

Sandford House Limited

Sheldon House

Inspection report

61 Sheldon Road
Sheffield
South Yorkshire
S7 1GT

Date of inspection visit:
27 February 2017

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16 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

Sheldon House is registered to provide accommodation and personal care for up to six people with a diagnosis of mental health related issues. Accommodation is based over three floors and accessed by stairs. 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.

Our last inspection at Sheldon House took place on 30 December 2015. The service was rated as Requires Improvement. We found breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in regulations 12: Safe care and treatment, 17: Good governance and Regulation 18 of the Registration Regulations 2009 Notifications of other incidents. Requirement notices were given for these breaches in regulation. The provider sent an action plan detailing how they were going to make improvements. At this inspection we checked improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of the regulations.

This inspection took place on 27 February 2017 and was unannounced. This meant the people who lived at Sheldon House and the staff who worked there did not know we were coming. On the day of our inspection there were five people living at Sheldon House.

At the time of this inspection the people living at Sheldon House did not speak English as a first language. Staff employed at the home were multi lingual and spoke English, Punjabi and Urdu so that they could communicate effectively with the people they were supporting. Whilst we were able to communicate with the people living at Sheldon House, staff assisted some of our discussions by translating some conversation. People spoken with had requested this support from staff.

People 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. There was a positive culture within the service which was demonstrated by the attitudes of staff when we spoke with them and their approach to supporting people to maintain their

independence.

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?

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.

Good ●

Sheldon 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 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 27 February 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 were reviewed and used to assist and inform our inspection.

During our inspection we spoke with three people living at the home to obtain their views of the support provided. One person was not available and another person chose not to speak with us. We also spoke on the telephone to one relative of a person living at Sheldon House to obtain their views. We spoke with the two members of care staff on duty, which consisted of a care worker and the senior care worker. The registered manager was not available for this inspection. The registered manager from another home run by the same provider visited the home to support staff with this inspection. This registered manager was known to staff and the people living at Sheldon House as they were a regular visitor.

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

We checked progress the registered provider had made following our inspection on 30 December 2015 when we found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to regulation 12; Safe care and treatment. The provider sent an action plan detailing how they were going to make improvements. At this inspection we found sufficient improvements had been made to meet the regulation.

People told us they felt safe living at Sheldon House and commented, "Yes I am safe," "Very safe" and "It is nice here, staff are nice."

A survey had been undertaken with people living at Sheldon House to obtain and act on their views. We saw the Residents Satisfaction Survey results from November 2016. In the survey, when asked "Do you feel safe?" 100 per cent of respondents had said 'Excellent' from the four options provided of 'Excellent,' 'Good', 'Satisfactory' and 'Poor.'

The staff spoken with 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 five people were living at Sheldon House. We found that two care staff were provided each day, and one care staff provided each night. The senior care staff informed us there was always a minimum of two staff on during the day, in addition to the registered manager. Extra staff were sometimes on duty to accommodate people's trips out. Two bank staff worked at the home when needed to cover the rota. Staff we spoke with said enough staff were provided to support people's needs. We checked the staff rota for the month prior to this inspection and found these numbers were maintained. This meant people could expect consistency from a group of staff who understood their care and support needs.

We asked people if they thought enough staff were provided and they said "Yes." One person told us, "Enough staff, always two."

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 individual to reflect the person's needs. 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.

At the time of this inspection five care workers, two bank care workers and a senior care worker were employed. We looked at two staff files and found they contained all of the information required. Each contained 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. 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 they felt confident the registered manager would listen to them, take them seriously, and take appropriate action to 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 senior care worker explained small amounts of monies were looked after for people. Each person had an individual record and their money was kept in a separate wallet in the safe. When the registered manager was not available she provided staff with small amounts of money and a financial transaction sheet for each person. We saw the transaction sheet asked for details of each amount spent and returned and two signatures to show safe procedures were followed. Staff spoken with could describe the actions to take when handling people's money so safe procedures were adhered to and 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 two 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 found a CD register and appropriate storage was in place should this support be required.

