Inspection Report

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 2013 Date of Publication: July 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ 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. There are six single rooms, two of which have en suite shower facilities. A communal lounge and dining kitchen are provided. The home is in the Nether Edge area of Sheffield, on local bus routes and close to amenities. The home has a patio and garden area.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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'.

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 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

At the time of this inspection two women lived at Sheldon House. Both women chose not to speak with us, but said they were "happy" and "fine." Two relatives spoken with said they were satisfied with the care and support their relative was receiving. Their comments included; "I am happy with the care (my relative) gets, they (staff) look after them well" and "they (staff) are very good people, they know how to deal with (my relative)."

During the inspection we were able to observe people's experiences of living in the home. The interactions between people living at the home and staff appeared positive. Staff spoken with knew the people living at the home very well. We found that care and support was offered appropriately to people.

We found that people's care and welfare needs were assessed and each person had a written plan of care that set out their identified needs and the actions required of staff to meet these.

We found that suitable arrangements were in place to ensure people were safeguarded against the risk of abuse and their rights were upheld. Staff had received training on safeguarding people so that they were aware of the actions to take if they suspected abuse, or if an allegation was made.

We found that sufficient numbers of staff were provided to meet people's needs. Staff were provided with relevant training to maintain and update their skills and knowledge.

We found that procedures were in place to audit and monitor systems within the home.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

At this inspection we were able to observe people's experiences of living in the home and their interactions with each other and the staff. We found there was good communication between staff and people living at the home. We observed that staff treated people with dignity and respect by using a positive, friendly and kind approach. We observed examples of good communication skills by staff that utilised eye contact and a calm tone of voice to engage people. We saw that staff took time to talk with people.

Staff were observed explaining choices and their actions so that people understood the support being provided. Staff treated people in a kind manner and spoke with them patiently and respectfully.

In addition to the registered provider and registered manager, we spoke with the two health care assistants who were on duty at the time of our inspection. We asked staff how they would maintain people's dignity and privacy. They were clear of the actions to take to make sure people were respected. Staff spoken with could give examples of how individual choices were provided throughout each day, this included; choice of clothing, involvement in activities and time for prayer.

The registered manager informed us that whilst only two women lived at Sheldon House, residents' meetings were not taking place as all communication took place on an individual basis, and one woman had only lived at the home for a few weeks. However the manager confirmed that residents' meetings would be held if more women moved into the home.

The registered manager told us that she was a dignity champion and attended the Local Authority dignity forum to share good practice. She was responsible for making sure staff understood issues relating to dignity and promoted these in the home. Staff spoken with told us that they had received training in privacy and dignity as part of their induction, and this was something that their manager always discussed with them.

We saw that staff had been provided with a schedule of work that included undertaking

household tasks. The schedule held reminders for staff that included; 'Remember Privacy' and 'Remember Dignity' to assist staff.

We found that consideration had been given to people's cultural and religious needs so that these could be respected. Each person had been provided with a copy of the Quran, a prayer mat and tasbeeh (prayer beads) should they choose to use them.

Staff commented; "It's amazing here because we have different and diverse cultures. It could be difficult to cater for all needs, but we do it well here. We know and understand people's different needs, like halal food, music and cultural activities like henna on hands. It's beautiful and we can make this a home from home, it's the best of both worlds."

We found that relevant policies were in place and available to staff to promote people's dignity. These included; Equal Opportunities, Confidentiality, the Mental Capacity Act (MCA) and Deprivation of Liberty safeguards (DOLs).

We found that a staff Code of Conduct was in place which referred to promoting people's rights and maintaining privacy and dignity. Staff confirmed that they had read these policies and had been provided with a Code of Conduct so that they had access to this information.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Both women living at Sheldon House chose not to speak with us at length about their experiences of living at the home. Both women spoke Punjabi as their first language. One person could speak English and told us; "I am happy here." The other person spoke Punjabi and Urdu. Whilst the registered provider was happy to translate for us, the person chose only to say; "I am fine."

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 that lived at Sheldon House to obtain their views of the support their loved one received. Their comments included; "they do a really good job. The staff are always welcoming and involve me in everything. I have no issues at all" and "I have regular contact with (my relative) and I am quite happy about how they (staff) look after her. They are good to her. What they are doing is very good. (My relative) is much calmer and seems happier. There is no doubt about it, they are very good people."

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 checked both 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.

The care plans showed that regular contact was maintained with health care professionals, including psychiatrists and mental health social workers so that people's well being was promoted.

