interacted well with people. There was lots of laughter and enjoyment.

People were keen to talk about their forthcoming holiday to Blackpool. People were excited about their holiday and staff joined in discussions about what they were going to do on holiday.

One relative said, "They have allsorts going on here, there is lots for people to get involved in and they go on holiday."

The provider had a complaints procedure which was displayed in the main corridor and was also available in an easy read version. The service had not received any concerns, but had systems in place where they could capture concerns if required. For example, people were invited to meetings on a monthly basis and they could raise concerns with their special interest worker. People we spoke with were very happy and had no concerns or worries about the service and told us they would speak with staff if they needed to.

Relatives we spoke with told us they had never had cause to complain and thought the service was "fantastic." They also felt comfortable in speaking with staff and commented that the manager was very approachable.

## Is the service well-led?

### Our findings

We spoke with people who used the service and their relatives and they told us they had confidence in the registered manager. One relative said, "The manager and deputy manager are very approachable and the office door is always open. We can talk to any of the staff though, they are all great."

People we spoke with knew who the registered manager was and told us they could speak with them whenever they needed to. People praised all staff and told us, "They [the staff] are all lovely."

The management team consisted of the registered manager who was supported by four staff nurses, one of which was the deputy manager. We spoke with staff who were complimentary about the management team and felt at ease to talk to any one of them. One care worker said, "The managers all make time for us. The manager's here are fantastic." Another care worker said, "The manager is approachable and I can talk to her openly and she listens well and takes things on board."

We saw audits were in place to assist the management team in ensuring a quality service was being delivered. These included audits about care plans, supervision, finance, and privacy and dignity.

A general audit was completed by the provider on a monthly basis. This focused on a topic area each month, for example, training, infection control, care plans, food and nutrition and activities. We saw all audits had action plans where issues raised could be addressed in a timely manner.

There was evidence that people were consulted about the service provided. A meeting was held on a monthly basis for people who used the service. This gave people the opportunity to discuss issues and have their say in how the service operated.

The service actively reviewed and evaluated incidents and a summary was completed every month, which identified the incident and actions taken. For example, in February 2016, one person had six falls. A comprehensive risk assessment and associated care plan was put in place to help minimise the number and severity of the falls. This was also discussed with other professionals and led to additional support being offered. This was all done in the person's best interest.

The registered manager attended monthly managers meetings with other managers of community homes within the same provider. This was a forum where knowledge and updates were shared.

We spoke with staff and found staff meetings took place regularly. Staff felt able to suggest ideas and voice their opinions about the service.

There was evidence of good leadership at all levels. Staff knew their roles and responsibilities and when to pass something on to their senior. The registered manager was on leave at the time of our inspection, however, the staff team were well organised and knew who was in charge of the shift. This evidenced clear leadership at all levels.

