

SheffCare Limited

Deerlands

Inspection report

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Ratings

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

Summary of findings

Overall summary

Deerlands is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Deerlands is purpose built and registered to provide accommodation and personal care for up to 40 older people. One corridor of the home is dedicated to supporting people living with dementia. The home is situated in the Parsons Cross area of Sheffield, close to local amenities and bus routes. All accommodation is based on the ground floor. All of the bedrooms are single and communal lounges and dining rooms are provided. The home has an enclosed garden. A car park is available.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People living at Deerlands told us they felt safe and they liked the staff. Relatives we spoke with felt their family member was in a safe place and did not have any concerns about their family member's safety.

Regular checks of the building were carried out to keep people safe and the service well maintained.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm.

There were sufficient staff to meet people's needs safely and effectively.

We found systems were in place to make sure people received their medicines safely.

Staff were provided with relevant training and supervision to make sure they had the right skills and knowledge to support people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People enjoyed the food provided and were supported to receive adequate food and drink to remain healthy.

We found the home was clean, bright and well maintained.

People had access to a range of health care professionals to help maintain their health.

People were treated with dignity and respect and their privacy was protected. People, their relatives and health professionals we spoke with made positive comments about the care provided by staff.

A range of activities were available both inside and outside the home to provide people with leisure opportunities.

People living at the home and their relatives 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.

Staff told us they felt they had a very good team. Staff, people living at Deerlands and relatives said the registered manager was approachable and communication was good within the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Deerlands

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 took place on 22 January 2018 and was unannounced. This meant the people who lived at Deerlands and the staff who worked there did not know we were coming. The inspection team consisted of two adult social care 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.

Before our inspection, we reviewed the information we held about the service. 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.

The provider completed 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.

We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

At the time of our inspection there were 37 people using the service. We spoke with seven people living at the home and five of their relatives to obtain their views of the support provided.

We spoke with nine members of staff, which included the two team leaders, care staff, the administrator, catering staff, a member of domestic staff, the activity coordinator and the provider's quality manager who visited the service on the day of inspection. We also spoke with a health professional who was visiting the home.

We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked around different areas of the service; the communal areas, bathrooms, toilets and with their permission, some people's rooms.

We spent time looking at records, which included three people's care records, six people's Medicine Administration Records (MAR), 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

People told us they felt safe living at Deerlands and commented, "Yes I feel safe here," "I feel safe because there are always carers around" and "The carers will always check that I'm alright, especially as they know I can't move around without help."

Relatives of people living at Deerlands told us they felt their family member was safe. They commented, "[Name of family member] is safe here, they absolutely love it and the staff are fabulous" and "Very safe, If [name of family member] hadn't come in here, they wouldn't be alive."

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 would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. The staff training records checked verified staff had been provided with relevant safeguarding training.

The administrator explained small amounts of monies were looked after for some people. Each person had an individual record of monies held in their name. We checked the financial records and receipts for three people and found they detailed each transaction, the money deposited and money withdrawn by the person. We checked the records against the receipts held and found they corresponded.

Regular checks of the building were carried out to keep people safe and the home well maintained. We found personal emergency evacuation plans (PEEP) were kept for each person for use in an emergency to support safe evacuation. These plans were kept individually in people's care files. A PEEP for all people in the home was kept in the main office but some of the information on the document was out of date. We discussed this with the quality manager who ensured the plan was updated before we left the service. The quality manager said they would look at where to store the document in future so it would be easier to ensure it was kept up to date.

We found a fire risk assessment had been undertaken to identify and mitigate any risks in relation to fire. This was updated in November 2017 and the quality manager said they would look at storing all documents relating to fire safety in a more central location to enable easier access for the service staff and emergency services, if needed.

We looked at three people's care plans in detail 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 specific to reflect the person's individual 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.

Where accidents or incidents had occurred, detailed information had been recorded by staff and reviewed by the registered manager to ensure appropriate action had been taken to keep people safe.

