

Sandford House Limited

Sandford House - Chesterfield Road

Inspection report

317 Chesterfield Road
Sheffield
South Yorkshire
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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Sandford House - Chesterfield Road provides care for people requiring support with mental health needs and/or learning disabilities. The service provides accommodation and care for up to 32 people. At the time of the inspection 32 people were living at the service, one person was receiving respite care.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service:

People we spoke with did not express any worries or concerns. Safeguarding procedures were robust and staff understood how to safeguard people.

There was a strong, visible person-centred culture. The service ensured that staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind.

Individual risk assessments were completed for people so that identifiable risks were managed effectively.

Systems were in place to make sure managers and staff learn from events such as incidents, concerns and investigations.

People we spoke with told us there was always a staff member available to provide them with assistance during the day or night. There were enough staff to ensure people's care and support needs were met.

People were cared for by suitably qualified staff who been assessed as safe to work with people.

The service had appropriate arrangements in place to manage medicines so people were protected from risks associated with medicines.

People's feedback told us they received exceptionally high quality, personalised, creative and compassionate care. All the people and staff we spoke with gave us positive feedback about the caring nature of the service, quality of the staff and thoughtful support they received.

Relatives had complimented the service on the compassionate care provided including end of life care.

People had access to external health professionals to help promote good health and mental health wellbeing.

All the people spoken with made very positive comments about the staff team and the registered manager.

People told us they were treated with dignity and respect. We saw the service actively promoted people's privacy and dignity and independence by using a care card system every day. This system had been designed by the registered manager to increase people's understanding of respect, dignity, choice, diversity and equality.

Staff had undertaken training which was regularly updated to ensure they had the skills and knowledge to support people effectively. Staff told us they felt supported and valued.

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 were encouraged and supported to maintain a healthy diet.

We saw people responded well to staff and looked at ease and were confident with staff. During our inspection we observed staff were sensitive to times when people needed caring and compassionate support. It was clear from our discussions with staff that they enjoyed caring for people living at the service and they found it rewarding.

There was a range of activities on offer to people living at Sandford House. People were encouraged and supported to engage in activities within the community.

People spoken with felt confident they could raise any concerns with staff or the registered manager and that they would be taken seriously.

The registered manager had a good oversight of the service and were experienced in their role. Staff spoken with made very positive comments about the staff team and the senior staff.

There were planned and regular checks completed at the service to check the quality and safety of the service provided.

Rating at last inspection:

At our last inspection Sandford House was rated good (report published 8 March 2017).

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

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 ●

Sandford House - Chesterfield Road

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Sandford House - Chesterfield Road is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Sandford House provides care for people requiring support with mental health needs and/or learning disabilities. The service provides accommodation and care for up to 32 people.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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 this inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory

notifications are information the registered provider is legally required to send us about significant events that happen within the service. For example, where a person who uses the service has a serious injury. The registered manager had completed a Provider Information Return (PIR). The PIR 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 contacted social care commissioners who help arrange and monitor the care of people living at Sandford House. We also contacted 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 this information to plan our inspection.

During this inspection we spoke with six people. We spoke with seven members of staff which included, the registered manager, a senior care worker and two care workers. We looked at three people's care records. We checked a sample of medication administration records and three staff files, which included recruitment checks, supervisions and appraisals. We also looked at other records relating to the management of the service, such as quality assurance documents.

We spent time observing the daily life in the service and we looked around the building to check the service was safe and clean.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse.
- People we spoke with did not express any worries or concerns. People were supported to raise any concerns with staff.
- People told us staff responded appropriately if a person displayed behaviour that could challenge others.
- Staff had received training and had a good understanding of safeguarding processes.
- Records showed when incidents of suspected abuse had occurred the provider had reported these appropriately to the local authority safeguarding team and to CQC.

Assessing risk, safety monitoring and management

- There were systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people were effective.
- People's care records included assessments of specific risks posed to them, covering areas such as mental and physical health.
- Care plans contained appropriate guidance for staff about how to support people to reduce the risk of avoidable harm.
- A ward round was completed every six weeks with the community psychiatric nurses and consultant psychiatrist. Any concerns about people's changes in risk, issues and concerns were discussed at these visits.
- Risk assessments were reviewed every three months or more frequently if a person's needs changed. A full review was completed every six months. This helped staff to take appropriate action to reduce risks as risk levels changed.
- Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs.
- Staff felt there were enough staff to support people effectively.
- The service had an effective system in place for the deployment of staff each day. This enabled staff to provide personalised support to a group of people during the day.
- During this inspection, we saw staff were available to meet people's needs in a timely manner.
- Residents were involved in the recruitment of staff.
- Pre-employment checks were completed for new staff, to check they were suitable to work at the service.

Using medicines safely

- Medicines were obtained, stored, administered and disposed of safely by staff.

