

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Sheldon House

61 Sheldon Road, Sheffield, S7 1GT

Date of Inspection: 10 June 2014

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Sandford House Limited
Registered Manager	Miss Maria Raza
Overview of the service	Sheldon House is registered to provide accommodation and personal care for up to six women with a diagnosis of mental health related issues. Accommodation is based over three floors and accessed by stairs. The home is in the Nether Edge area of Sheffield, on local bus routes and close to amenities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 June 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and talked with commissioners of services.

What people told us and what we found

This inspection was carried out by an adult social care inspector. At the time of this inspection three women lived at Sheldon House. We spoke with them, in small groups and individually, to obtain their views of the support provided. We also telephoned two relatives of women living at Sheldon House to obtain their views. In addition, we spoke with the registered manager and the two care staff on duty about their roles and responsibilities.

We gathered evidence against the outcomes we inspected to help answer our five key questions; is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led?

Below is a summary of what we found. The summary is based on speaking with people using the service, the staff supporting them and from looking at records.

If you want to see the evidence supporting our summary please read our full report.

Is the service safe?

People supported by the service, or their representatives told us they felt safe.

We observed, and people told us they felt their rights and dignity were respected.

Systems were in place to make sure managers and staff learned from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve.

We found that risk assessments had been undertaken to identify any potential risk and the actions required to manage the risk. This meant people were not put at unnecessary risk but also had access to choice and remained in control of decisions about their care and lives.

The home had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) although no applications had needed to be submitted. Relevant staff had been trained to understand when an application should be made and how to submit one. This meant people would be safeguarded as required.

Policies and procedures were in place in relation to the safe management of medication. Staff that administered medication had been provided with training in the safe handling of medication. This meant that people's health and safety was promoted.

Is the service effective?

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

People's health and care needs were assessed with them and their representatives, and they were involved in writing their plans of care. Specialist needs had been identified in care plans where required.

Staff were provided with training to ensure they had the skills to meet people's needs. Staff were provided with formal individual supervision and appraisals at an appropriate frequency to ensure they were adequately supported and their performance was appraised. The manager was accessible to staff for advice and support.

Is the service caring?

We asked people using the service for their opinions about the support provided. Feedback from people was positive, for example, "they (staff) are good, very good," "they (staff) give me the help I need, I am happy here," "it's good. I am all right" and "happy, fine".

Two relatives spoken with said they were satisfied with the care and support their relative was receiving. Their comments included "I can't fault them. They are absolutely brilliant" and "they (staff) always keep us informed, (my relative) is very happy".

When speaking with staff it was clear that they genuinely cared for the people they supported and had a detailed knowledge of the person's interests, personality and support needs.

People using the service and their relatives completed an annual satisfaction survey. Where shortfalls or concerns were raised these were addressed.

People's preferences and interests had been recorded and care and support had been provided in accordance with people's wishes.

Is the service responsive?

People's individual choices regarding how they spent their day were supported by staff.

People spoken with said they had no worries about living at Sheldon House. Information on how to make a complaint was provided to people and staff were aware of the procedure

to support people if they wanted to make a complaint. We found appropriate procedures were in place to respond to and record any complaints received. People could be assured that systems were in place to investigate complaints and take action as necessary.

Is the service well-led?

The service worked well with other agencies and services to make sure people received their care in a joined up way.

The service had a quality assurance system. Records seen by us showed that if shortfalls were identified they were addressed promptly. As a result the quality of the service was continually improving.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home and quality assurance processes were in place. This helped to ensure that people received a good quality service at all times.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We found the home had policies and procedures in place relevant to this standard. These included the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA) guidance along with a policy on consent. The manager said there were no current applications submitted under the DoLS legislation.

We looked at the staff training records. These showed that all staff had received combined Mental Capacity Act (MCA) and Deprivation of Liberty Safeguard (DoLS) training so that they had the knowledge to uphold and promote people's rights.

We spoke with the two care staff that were on duty at the time of our visit. Staff spoken with had a good understanding of their responsibilities in making sure people were cared for in accordance with their preferences and wishes. Staff told us they had access to written information and guidance on the MCA and DoLS to support their understanding. This meant people were safeguarded appropriately in line with current legislation.