Staff spoken with showed a good knowledge of the health, social and personal care needs of the people they supported. They were able to describe in detail people's interests, history, behaviours and how best to communicate with them. Staff support was based around encouragement and advice, this was reflected in care plans as people's preferences and choices were clearly documented. One person's care plan detailed some challenging behaviours and the plan recorded the staff approach and action required to manage these. Staff were very clear about this and could give examples of how some challenging behaviours had improved due to a consistent and combined approach by staff.

Staff commented; "we get a lot of time for one to one work so we know the people we support really well. The management are great and are always looking at ways to make things better for people. I am proud to work here; people are treated and valued as individuals."

One of the care plans checked had been signed by the person to evidence that they had been involved in writing it. The registered provider explained that the other person had been unwilling to sign their plan and had shown no interest in doing so. Staff confirmed that part of their key worker role was to make sure people understood and were involved in planning their care.

People had access to the local community and records checked showed that regular trips to local amenities took place.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with the two health care assistants who were on duty at the time of this inspection. They were able to describe the different types of abuse and were clear of the actions to take if they suspected abuse or if an allegation was made so that people were protected. In addition, Staff were clear of the responsibility to report any concerns to their manager. All of the staff spoken with said that they were confident they would be listened to and taken seriously. Staff confirmed that there were safeguarding and whistle blowing policies in place, which they had access to if needed, so that they were aware of important information to help keep people safe.

We looked at the staff training records. These showed that staff were provided with training on safeguarding people so that they had appropriate knowledge and skills. Staff told us that the training covered the Mental Capacity Act and Deprivation of Liberty (DOLs) so that they understood people's rights. One staff spoken with was booked to attend Safeguarding training as part of their induction. They told us that the registered manager had provided them with documents relating to adult protection and had gone through the safeguarding policy with them so that they had relevant knowledge to keep people safe whilst waiting for their formal training.

The manager was aware of the need to report any incidents to us and the Local Authority in line with written procedures to uphold people's safety.

We found that a policy on handling people's money was in place. The registered manager informed us that small amounts of money were kept which only she or the registered provider handled. We saw that people's money was stored securely. We checked records of financial transactions and saw that each transaction had been signed by the manager or provider, and detailed amounts taken, amounts spent and the balance. Receipts had been retained from each transaction so that safe procedures were followed.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At the time of this inspection one part-time and two full-time health care assistants were employed at the home. In addition the registered manager and/ or the registered provider worked alongside staff to support people.
The registered provider told us that four additional staff had recently been recruited and Disclosure and Barring Scheme (DBS) checks (formerly known as Criminal records Bureau (CRB) checks) had been applied for. This meant that as the service grew, additional staffing would be available to support people.

We looked at the staffing rota. This was one sheet that reflected the staffing arrangements for each day every week as the staff worked the same days each week. However, to improve records the manager was introducing a seperate rota for each week so that any leave or sickness and cover could be identified. We saw the new rota the manager was implementing.

The rota showed that a minimum of two staff were on duty and available to support people at all times. This included the registered manager and registered provider who shared availability when only one health care assistant was working in the evening. A member of staff was always awake during the night to respond to people's needs if required.

Staff spoken with said that enough staff were provided each day to meet people's needs. They told us that the registered manager and registered provider were always available and were approachable and supportive. They had an 'open door' policy and staff said that they could talk to them about anything and they would feel listened to.

We looked at the staff training records. These showed that training was provided by the Local Authority and included an eight week induction so that staff had the skills and knowledge to carry out their duties.

Staff spoken with said that they "loved" their jobs. Their comments included; "this is a really good place to work. We really are a good team that get on well" and "the management are great and are always looking at ways to make things better. They put people first."

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

We found that some systems were in place to audit and check quality within the home. We saw from records checked that these had been audited by the registered manager, for example care plans detailed when the manager had checked these. In addition, the registered manager had a 'spot checks' book which detailed that checks had been undertaken on the environment, cleanliness and activities that had taken place. The manager informed us that she undertook medication checks everyday by checking through the medication folder and also undertook daily health and safety checks.

The provider may find it useful to note that no formal records of medication and health and safety audits had been maintained to evidence that these had taken place.

We discussed quality assurance records with the registered manager and acknowledged that during this inspection they had started to develop a recording system to show when audits had been carried out.

The registered manager informed us that she had plans to undertake a survey with people living at the home and their relatives to formally obtain their views, as part of quality assurance procedures. This would take place in a few months time as one person had only been at the home for a few months, the other person for a few weeks.

The registered provider was responsible for another home that was located on an adjoining street. We saw that the registered manager had compiled a report outlining the results of a survey undertaken at this home. This showed that the manager understood the quality assurance process as she had included the results of the survey, a conclusion and an action plan to address any issues raised.

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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk