

Dunstall Enterprises Limited

Sandylee House

Inspection report

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Staffordshire
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Tel: 01889567360

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24 July 2017

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

This inspection was unannounced and took place on 24 July 2017. Sandylee House is registered to provide accommodation for up to seven people. People who used the service had learning disabilities, and at the time of our inspection, six people were using the service. Our last inspection visit took place on 22 December 2015, and the service was rated as 'Good.' At this inspection visit, the service remained 'Good.'

There was a registered manager in post. 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. A service manager managed the service on a day-to-day basis.

At our previous inspection, we told the provider to make improvements to ensure that when people were not able to make certain decisions for themselves, they followed the legal guidance available. At this inspection, the required improvements had been made. People were assisted to make decisions, and when needed, the provider had shown why their support was in their best interests.

People continued to be safe living at Sandylee House. They were protected from harm by staff who understood how to promote their safety and manage any potential risks. There were enough staff to meet people's needs and keep them safe. There were effective systems in place to ensure staff were suitable to work with people. Medicines were managed safely, and people were protected from any risks associated with them.

Staff were equipped with the knowledge they needed to carry out their roles effectively, and received training to develop their skills. They supported people to maintain a balanced diet and ensure they had access to healthcare services. People were supported by staff who were caring and kind. Staff knew people well and promoted their independence. People were able to maintain relationships that were important to them.

The care that people received continued to be responsive to their individual needs, and this was delivered in a personalised manner. People contributed to the planning and review of their care in a meaningful way. They were involved in activities they enjoyed and were encouraged to make choices in their lives.

The service continued to be well led, and the management team encouraged a positive open culture at the home. People were involved in the development of the service and the provider listened to the feedback they received. There were effective systems in place to drive continuous improvement at 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 remained safe.

Is the service effective?

Good ●

The service was now consistently effective.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well led.

Sandylee 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 visit took place on 24 July 2017 and was unannounced. The inspection team consisted of one inspector.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

We also had a provider information return (PIR) sent to us. A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. As part of our planning, we reviewed the information in the PIR.

We spoke with four people who used the service, two members of care staff, the senior and the service manager (who managed the service on a day-to-day basis). The registered manager was not available on the day of our inspection visit. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We looked at the care plans of three people to see if they were accurate and up to date. We reviewed one staff file to see how staff were recruited, and checked the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We also looked at records that related to the management of the service. This included the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People were safe living at Sandylee House. One person told us, "The staff keep me safe; that's what they are paid for." Another person said, "I never feel frightened; the staff are good at making sure I'm not frightened about things. If there was anything, I'd talk to a member of staff; they would listen and put it right." Staff knew how to protect people from harm and abuse. They were aware of the potential signs of abuse and were confident to raise any concerns. One staff member commented, "There may be a change in someone's behaviour or there may be visible things that we would notice. If I saw anything or had any concerns, I would go to one of the managers. I'm 100% confident they would act on this." The service manager understood their responsibility to report any issues, however there had been no recent events.

Risks to individuals were assessed, monitored and reviewed. People had been involved in making decisions about risks in their lives. One person told us, "The road is very busy, so staff go with me to make sure I'm safe when I'm out and about." Another person told us, "I have to phone the staff up when I get somewhere and when I'm leaving; the staff then know I'm safe. It makes me feel better as they would know if there was a problem and would look for me." Some people were not aware how their actions could impact on others. One staff member told us, "Some people can be quite heavy handed; so we need to remind them to be gentle with others. They are often not aware of what they are doing." We saw that this situation had been assessed and there was guidance for staff to support this person so that others were not placed at risk. We observed staff following this guidance.

Some people were diagnosed as having epilepsy and the staff knew who they were and what they should do if they had a seizure. One staff member said, "Within the care plans there are details about the types of seizures people have and how we need to support them." Some people had 'rescue medicine' prescribed for when they had a seizure. This is a medicine given when people are in the process of having a seizure and helps them to recover. All the staff were aware of the procedure to follow if this medicine was required. This meant that risks to people who had seizures were managed effectively.

The provider ensured that people's safety had been considered in case of emergencies. One person said, "We've practiced what to do if there was a fire at Sandylee. The staff check the alarms are working, and count us to make sure we're all there." We saw that if people were not able to understand how to respond, there was guidance available to staff so they knew how to support people.

There were enough staff to meet people's needs and keep them safe. One person said, "There is always someone here if I need them." One staff member told us, "I certainly feel that there are enough staff for the people who live here." We checked to see how staff were recruited. One staff member told us, "I had to have two references, one from my previous employer. And before I could start working here I had to get my DBS check done." The disclosure and barring service (DBS) is a national agency that helps employers make safer recruitment decisions and prevent unsuitable people from working in services. The staff record we looked at confirmed that the necessary checks had been made. This included employment histories and people's identity. This demonstrated the provider had safe recruitment systems in place.