We looked at three people's care files. Each contained documents which showed people had been consulted about such things as care and treatment, care plans and risk assessments, holding keys and smoking. People were able to either consent or refuse staff involvement with this. Staff told us people were able to change at any time any decision that had been previously agreed.

All of the care files checked contained consent and decision making documents, which had been signed and dated by the person using the service and the manager to evidence their involvement in consent and decision making.

People told us they were able to make choices in the way they were cared for. One person told us they went to bed when they wanted to and got up when they wanted to, and chose what to wear. People told us they were able to choose whether to stay at home or go out to visit local amenities, with staff support. People living at the home and staff spoken with were very clear that it was the person's right to decide what to do with their day. On the

day of our inspection one person chose to go clothes shopping and was supported by staff to do this.

We found all of the care files checked focussed on meeting people's needs whilst actively encouraging them to make choices where practicably possible in terms of their day to day needs. Peoples' preferences, likes and dislikes were documented clearly in the care files.

We observed staff providing people with choices during our visit in line with their individual care plans.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

At the time of this inspection all of the women living at Sheldon House spoke Punjabi as their first language. Whilst staff were happy to translate for us, two women chose to comment, "I am fine, happy" and "good". One person told us, "I am happy here. They (staff) help me and know what I need. I can choose. It is good here".

The registered manager told us that all staff employed at the home were bi-lingual (Punjabi and English) so that they could fully communicate with the women living at Sheldon House.

We telephoned two relatives of the women living at Sheldon House to obtain their views of the support their loved one received. Their comments included, "they are absolutely brilliant. I can't fault them. They always keep in touch and let me know about any appointments, even if (my relative) is just going to the dentist. They keep up with guidelines from the GP and help (my relative) do exercises. I can't fault them" and "they (staff) always keep us informed. (My relative) is very happy there. I can't fault them".

During this visit we observed interactions between staff and people living at the home. We saw good communication and staff were knowledgeable about the people they supported. We observed staff including people and speaking with them respectfully.

We checked three people's care plans. They contained detailed information about the person's biography, personality and their medical, social and care needs. The plans focussed on the individual person so that all recorded information was personal to them and reflected their needs and wishes. Risk assessments were included within the documentation and detailed all aspects of daily living where a risk had been identified. The plans seen had been reviewed on a regular basis to ensure they remained up to date. We found that people's care plans detailed their cultural needs. For example, in one file checked it was recorded that the person had different preferred names, dependent upon the age of the person speaking to them. This reflected their cultural identity.

The care plans seen showed regular contact was maintained with health care professionals, including consultants and psychiatrists, so people's health and well-being was promoted.

Staff spoken to showed a good knowledge of the health, social and personal care needs of the people they supported. Staff support was based around encouragement and advice, this was reflected in care plans as people's preferences and choices were clearly documented.

The care plans seen had been signed by people living at the home to evidence they had been involved in writing them. Staff confirmed part of their key worker role was to make sure people understood and were involved in planning their care.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We found a policy on the safe handling of medicines was in place and accessible to staff so important information was available to them.

We found all medications were stored securely to keep people safe.

The majority of medication was supplied to the home in a monitored dosage system (MDS). We looked at medication administration records (MAR) for two people. We found MAR sheets had been signed by the member of staff administering the medicines in all of the MAR sheets checked. We checked the medications held and found these corresponded with the details recorded on MAR charts.

We found the manager undertook medication audits on a monthly basis, along with ad-hoc spot checks to ensure that safe systems were being adhered to. We saw records of the manager's audits had been maintained to show that full and safe monitoring took place.

The manager informed us a meeting had taken place in June 2014 with the homes pharmacist. We saw the minutes from this meeting which detailed that the pharmacist had agreed to undertake medication audits at Sheldon House. The provider may find it useful to note that an audit of the medication systems had not yet been undertaken by the pharmacist. The manager confirmed that they would contact the pharmacist to arrange this, as agreed.

We checked staff training records and found all staff had been provided with training on the safe handling of medicines.

