

# SheffCare Limited

# Paddock Hill

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Paddock Hill is a residential care home that provides accommodation and personal care for adults with a range of care and support needs, including adults who are living with dementia. The home can accommodate up to 40 people in one adapted building over three floors. At the time of this inspection there were 38 people using the service.

### People's experience of using this service and what we found

People felt safe living at Paddock Hill. They were cared for by staff who knew how to reduce the risk of people experiencing avoidable harm. Staff were aware of their responsibilities to safeguard people from abuse and they were all confident the registered manager would quickly address any concerns they raised. People's medicines were mostly managed safely, however, some improvements were needed to the management of people's topical medicines, such as creams, and medicines people needed at specific times of the day. People were protected from the spread of infection.

There were enough staff available to keep people safe, however, staff said they did not always have time to support people to remain meaningfully occupied throughout the day. We have made a recommendation about the development of activity provision in the home. People were cared for by staff who knew them very well. People's care records contained detailed information about their preferences and interests. This supported staff to provide personalised care to people. People were happy with the care they received from staff. People and their relatives told us they could raise any concerns with the staff or registered manager.

Everyone told us the staff were kind and caring. We observed staff had a good rapport with people living at Paddock Hill. Staff provided effective reassurance to people when they became anxious or distressed. People were supported to remain involved in decisions about their care. Staff promoted people's privacy and dignity and they treated people with respect. People told us staff supported them to remain as independent as possible.

People enjoyed the food at Paddock Hill. Staff supported people to maintain a nutritious diet. People were supported to maintain their health, by accessing community health professionals on a regular basis. People were supported by staff who completed regular training and received effective support from the registered manager. People's relatives told us they were happy with the quality of care their family member received. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The home was well-run. People were supported by staff who enjoyed their jobs. An experienced registered manager completed a range of regular checks on the quality and safety of the service. Areas for improvement were identified, however increased management oversight of some areas of the service was required, to ensure necessary improvements were embedded and sustained. The provider, registered

manager and staff were all committed to providing people with good quality care.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 29 January 2019) and we identified one breach of regulation at that inspection.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of any regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** 

# Paddock Hill

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Paddock Hill is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means the manager and the provider are both legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who worked with the service 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. We used all of this information to plan our inspection.

Due to the timing of this inspection, the provider was not asked to complete a provider information return prior to the inspection. This is information we require providers to send us annually, to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. To help us understand the experience of people who could not talk with us, we used an observation method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care, throughout the day.

We spoke with seven members of staff, including the registered manager, deputy manager, care staff and other ancillary staff. We spoke with the provider's quality manager who visited the service during this inspection.

We reviewed a range of records. This included four people's care records and multiple medication records. We checked a variety of records relating to the management of the service, including three staff files.

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

#### After the inspection

We sought some more documents from the registered manager. They were provided in a timely manner and were used to inform our judgements.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were mostly managed safely, though some improvements were required to the provider's medicines management system. We found people received their medicines as prescribed, however, the provider needed to implement a clear system to ensure people always received their medicines at the correct times, when they were prescribed medicines that had to be taken at specific times of the day. The registered manager addressed this issue immediately after the inspection.
- Improvements were needed to the records made by staff about the application of people's topical medicines, such as creams. We found staff did not complete these records consistently. The provider's quality manager agreed to produce a more straightforward document for staff to use and to monitor staff's practice in this area. Despite the issue with these records, we were satisfied people were supported with their topical medicines, as prescribed.
- Medicines were ordered, stored and disposed of safely by staff. People told us they were happy with the support they received with their medicines.
- Staff were very patient and respectful when they supported people to take their medicines. They offered medicines to people in a discrete manner to promote people's privacy and dignity.

### Assessing risk, safety monitoring and management

- The provider had systems in place to assess and manage risks to people. Where risks were identified, people's support plans contained guidance for staff about how to manage those risks. For example, where people were at risk of falling, their care plans contained clear information about the support they needed to mobilise safely.
- The risk management guidance in some people's support plans could have included additional detail, to support staff to manage risks in the most effective way. The registered manager agreed to review the identified support plans after the inspection.
- Staff completed regular checks of the building and the equipment they used, to ensure the premises and equipment remained safe. All necessary safety certificates were in place.

### Staffing and recruitment

- We observed there were enough staff available to keep people safe. There was a continuous staff presence throughout the home and we observed staff respond promptly to people during the day.
- We received mixed feedback from people, their relatives and staff about staffing levels. A person commented, "I think there's enough staff" and a relative said, "Sometimes they're a bit short of staff, that's just the way it goes."
- The provider continued to use safe recruitment procedures when employing new members of staff, to

check they were suitable to work with vulnerable people.