A robust recruitment and selection process was in place that ensured staff employed had the right skills to support people in the way they needed and preferred. Staff rotas checked showed that sufficient numbers of staff were provided to meet people's needs. Staff were visible throughout the home and we saw them responding to people's requests quickly. Staff said there were enough staff to meet people's needs. People we spoke with generally felt that there were enough staff to meet people's needs. One relative said, "There have been a couple of times when we've come and it's seemed a bit low staff wise."

We asked people about the support they got with their medicines and they told us they were happy with the support they received. People expressed confidence in the way their medication was managed and told us, "I take my medication three times a day, always on time" and "I take tablets which the staff sort out for me and there are never any problems." A relative told us, "The staff sort out [name of family members] tablets, I saw [name] having them this morning when I came, we've never had any problems."

We found a senior member of care staff was designated with responsibility for managing medicines. We checked six people's Medicine Administration Records (MAR) and found they had been fully completed. The medicines kept corresponded with the details on MAR charts. There were arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). They were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. We found the number of controlled drugs kept tallied with the records held. This showed that all controlled drugs had been accounted for. However, we found some controlled drugs which were not given on a frequent basis had not been counted and verified as correct in the past four weeks. We discussed this with the team leader and quality manager who gave assurances that these checks would take place on a more frequent basis to provide further safeguards around the safe storage of medicines.

We saw the temperature of the treatment room was monitored to ensure medicines were stored at the right temperatures. However, we observed that the current temperatures for the medicines refrigerator were not being recorded daily. Staff told us they didn't tend to use the fridge and it was stored in a different location to the other medicine storage so on occasions the temperature recordings had been overlooked. It is important that the minimum and maximum temperature range is recorded to provide assurance that medicines are stored within the required range of 2 and 8 degrees Centigrade. We shared this information with the team leader and quality manager; they told us they would speak with staff and ensure temperatures in future were recorded daily.

The quality manager said the community pharmacist carried out checks of medicines and records. We saw a community pharmacist's report dated March 2017 which did not highlight any significant concerns which required immediate action to improve medicines management.

We found the home was clean with no unpleasant malodours found in the areas we checked.

Staff told us they had been provided with training in infection control procedures so that people's health and safety was promoted.

Is the service effective?

Our findings

People told us that they had confidence in the staff and that the staff knew the people they were caring for. One relative speaking about their family member said, "Staff have been absolutely marvellous with [name]."

We checked the staff training matrix, which showed staff were provided with relevant training so they had appropriate skills. 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. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example, training on dementia awareness and tissue viability. This meant all staff had appropriate skills and knowledge to support people.

We found new staff were completing the Care Certificate as part of their learning and development. 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.

We checked records of staff supervisions and appraisals. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role. The records showed care staff had been provided with regular supervision and an annual appraisal for development and support. All of the staff asked said that they received formal supervisions and could approach management at any time for informal discussions if needed. This showed that staff were appropriately supported.

We asked people living at the home and their relatives about support with healthcare. People we spoke with told us that when needed, other health care professionals were contacted to address issues of concern. One person said, "The doctor comes here regular and so does a dentist and I also get my eyes tested here as well, the staff sort all that for me." A relative said, "If there is an issue with [name of family member] health, they [staff] will get a doctor or whoever straightaway, then they're on the phone and telling us what's happened, they're very good like that."

The health professional spoken with was very positive about staff and the care provided at Deerlands. They commented, "You only have to ask and staff follow any care instructions we have given. Staff embrace any training we offer. They are excellent."

Stakeholders we contacted prior to the inspection told us they had no current concerns about Deerlands.

People we spoke with told us that drinks and snacks were provided regularly throughout the day and we

observed that people had hot or cold drinks in their rooms, or next to them in the lounges and were offered them by members of the care team during the visit. People were very positive about the quality of meals served. One relative told us, "[Name of family member] is a grazer like me. They get snacks and drinks here and we also bring stuff in for them. They were so skinny when they came in but we've had to buy them bigger clothes now."

One person told us, "The food is lovely here. I like good plain food, so I don't venture into that fancy stuff, but I like pizza now," another said "I like a bacon sandwich for breakfast and fish, chips and peas here is lovely."