- Regular checks of medicines were undertaken to identify any issues and improve the management of medicines.
- People were receiving their medicines as prescribed. Staff kept records about what medicines they had administered to people and when.
- Staff who administered medication had received training and their competency had been checked.
- Some people were prescribed medicines to be taken as and when required, known as PRN medicines. PRN protocols were in place to provide important information to staff.

Preventing and controlling infection

- Sandford House was clean and there was an effective infection control system in place.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons. We observed staff using PPE appropriately during our inspection.

Learning lessons when things go wrong

- Staff reported and maintained records of incidents.
- Accidents and incidents were recorded and monitored. Each incident was reviewed by the registered manager and actions taken to mitigate future risks.
- Team and staff safety huddle meetings were used to discuss learning points from incidents and changes to people's care plans, so that people were supported safely.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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 Sandford House to check the service was suitable for them. A person-centred care plan was then written for each person which guided staff in how to support them.
- Care plans were developed with people; there was a strong focus on the outcomes people wished to achieve.
- All the people spoken with were very satisfied with the quality of care they had received. People told us staff recognised when they were having a bad day or were feeling unwell and how to support them.
- We looked at the services compliments book. We saw the feedback from relatives was consistently good.

Staff support: induction, training, skills and experience

- People told us they thought the staff had been trained well. One person described the staff as "experts".
- Staff induction procedures ensured staff were trained and knowledgeable about the people they supported.
- Staff were supported to undertake the Care Certificate. The Care Certificate is an identified set of standards that health and care professionals adhere to in their working life.
- Staff told us they were well-supported by the senior staff; they received regular supervision. Staff told us they could approach the registered manager at any time they needed and was very supportive.

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

- We saw people were offered a wide choice of food and their individual preferences were considered. Staff were aware of the people who needed a specialised diet.
- People were encouraged and supported to maintain a healthy diet.
- People's views had been sought about the food options at the resident's huddle meetings. This had resulted in changes to the menu.
- Some people living at the service participated in cooking meals. One person described the different meals they liked to cook to us.
- People could store items in the communal fridge, their favourite drink or snacks. Some people had a fridge in their own rooms they could use.

Staff working with other agencies to provide consistent, effective, timely care:

- The service had clear processes for referring people to other services, where needed.
- The service worked closely with health professionals to support people's health needs.

Supporting people to live healthier lives, access healthcare services and support.

- People had access to healthcare professionals to help promote good health and mental health wellbeing. External mental health professionals regularly visited the service.

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

- The service was nicely decorated and had a welcoming, homely atmosphere.
- There was a pleasant garden with a vegetable garden. A smoking shelter had been provided for people to use.

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 with appropriate legal authority. 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. We found the service was working within good practice guidelines.
- People had signed to indicate their consent to their care plans.
- Staff received training in the MCA and DoLS.
- All the people spoken with described how they were supported to have maximum choice and control of their lives.

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

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

People were supported and treated with dignity and respect; and involved as partners in their care

- There was a strong, visible person-centred culture. The service ensured that staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind.
- People's feedback told us they received exceptionally high quality, personalised, creative and compassionate care. All the people and staff we spoke with gave us positive feedback about the caring nature of the service, quality of the staff and thoughtful support they received. People told us that staff were very sensitive to the times when they were becoming unwell. One person showed us the memorial garden at the service for people who had died whilst living at the service. They told us this memorial had given a lot of comfort to people and staff.
- Relatives had complimented the service on the compassionate care provided including end of life care. Comments included, "As always, caring and above and beyond the call of duty" and "I would recommend this home to other relatives and indeed future residents. Care and compassion is very evident from all staff and managers" and "Sandford House have an extraordinary commitment to their residents and chose to take on the enormous task of caring for [family member]. All the staff at Sandford House have had to work extremely hard, take on duties they wouldn't normally be expected to do and all of them with passion, dedication, determination and a level of care and kindness above and beyond any care I have seen before."
- The service had received compliments about the compassionate care provided from external healthcare professionals. One professional had commented, "[Registered manager] was able to balance professional care and nurturing care flawlessly."

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

- The service respected people's diversity. Staff were open to people of all faiths and belief systems, and there was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. For example, the service had supported some people who had experienced discrimination in the past to feel confident that they could be open about their sexual orientation. People were given information about the different groups they could join and supported if they wanted to explore this further.
- Staff spoken with were very knowledgeable about the people they supported, their preferences and their communication needs. One staff member described how staff explored different ways to include and encourage people to participate in activities. Some staff volunteered on their days and nights off to escort people to attend activities. Some people had recently been supported by staff to go away for an adventure weekend.
- We saw people responded well to staff and looked at ease and were confident with staff. During the

inspection we observed staff were sensitive to times when people needed caring and compassionate support with their mental health. It was clear from our discussions with staff that they enjoyed caring for people living at the service and they found it rewarding.