#### Preventing and controlling infection

- People were protected from the spread of infection. The provider had a policy which staff were required to follow to promote effective infection control practices. All staff received training in infection control.

#### Systems and processes to safeguard people from the risk of abuse

- The provider used appropriate systems to safeguard people from abuse. Staff received training about how to safeguard adults from abuse and they were knowledgeable about their responsibilities in this area. The registered manager made appropriate referrals to the local safeguarding authority, when required.
- People felt safe living at Paddock Hill and people's relatives raised no concerns about their family member's safety. People commented, "I'm safe and well looked after" and "I've never felt unsafe here."

#### Learning lessons when things go wrong

- The provider had suitable systems in place to learn from any accidents or incidents. All accidents and incidents were recorded by staff and analysed by the registered manager each month, to try to identify any themes or trends. This information was used to help reduce the risk of repeat events.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Some adaptations had been made to the premises to meet the needs of people using the service, including people living with dementia. For example, bathroom doors had appropriate signage displayed on them to help people navigate to them.
- Further improvements could be made to the signage displayed within the home, in accordance with good practice guidance. Research into dementia friendly environments suggests directional signage that can be seen from all areas of the home can help to alleviate anxiety, and support people to navigate around the home more effectively.
- Some people had memory boxes outside their bedroom doors which contained pictures or information which was meaningful to them. This supported people to remember which bedroom was theirs. The registered manager planned to introduce these boxes throughout the building.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into Paddock Hill, to check the home was suitable for them. A detailed care plan was written for each person which guided staff in how to care for them.
- People and their relatives were asked to provide important information about their likes, dislikes and life history, so care could be delivered in accordance with their needs and preferences.
- People and their relatives were happy with the care they received at Paddock Hill. People's comments included, "I'm satisfied with the care. I couldn't be looked after better" and "I want to say just how much I like it here. Put it this way, there's no place I'd rather be, except my own home."

Staff support: induction, training, skills and experience

- Staff completed training in a range of different subjects to ensure they had the right skills, knowledge and experience to deliver effective care. Staff told us they were happy with the training they completed. People and their relatives told us they thought the staff were knowledgeable and well-trained. A relative commented, "[Staff] appear to have skills. They're always chatting and they're pleasant."
- Staff received regular support and supervision to review their competence, discuss areas of good practice and to consider ways they could continue to improve. Staff told us they felt well supported by the registered manager and deputy manager. They felt able to raise any concerns or questions with them.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were met. When people required a special diet because of medical or cultural reasons, this was catered for. Kitchen staff were provided with information about people's dietary requirements and people's care records contained information about their dietary needs

and preferences.

- People and their relatives were happy with the food and drinks on offer. Their comments included, "I'm enjoying the food; we get a choice", "The food is good. People are well-fed" and "They seem to bring round plenty of drinks and snacks."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other organisations to deliver effective care and support to people. Staff regularly sought advice from community health professionals such as the GP and district nurses. This supported staff to achieve good health outcomes for people.
- People and their relatives were happy with the support staff gave them to access other services.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any deprivations of liberty had the appropriate legal authority and whether any conditions on authorisations to deprive a person of their liberty were being met.

- Staff understood the importance of supporting people to make their own decisions. They obtained consent from people before care was delivered.
- People's capacity to make decisions had been assessed, when appropriate, to ensure staff worked within the principles of the MCA. Best interest decisions were recorded in people's care records, when necessary.
- Suitable systems were in place to ensure restrictions on people's liberty were correctly authorised. The registered manager submitted DoLS applications to the local authority. When authorisations were granted or were made subject to conditions, people's care records were updated so all staff were aware.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them. People appeared comfortable in the presence of staff and we observed staff were able to provide effective reassurance to people when they became upset or anxious.
- People and their relatives told us staff were kind and caring. Comments included, "The staff are really lovely" and "The staff are very pleasant and approachable. They do have a good rapport with people."
- When staff engaged with people, we found it was a positive experience for people. We observed warm and supportive interactions between staff and people. There was appropriate joking and laughter between them. A relative commented, "There always seems to be good humour here."
- Care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- Staff supported and encouraged people to make decisions about their care. People were afforded choice and control in their day to day lives. We observed staff asked people what they wanted to do during the day and where they would prefer to spend their time.
- People and their relatives were involved in the assessment and care planning process. A relative commented, "We've been involved with the care plan. We had a meeting just before Christmas and other family members came too."
- Relatives were kept informed about their family member's care. They felt welcomed into the home whenever they visited. Comments from relatives included, "I'm made welcome any time. I can make a cup of tea. They make me feel at home" and "We have no worries about the care here. They call and tell us if there's anything we need to know about."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and they treated people with dignity and respect. Staff knocked on doors and called out before they entered bedrooms or toilet areas. A person commented, "[Staff] always knock and ask before they do anything."
- People were encouraged to maintain their independence. Their care records explained what they could do for themselves and what they needed staff to support them with. We observed staff provided people with appropriate encouragement and equipment to enable them to complete tasks for themselves. A person