People were supported to take their medicines as prescribed. One person said, "The staff help me with my pills every morning, and every night before I go to bed. They will write down to say I've had them. They always remember to give me my pills." We observed people having their medicines and staff explained what they were having and why. Staff received training to ensure they were competent to administer medicines. One staff member told us, "We have to have the training before we can give out any medicines. But all the staff are made aware of what people are on as we need to know." Some people were able to verbally tell staff if they needed to have medicines 'as required' rather than every day, for example if they were in pain. When people were not able to ask for this medicine, we saw there were protocols in place that gave staff information about the signs to look out for. Medicines were stored securely so that only authorised people could have access to them.

Is the service effective?

Our findings

At our previous inspection, we found the provider was in breach of Regulation 11 of the Health and Social Care Act 2008. The provider had not completed capacity assessments when people were not able to make decisions for themselves. When decisions had been made, there was evidence to support if the decisions had been made in people's best interests. The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. At this inspection, we found that the required improvements had been made.

Some of the people who lived at Sandylee House were not able to make certain decisions for themselves. We saw that when this was the case, assessments had been completed and the provider had shown why the support given was in their best interests. This information was specific to each decision, for example managing money. When able to, people had made decisions about their care and support. One person told us, "I came to have a look round before I moved in. I thought it was very nice. I made the decision to come and live here, and I'm happy with that decision." We observed staff support people to make decisions in their day to day lives, and they gained people's consent prior to assisting them. Staff were aware of the underlying principles of the MCA, and one staff member commented, "I know we should never assume that people don't have capacity. And we should do everything we can to help people make their own decisions and listen to what they tell us."

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 Deprivation of Liberty Safeguards (DoLS). At our previous inspection, the provider had been in breach of Regulation 13 of the Health and Social Care Act 2008 as they had not sought this authorisation when people were seen to be restricted. At this inspection, we found that the required improvements had been made. We saw that applications had been made to the local authority when needed. At the time of our inspection visit, no people were subject to a DoLS authorisation.

People were supported by staff who had the knowledge needed to carry out their roles. One person told us, "The staff know what they are doing. They know how to help me." New staff received an induction to prepare them for their job role. One member of staff told us, "I did shadow shifts with more experienced staff. I was also able to read the care plans, which gave me lots of information. I supported people at different times of the day and really got to know how to do things. It made me feel confident to then do things on my own." They added, "My practice was then observed throughout the day, and I was given feedback about my work." The manager supported staff to complete the Care Certificate which sets out common induction standards for social care staff. This certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One staff member told us, "I've just started to do this and it's giving me more knowledge." Staff received ongoing training to

develop their skills. One staff member said, "We have various types of training which includes practical sessions like for epilepsy. If we learn through work books, then at the next team meeting our knowledge is tested and we are asked for feedback about what we learnt."

People enjoyed the food, and one person said, "I told them what my favourite foods were and the staff helped me make it." One member of staff told us, "People decided what they wanted on the menus as part of the residents meetings. So in the evening people tend to have similar things. But at lunchtime it is whatever people fancy at the time." We observed people being encouraged to choose items from the fridge and then prepare their lunchtime meal. People were able to sit where they preferred to eat their meals, and we saw there was flexibility in the times of the meals. We saw that people were supported to get drinks and snacks when they wanted them. This demonstrated that people were able to maintain a balanced diet.

People were supported to access healthcare services. One person told us, "The staff will sort out my doctor's appointments. They understand if I'm not feeling well and know who to call." We saw that people had attended appointments with various health care professionals, and referrals had been made in a timely manner. When follow up actions were recommended, we saw these were carried out. This meant that people were supported to maintain their health.

Is the service caring?

Our findings

People had developed positive, caring relationships with the staff who supported them. One person told us, "The staff are very kind. It's nice to have people to talk to if I'm sad or worried." Another person said, "I like it here, all the people are nice." We observed staff help people in a patient and un-hurried manner. People were listened to and given time to communicate their wishes. We saw that when people were not able to use words to communicate, staff were given guidance to understand what their gestures and facial expressions meant.

Staff had a good insight about the people who used the service. One person told us, "The staff know me well and understand me." We heard staff speaking with people about things that were important to them and interested them. Staff responded to people in ways that made sense to them. When people became slightly anxious, they were reassured straight away, and staff responded to them to reduce any possible upset.

We saw that people were able to make decisions about their day-to-day support. For example, what time they got up, when they got dressed or had a bath. We observed that the tasks were determined by what people chose, rather than by what staff thought should happen. We saw that the staff rotas were designed to follow people's choices so that they could participate in activities they chose.

People were supported in a dignified manner. One person told us, "The staff will knock on my door before coming in." Staff understood how to respect people's privacy. One staff member said, "I make sure I keep the doors shut when people are in the bathroom, and also cover people up if I'm helping them with their personal care. And we always give people the option to be on their own if they prefer."

Staff promoted people's independence. One person said, "I go into the kitchen and can make my own sandwiches for lunch. Sometimes the staff help me if I need it. I make my own drinks and have coffee in the morning and tea in the afternoon. Once a week I help with the shopping. We have a list, but I will choose things from the shelves." We observed people doing their washing and then hanging it out in the garden. One staff member told us, "It's really good when we see people being independent; whether they are doing the dishes or looking after their own rooms. Some are able to get on with it, but others need us to help prompt and encourage them."