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

- Care plans contained information for staff on how people expressed their views and how to support them to be involved in making decisions about their care and support.
- We found people had been supported to fully explore their needs and preferences in relation to personal and family support. People told us they had been fully involved in making decisions about their care and support needs. The staff encouraged and supported people to work on their risk management. One person described how being trusted by staff to manage their own risk had been life changing.
- We found the service welcomed the involvement of advocates. Some people living at the service had an advocate. The registered manager described examples of how they worked alongside the person's advocate with the aim of achieving the best outcome for the person as possible. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services, defend and promote their rights and responsibilities and explore choices and options.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. This was fully embedded into the service. People and staff felt respected, listened to and influential.
- We saw the service actively promoted people's privacy and dignity and independence by using a care card system every day. This system had been designed by the registered manager to increase people's understanding of respect, dignity, choice, diversity and equality. For example, one person with learning difficulties described how staff had helped them to recognise when they were not being treated with dignity, respect or fairly. This had helped them when they were visiting home or out in the community. During our inspection we saw people were very respectful of each other. For example, we observed people who had finished lunch making sure they did not disturb people who were still eating.
- People were able to lock the doors of their room if they wished to. We looked at some people's rooms and we saw these reflected the person's personality, hobbies and interest.
- People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. For example, one person was working in a local charity shop and travelled independently. People were supported to develop friendships within the community. People were supported to maintain their independence and engage in activities of daily living such as, cooking and cleaning their room.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People we spoke with made very positive comments about the care and support provided.
- We found people's care planning was person centred. An account of the person, their personality and life experience, interests, aspirations, their religious and spiritual beliefs had been recorded.
- People had mental health crisis prevention care plans and mental health crisis support plans in place. These showed how people may behave when they were well or when they maybe becoming well. They also included information on how the person wanted to be supported. This helped staff use early intervention if the person was becoming unwell.
- We saw evidence that people's care plan plans and risk assessments were regularly reviewed or in response to changing needs.
- Staff handovers and huddle meetings enabled information about people's wellbeing and care needs to be shared effectively and responsively.
- The service promoted people's wellbeing by taking account of their needs including activities within the service and community. Some people went out independently whilst others were provided with support to participate in activities in the community. For example, going for a walk in the park or going for a meal. The service also arranged trips for people to participate in. For example, some people had recently been to Thornbridge for an adventure weekend.

Improving care quality in response to complaints or concerns:

- The service had not received any formal complaints since the last inspection.
- People we spoke with told as they knew who the registered manager was and knew they could ask to speak with them if they had any concerns.
- Regular resident huddle meetings were held at the service and people were encouraged to express any concerns they may have.

The provision of accessible information:

All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information of communication needs because of a disability, impairment or sensory loss. The provider had taken steps to meet the AIS requirements and principles were understood.

- People's communication needs were identified, recorded and highlighted in care plans. For example, the service had used flash cards and a computer to communicate with one person who had lived at the service.
- We saw it would be beneficial if there were more documents available in an easy read format such as the complaints procedure and service user guide. We shared this feedback with the registered manager. They told us they would put this in place.

End of life care and care plan:

- There was no one receiving end of life care at the time of our inspection. People's wishes and preferences were included in their care plan plans. In the past the service has worked with a range of external healthcare professionals to provide compassionate end of life care.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and care plan with openness; and how the provider understands and acts on their duty of candour responsibility

- We observed a positive, welcoming and inclusive culture within the service. Staff told us they felt everyone was well supported and there was a good staff team working at the service.
- We saw people responded positively to the registered manager throughout the day. We received positive feedback from people and relatives about the senior staff.
- The registered manager and provider had an overview of the service. The registered manager and provider identified any areas for improvement and care plan changes to the service to ensure it provided high-quality care and support.
- During the inspection we noted that some of the policies and procedures within the service would benefit from being reviewed. The registered manager told us they would share this feedback with the provider.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- We received positive feedback from staff about the way the service was run. They told us the senior staff were approachable, supportive and proactive at dealing with any issues that arose.
- Staff morale was positive and staff told us they felt supported and valued.
- Staff at all levels were clear about their roles and responsibilities.
- Staff told us they worked effectively as a team.

Continuous learning and improving care:

- There were quality assurance systems in place to monitor the quality and the safety of the service provided.
- Staff meetings and safety huddles took place to review the quality of the service provided and to identify where improvements could be made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People told us they were regularly asked their views about the service.
- The service held resident huddle meetings so people had an opportunity to feedback about the service and suggest improvements. Residents chaired these meetings.

Working in partnership with others:

- The service worked with other agencies such as the local authority and clinical commissioning groups who commissioned care for some people living at the service. For example, the service had worked closely with

the clinical commissioning group to ensure the service was managing medication safely.

- We received positive feedback from commissioners on the management of the service.