commented, "I can do my own thing, within reason. They encourage you to look after yourself."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider employed an activity coordinator to arrange a variety of activities for people to take part in. Weekly activities included games, 'chairobics' and visits from external entertainers. The home facilitated a regular session called 'wiggle-tots', where young children and their parents attended the home for a dance class.
- People had opportunity to go to events in the local community. For example, people were regularly supported to attend a dementia friendly lunch in a local pub.
- Staff welcomed people's relatives and friends into the home to support people to maintain important relationships.
- During this inspection we observed care staff did not always have time to support people to remain meaningfully occupied, particularly during the morning. Staff told us they were sometimes too busy to sit and engage with people. We observed there were periods of time where people were involved in conversations with staff or where people were supported to take part in a group activity. However, there were also periods of time where people were sat in communal areas receiving limited interaction from staff.

We recommend the provider refers to good practice guidance to support the development of the activity provision in the home to ensure people remain occupied and involved in regular social interaction.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records were detailed, person-centred and accurately described the support they needed from staff. Care records were regularly reviewed to ensure they remained up to date.
- Staff knew people very well and delivered care in accordance with people's preferences. People's care plans contained information about their life history and interests. This supported staff to build positive relationships and bonds with them.
- Staff used their knowledge of people's interests and personalities to support people to remain involved with things that were important to them. For example, a staff member had supported a person to attend a Remembrance Day service, as this event was significant to the person, and staff ensured people had access to items that were important to them, such as make-up and sweets. The personalised approach taken by staff had a positive impact on people's well-being.
- We observed staff were responsive to people's needs during this inspection. Staff tailored their approach to people, based on their knowledge of each person. This enabled staff to care for people in a personalised manner. A person commented, "They're looking after me the way I want to be looked after."

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and met. Where people needed support with communication, this was recorded in their care plan so staff knew how to communicate effectively with them.

### Improving care quality in response to complaints or concerns

- Complaints were appropriately recorded, investigated and responded to. The provider had a suitable complaints procedure in place, which was followed by the registered manager and staff.
- People and their relatives told us they felt able to raise any issues or concerns with the registered manager and staff. A person commented, "I never need to complain but if I did, I'd tell them [staff]."

### End of life care and support

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death. People were given the opportunity to express how they would like to be cared for at the end of their life.
- Staff worked closely with community health professionals when providing care to people at the end of their lives, such as the GP and palliative care nurses. This helped to ensure people received consistent and coordinated support.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a registered manager in post who provided effective support to the staff team. Staff were clear about their roles and responsibilities and all staff commented the registered manager was approachable and supportive.
- The registered manager understood the regulatory requirements and pro-actively provided information to CQC following significant events at the service.
- There were systems in place to monitor the safety and quality of the service. A range of audits were regularly completed, and they were effective at identifying areas for improvement.
- Some actions taken to improve the service required increased monitoring by the provider and registered manager, to ensure the necessary improvements were embedded and sustained. For example, although the registered manager had identified improvements were needed to the management of people's topical medicines and had instructed staff to make improvements to these records, staff had not yet acted on this feedback.
- The provider maintained an overview of the home. A senior manager employed by the provider visited the home to undertake their own checks on the quality of the care provided and to monitor the improvements being made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider, registered manager and staff were all keen to provide high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the home.
- The registered manager and provider were committed to learning from any incidents or complaints. All staff told us they were confident the registered manager would act on any concerns they raised.
- People, their relatives and staff told us they would recommend the home. Comments from people's relatives included, "We have recommended Paddock Hill to a friend" and "Honestly, it's a good place. It's one of the best."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff had opportunities to provide feedback about the home. The registered manager had implemented systems which supported effective communication across the staff team. They had recently introduced staff

'huddles', to provide staff with regular opportunities to share ideas or concerns with each other. Staff were also able to share their opinions and ideas during regular supervision meetings and staff meetings.

- People and their relatives were asked for their views about the care they received, and their feedback was used to improve the service. Residents' meetings were arranged on a regular basis and annual surveys were sent to people and their relatives.
- Staff worked closely with relevant health and social care professionals which helped to ensure people received effective care and support.