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Whilst staff could describe these procedures we found the medicines policy did not contain specific detail on aspects of medicines management and administration. For example, when staff should wear gloves, preparing medicines for home leave and the protocol for service users who had allergies. The senior care worker confirmed she would discuss this with the registered manager. The day following this inspection the registered manager confirmed the policy had been updated so staff had access to relevant information. We were provided with a copy of the updated guidance and protocol to show they contained relevant detail. Staff told us the registered manager also regularly observed staff administering medicines to check their competency. We saw the registered manager had also undertaken regular audits of people's MAR to look for gaps or errors and to make sure safe procedures had been followed. This showed people's safety was promoted.

Regular checks of the building were carried out to keep people safe and the home well maintained. We found a fire risk assessment had been undertaken and most recently reviewed and updated on 26 September 2016 to identify and mitigate any risks in relation to fire.

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 Sheldon House was clean and free from malodours in all areas seen.

Is the service effective?

Our findings

People living at Sheldon House spoke positively about the support provided. Their comments included, "The staff are nice" and "It is good here."

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.

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 two 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 which showed people's signed consent had been obtained in relation to aspects of living at the home. For example, consent to photographs. This showed 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 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, psychiatrists, and dentists. People's weights were regularly monitored so any weight and health issues were identified quickly. People said "Yes" when asked if they saw their doctor regularly. We found one person was attending hospital, in line with their identified needs, on the day of our inspection. This meant people were provided with relevant support for their health.

Care staff and some people living at the home, with support, did the cooking. We saw people helped themselves to fresh fruit and drinks were provided by staff when people asked for them. We looked at the homes menu which showed a varied diet was provided that included food from different cultures according

to people's preference. The senior care worker confirmed Halal food (meat from animals slaughtered according to Muslim law) were provided where this was required. We checked the record of food provided which showed people ate a varied diet which was sometimes different to the menu to respect people's choices. During our inspection we heard staff discussing the lunch options and saw people choosing what to eat. Staff were aware of people's food and drink preferences and respected these. This demonstrated a flexible approach to providing nutrition. We saw plentiful food stocks which included fresh fruit and vegetables so that people had choice. In the Residents Satisfaction Survey, we saw 75 per cent of respondents had said 'Excellent' and 25 per cent had said 'Good' when asked about the choice and variety of food.

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. Training records seen showed one care worker had completed diabetes awareness training and acknowledged all staff would benefit from this training and gave assurances this would be discussed with the registered manager so it could be given priority, as some people living at the home were diabetic. Two days following this inspection the registered manager wrote to us confirming all staff had completed the online diabetes awareness training that was available as part of the care certificate. This meant that all staff had appropriate skills and knowledge to support people.

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.

The senior care worker informed us, and staff spoken with confirmed, that all staff had undertaken or were completing the Care Certificate as part of their learning and development.

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 Sheldon House. They commented, "It is nice here" and "Staff are very good."

In the Residents Satisfaction Survey, we saw 100 per cent of respondents had said 'Excellent' when asked if they were happy living at Sheldon House and if staff treated them with dignity and respect.

We spoke with one relative over the telephone who told us they were "Very happy" with the support provided to their family member. They also said they found staff approachable and caring.

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 that were kind, patient and respectful. We saw staff acknowledge people when they entered a communal room. Staff shared conversation with people and were attentive and mindful of people's well-being. People were always addressed by their names and care staff knew them well. People were relaxed in the company of staff. This showed people were treated respectfully.

We saw staff discussed people's choices with them and enabled them to be as independent as possible. For example, staff supported people to maintain contact with their family and helped to support and organise 'home leave'. This showed people experienced staff supporting them in a reassuring and transparent manner, which met their needs.