We observed lunch being served in one dining room. Meals appeared to be served from a pre-ordered list. Ten people were being supported by two members of the care team, with lunch being brought up on a heated trolley from the main kitchen. All of the people having lunch were able to eat independently and none appeared to need food supplements or adapted equipment to enable independence at meal times, or to have their meal cut up for them. The meal was chicken pie, mashed potatoes, carrots, peas and cauliflower. The alternative option was spaghetti Bolognese. Dessert was lemon sponge and custard or ice cream. Lemonade was offered throughout the meal. Once seated, people did not have to wait for their meals to be brought to them.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

There were clear records kept of DoLS authorisations and the care plans seen showed evidence of capacity assessments and decisions being made in the person's best interests.

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.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were seen and heard asking consent from people before providing any support. Staff were also observant of people's body language and behaviour when asking them to make decisions about their routine.

We observed members of the care team calling people by name and having a clear understanding of their particular preferences in, for example, the places people liked to sit, spend time during the day, or the way they liked their drinks made.

We looked at three people's care plans and found care was provided to people with their consent. The care files seen held signed consent, where people had been able to sign, to evidence they had been consulted and had agreed to their plan. Where people had been unable to sign, the consent forms had been signed by the person's representative. This showed important information had been shared with people and their

advocates and they had been involved in making choices and decisions about their care.

We found the home was designed and adapted to meet the needs of people using the service. Accommodation was provided on one floor. The front door was fitted with a key code entry for security. People were able to walk freely around the home and clear signage and pictures helped to identify the different areas. We found the environment provided welcoming and pleasant living spaces.

Is the service caring?

Our findings

People were treated with dignity and respect and their privacy was protected. People and their relatives we spoke with made positive comments about the care provided by staff. People told us they were happy and well cared for by staff that knew them well. Comments included, "Staff care for me," "Staff are very caring in their approach to [named family member] and have to do more or less everything for them, they're very caring in how they do it" and "I need support with getting ready, especially with my bottom half, the staff are lovely how they care for me."

One person smiled, walked over to an individual staff member, patted them on the back and said they 'did a good job' when we asked them what they thought of staff.

We observed staff routinely knocking on people's doors before entering and stopping to chat with people as they moved around Deerlands.

We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We saw people were well dressed and groomed. We saw staff support people in a positive and caring way. Staff sat chatting with people and staff were patient and respectful. Staff used appropriate touch and spoke in a calm way to reassure people if the person became upset or agitated.

A health professional said, "This is an excellent home with excellent staff who care. An example of this was when I visited once, Staff didn't know I was there but I observed a member of staff show real patience and treat a person in a kind caring manner when the person had become anxious and confused. I would choose this home and have done before for a relative and I do visit a number of homes in the area."

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.

There was a very friendly atmosphere at Deerlands which was very beneficial to people. It was clear that there were friendly and caring relationships between people and staff. Staff were very attentive and understood people's individual needs.

People and relatives we spoke with told us that they or their family and friends were able to visit Deerlands without restriction and felt there was an open and inclusive atmosphere at the home. Comments made included, "I visit virtually every day. We come in the morning, in the evening, weekends, there's never a problem," "We've come in the morning today, but last week we came at a different time, they [staff] just welcome you whenever" and "One of my [family] doesn't live far from here, so they just pop in whenever they are passing or feels like it, but my other [family] lives [outside of Sheffield], They tends to come more at

weekends. My grandkids call in as well, there's never a problem about them coming."

In the reception area we saw there was a range of information available for people and/or their representatives. This included: details of advocacy services, support organisations and the registered provider's complaints procedure. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

Is the service responsive?

Our findings

People living at Deerlands and their relatives said staff responded to their or their family member's needs and staff knew them well. People told us they chose where and how to spend their time and how they wanted their care and support to be provided and they were involved in reviews of this. Relative's told us "[Name of family member] used to have a monthly review, but now he's been here so long it's not as often, I think it's something like annual now, but we're always involved," "I was involved in my care review and that was able to contribute my opinion" and "Me, the manager and staff talked about my care and how I'm looked after."