We found there were clear systems in place for the administration of PRN (as and when required) medication. The staff spoken with said PRN medication was rarely used, but they always contacted the manager for advice prior to administering PRN medication.

At the time of this inspection no people living at the home were prescribed controlled drugs (CD). However, we found that relevant policies and procedures were in place should these be required. We saw appropriate storage was available for CD, and a CD register was in place to ensure full and safe records would be maintained.

The care staff spoken with were clear of their responsibilities for administering and handling peoples' medication. They told us that once they had undertaken their training they shadowed an experienced member of staff administering medication to make sure safe procedures were adhered to.

We observed the morning medication administration. We saw that staff were patient with people and provided them with a drink to take their tablets with. We saw staff sign the MAR after administering medication, in line with safe procedures.

The three care files checked clearly showed people had been consulted and consented to staff administering their medication.

People told us staff helped them with their medication, which was their choice. Their comments included, "staff help with my tablets, that's good".

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People spoken with said staff were "good" and "kind".

We found relevant policies and procedures were in place which included staff training and induction, appraisal and supervision. We checked the staff training matrix. This showed all staff had been provided with induction training and mandatory training that included safeguarding, infection control, medication and moving and handling. Records showed staff were provided with specialist training as identified as needed, for example, person centred planning.

Staff spoken with said they had been provided with an induction which covered all aspects of training. They confirmed the manager had talked to them about the expectations of their role during induction. Staff said the training provided them with the skills and knowledge they needed to do their jobs.

We found that a procedure was in place to ensure staff were familiar with the homes policies. Staff told us that they were asked to read a specific policy and the manager then discussed their understanding of this with them to make sure they had understood it.

We checked the supervision and appraisal records for two staff. These showed regular supervisions and annual appraisals took place, for support and development. Staff told us they found these sessions beneficial and said the manager was very approachable and supportive. Comments included, "the manager is really good, I've learned a lot from her" and "she (the manager) is approachable and you can talk to her about anything".

Staff spoken with told us regular staff meetings took place, and we saw records of these. Staff said they could speak up and feel listened to.

Staff spoken with showed a commitment to their role. They commented, "this is a brilliant place to work. We all work together and the manager is part of the team. We all learn a lot. I would recommend this home and be happy for my relative to be here" and "I love my job. I think we make a difference and I'm proud".

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The homes manager was registered with CQC.

There were procedures and processes in place to monitor and ensure the home was providing an effective service and to monitor quality of the service.

We saw evidence of internal auditing of the homes environment, services and records. We saw records of monthly health and safety audits and 'daily walk round's' to show that thorough checks were undertaken. Monthly audits on medication and care plans were also undertaken and we saw records of these. The manager informed us the provider also undertook audit visits but records of these were unavailable. Staff confirmed the provider was a regular visitor. The manager confirmed that copies of the provider visit records would be kept at the home so that these were accessible.

We looked at a sample of the service's policies and procedures. The manager told us that all policies and procedures were regularly reviewed and updated and we saw evidence of this. We found the policies and procedures to be detailed, clearly written and easy to understand.

We saw an accident and incident book was maintained that the manager monitored so that any emerging patterns could be identified and acted upon.

People who used the service and their representatives were asked for their views about their care and treatment and these were acted on. Annual questionnaires were sent to people living at the home and their relatives. The provider had undertaken a survey in April 2014. People had been asked their opinions about such things as the environment, food, activities, care, communication and staffing. The responses received were positive. The provider had audited the responses and developed an action plan in response to these. The outcome of the survey was shared with people living at the home so that they knew they had been listened to. This meant the provider had systems in place to monitor the home which included their involvement in the monitoring of the service.

The manager said that she always had an 'open door' policy and welcomed relatives and

people living at the home coming to see her at any time. We saw evidence of this during our visit, as people freely and frequently came into the manager's office for a quick word.

People said they had regular 'residents meetings' where any issues, concerns or plans for the running of the home were discussed and acted upon by the manager and provider.

A written complaints procedure was in place and on display so that people had access to important information. The manager confirmed that a system was in place to record any concerns and the actions taken and outcome. The manager informed us that there were no current complaints.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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