We saw staff obtained people's consent so they agreed to what was being asked. For example, staff asked people's permission for us to enter their rooms and invited them to accompany us so we could check their room was safe. We saw people were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were able to choose the décor for their rooms and could bring personal items with them. We saw people had personalised their bedrooms according to their individual choice. People were invited to attend residents' meetings, where any concerns could be raised, and suggestions were welcomed about how to improve the service. This also showed people were treated respectfully.

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. We saw a file on privacy and dignity was available at the office which contained good practice information and the homes policy. This meant important information was available to staff. These examples showed 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. The staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe.

Staff told us the staff team were booked to attend end of life training so they had the skills and knowledge to care for people should this support be needed.

Is the service responsive?

Our findings

People living at Sheldon House 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. One person said, "They [staff] are nice. I can talk to them."

In the Residents Satisfaction Survey, we saw 75 per cent of respondents had said 'Excellent' and 25 percent had said 'Good' when asked about the choice and range of activities provided. 100 per cent of respondents had said 'Excellent' when asked if they had choice about when and where they go out.

We spoke with staff about leisure opportunities provided to people. They told us people's independence was promoted and they supported people to maintain friendships, relationships with family and any interests they had. The registered manager from a nearby home run by the same provider told us people living at Sheldon House were invited to share social events and get together at the home they managed. Staff told us trips out to local shopping centres took place. We found people enjoyed art therapy and English lessons. One person was pleased to speak with us in English and told us the last time we had visited staff had needed to translate for them. This showed people were provided with some leisure and learning 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, where they wanted to spend time and what they wanted to do.

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

We looked at two people's care plans. The registered manager had updated these so they were more person centred and individual to the person. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual 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 and agreement.

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 people were supported by staff that knew them.

There was a clear complaints procedure in place. A copy of the complaints procedure was included in the Service User Guide which had been provided to each person living at the home. 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 people had access to this important information to promote their rights and choices. The procedure was written in Urdu to support people's understanding. 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. Whilst the complaints procedure had been made available in an alternate language, we found the service user guide was only available in English. The senior care worker gave assurances they would discuss this with the registered manager and make this available to people. The day following our inspection the registered manager wrote to us confirming a service user guide had been written in Urdu to support people's understanding.

All of the people spoken with said they could speak to staff if they had any worries and staff would listen to them.

Is the service well-led?

Our findings

We checked progress the registered provider had made following our inspection on 30 December 2015 when we found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to regulation 17; Good governance and a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009; Notifications of other incidents. The provider sent an action plan detailing how they were going to make improvements. At this inspection we found sufficient improvements had been made to meet both regulations.

People living at Sheldon house knew the registered manager by name and told us she was "Nice."

Staff spoke highly of the registered manager and told us they had an 'open door' and they could talk to them at any time. Comments included, "[The registered manager] is really good at explaining things. I have learnt a lot. She is very supportive," "We are a good team. I love my job. We all work together and we can go to the manager any time about anything" and "[The registered manager] is very good, very approachable."

All staff said they were part of a good team, 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 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 regular registered provider visits which were undertaken as part of the quality assurance procedures to check the home was running safely.

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

We found questionnaires had been sent to people using the service and staff to obtain and act on their views. We saw the completed questionnaires had been audited and analysed. The registered manager had produced a detailed report and action plan dated November 2016 which gave information on people's opinions and any actions taken to address these. For example, the report stated a painting had been purchased after one person had requested this. This showed people's views had been formally obtained and responded to. The senior care worker informed us questionnaires had not been sent to health professionals and relatives to obtain their views. They gave assurances they would discuss this with the

registered manager so future surveys included these. The day following our inspection the registered manager wrote to us confirming questionnaires had been sent to health professionals and relatives and we were provided with a copy of the questionnaires. This meant that all people with an interest in Sheldon House had an opportunity to formally share their views.

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. The policies seen had not been dated so it was not possible to determine if they had been reviewed to keep them up to date. We discussed this with the senior care worker who gave assurances she would discuss this with the registered manager to ensure all policies were dated. 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 had been submitted and evidence gathered prior to the inspection confirmed this.