The three care plans seen contained detailed information about the care, treatment and support needed to ensure personalised care was provided to people. The care plans seen detailed the persons individual health needs and the actions required of staff to support their needs. This meant that staff had been provided with relevant and up to date information to support people in the way they preferred.

Throughout the inspection we heard staff constantly ask people about their preferences and choices in their daily living activities. People said that they had a regular opportunity as a group to discuss the choices that were on offer, the choices they were making daily and to initiate changes.

People we spoke with told us that there were lots of activities for them to get involved with.

One person said, "I have lots of things I can get involved with. I like it when there is a turn [entertainer] that comes, and I like bingo. They [staff] take us out a lot as well, which is nice."

Relatives said, "[Name of family member] loves to go to the dancing sessions, [name] dances pretty much the whole time and will dance with all the ladies" and "There's lots of activities and they always try and involve [name of family member], but [name] won't join in much. [Name] is a quiet person, they did get them baking, but it's not them."

On the day of the visit we observed a large and lively group completing an activity which they had started the previous week, led by the Activities Organiser. Some relatives visiting also joined their family member in the activity.

We spoke with the Activities Organiser who had been in post at Deerlands since September 2017. They worked to a 20 hour contract across five days but had worked as part of a care team elsewhere in the provider group. The Activities Organiser told us that they worked to a planned weekly program but that the program was flexible to accommodate individual needs.

The Activities Organiser told us that they varied the activities between group and individual sessions and with a focus on making links with external organisations who would come into Deerlands and places people living at Deerlands could go and visit.

The Activities Organiser and staff told us a means of beginning to highlight people's spiritual needs, links

had been made with a local Priest and it was part of the Activities Organisers plan to extend this to leaders of other faiths.

We found a system was in place to respond to people's concerns and complaints so that people knew they would be listened to and taken seriously. People living at the home and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

Comments from people and their relatives included, "We could speak to [name of registered manager] if we were concerned about anything or go straight to the office where [named administrator and team leaders] are" and "[Name of registered manager] would sort things out and I could also talk to [named member of the care team] if I was worried about anything."

We saw records of staff training in end of life care so they had the skills and knowledge to meet people's needs. Staff also said how they had felt supported to meet people's needs during people's end of life care by the community nursing team and the local GP's.

The registered manager, within the PIR document said, "The end of life care plan at Deerlands is multi-disciplinary and is responsive to the changes in end of life care with regard to pain management, skin integrity, hydration and comfort. During this difficult time relatives are treated sensitively and with compassion being given the opportunity to ask as many questions of the team providing care as they wish."

Is the service well-led?

Our findings

There was a manager at the service who was registered with the 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. Due to unforeseen circumstances the registered manager was unavailable on the day of the inspection. The team leaders and quality manager assisted with the inspection.

The people we spoke with thought that Deerlands was well-led. People knew the name of the registered manager and told us that they had confidence in them.

People said they also understood the management structure within the direct care team and told us they were confident in the staff leading the team.

Staff told us they felt they had a very good team. Staff, people and relatives said the registered manager was approachable and communication was good within the service.

Staff said, "I love my job" and "It can be a demanding job but we are a really good team, we can rely on each other."

The registered manager and registered provider continually sought feedback about the service through surveys, meetings and reviews, involving other professionals, relatives and people who used the service. Regular audits and quality assurance checks were completed covering all aspects of the service, for example, care plans, medicines, complaints and health and safety. Documentation showed the management team took steps to learn from events such as accidents and incidents and put measures in place so that they were less likely to happen again.

We observed that the prominently placed notice board held information with regard to the current CQC rating for Deerlands along with some explanatory information.

In addition, there was information with regard to survey results for a 2017 stakeholder questionnaire, a summary of a Relatives Survey for 2017 and a Staff Questionnaire.

Senior managers of the registered provider carried out regular monitoring visits to the service and identified areas for improvement with action plans that were signed off when completed. The quality manager was visiting the service on the day of our inspection.

The home had policies and procedures in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. 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.

Staff were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The team leaders confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.