People were able to maintain relationships that were important to them. One person told us, "I go to visit my family for the weekend. I've just been on holiday with my parents. I like seeing them." Some families lived a distance away, but we saw that arrangements were in place for people to remain in close contact with each other.

Is the service responsive?

Our findings

People received care that was personal to them and met their individual needs. When people first moved to Sandylee House, they were involved in the assessment and planning of their care. One person told us, "I was asked questions about what help I needed." Another person told us how they and their parents were asked for information about things that were important to them. People were involved in the reviewing of their care. We saw that each month they would sit with their key worker to complete a summary of important things that had happened. One person told us how they would then talk about what they wanted to do the following month. With the person's agreement, this information was then sent to their relatives to keep them informed. The records we looked at confirmed that people had participated in this process. The care plans were individual to people and gave staff guidance to meet people's needs. One staff member told us, "The care plans are really helpful; they are all individual to people and give me the information I need to support them."

Staff told us how the service had become more individual for the people who lived there. One staff member said, "I have noticed how things have changed over the years. It used to be more regimented for the people who lived here; like set meal times. But now they have more input into everything and if someone fancies a bath mid-morning, then that's fine, they have it. It's now about people making their own choices as to when and how things happen." This demonstrated the service was responsive to the individuals that lived there.

People were supported to participate in activities they enjoyed. One person told us, "I saw my favourite singer for my birthday; and three times a week I go into town to meet my friends and do different things like computers and music." Another person said, "I like my books and will go to the book shop in town to buy them." A third person explained how they sometimes chose to watch television in their own room. They said, "I do this if I want to watch something different to the others." One person explained how staff had supported them to secure some further voluntary work at a charity shop. They told us, "I have a busy week, never time to get bored." One staff member told us, "It's great here; over the last couple of days I have supported people with singing in the choir, dancing and also been able to spend time with people to do the quality things on a one to one basis." We heard staff talking with people about topics that interested them, demonstrating that they knew about people's hobbies.

People knew how to raise any concerns they had. One person told us, "I've not had to tell them about anything I'm not happy about, but if there was I would see the boss." We saw there was an easy read leaflet displayed, explaining how people could make a complaint if they wanted to. Feedback about the service was also sought from the people who lived there, often in their monthly meetings. We saw that when people had made suggestions about their support, this had been responded to.

Is the service well-led?

Our findings

People felt the service was well led. One person told us, "They are good at what they do." People and their families were asked to give their feedback about the support they received. We saw a survey had been completed in May 2017, and some of the feedback included the following comments; 'My relation has come on leaps and bounds,' and 'I'm happy that my relation is receiving the best care.' All the responses rated the overall care as 'excellent.' We saw that people received a newsletter, and one relative had commented, 'I love the regular newsletter, and the monthly reports of my relations activities are excellent.'

The service was developed with the people who used it. For example, when new staff were recruited, people had been involved with this process. One person told us, "I like getting new staff in. I asked them questions like why they wanted to work here. The manager listened to what I thought." The service manager explained that some people could become worried when new staff started working at the home. In order to reduce their anxieties, they had involved them in the recruitment process. They had also included them in the new staffs induction, so they felt more in control of the process.

There was an open culture within the service and staff were provided with the tools to question practice. One staff member told us, "We have a whistleblowing policy in place. I've not had to use this, but I know any concerns could be raised in confidence. We have been given the numbers for who to contact if we needed to." Whistleblowing is where staff can raise concerns, anonymously if they preferred, and know they would be protected.

Staff were supported in their roles. One staff member told us, "The whole team I work with are really supportive. And I know I can ask whoever is on duty if I need some help or guidance." Another staff member said, "We have supervisions every few months. The sessions are helpful and we have time to discuss anything we need." Staff told us they enjoyed their work and that the management team were approachable. We saw that good practice was acknowledged, and that the provider had been nominated for the learning disability and autism national awards for being a good employer.

We saw that weekly audits took place at the home to ensure that people's finances were managed correctly. There was also a monthly management audit in place to ensure this system protected people. People's care plans and risk assessments were checked to ensure they were up to date. There was a system in place that flagged up when these checks were due to happen. The provider was looking to change the electronic care record system in place. This was because they found that a new system would take up less staff time, giving them more time to spend with people who used the service. This demonstrated the provider considered alternative options that would benefit the people who used the service. We saw there were further systems in place to assess, monitor and improve the quality of care people received.

Even though the day-to-day management of the service was overseen by the service manager, who was on site, people and staff knew who the registered manager was. The service manager was supported in their role, and other members of the management team provided support to the staff and people at Sandylee House. The registered manager understood their responsibilities as a registered person.

It is a legal requirement that a provider's latest CQC rating is displayed at the service. It is also a requirement that the latest CQC rating is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the hallway and had links to the report on their website.