

SheffCare Limited

Housteads

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

About the service

Housteads is registered to provide accommodation and personal care for up to 40 older people, some of whom are living with dementia. There were 32 people living at Housteads at the time of inspection. The home is situated in the Richmond area of Sheffield, close to local amenities and transport links. Accommodation is based on the ground floor. All of the bedrooms are single and communal lounges and dining rooms are provided. The home has a secure enclosed garden and car park.

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

Medicines were managed well, so people received their medicines as prescribed. Staff meetings were held every three months. Staffing was appropriate to meet people's needs and staff were visible at all times during the inspection. Robust recruitment procedures ensured suitable staff were employed. People were supported by staff who understood how to identify and report potential abuse. People told us they felt very safe and risks to people's health and safety were managed well. When accidents or incidents occurred, learning was identified to reduce the risk of them happening again.

There was a positive leadership in the service. People and their relatives spoke highly of the staff and registered manager. The registered manager was interviewing for new staff at the time of inspection, however was very visible in the home. Audits and monitoring procedures were in place and since the last inspection these included a fire and risk assessment plan, these were used effectively to manage the service and to make improvements where needed.

People's care plans reflected the person current needs. Staff said they read and followed care plans and knew people well. People's wishes regarding their end of were in place if and when required. People had access to a good range of activities and told us they enjoyed these. We observed this on inspection. People and relatives were confident to raise issues and concerns. Complaints procedures were effective.

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 had the support they needed to maintain a balanced diet and good health. Staff received training and support they needed to give them the knowledge and skills needed to care for people safely and effectively.

Staff promoted very caring relationships with the people who lived at the service. Staff respected people's privacy and dignity and promoted independence, equality and diversity throughout. People and their relatives were involved in the planning and delivery of their care. Relative's told us they felt welcome and involved in the home.

Rating at last inspection

The last rating for this service was good (20 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Housteads on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Housteads

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with 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 the inspection

We reviewed information we had received about the service since the last inspection. We contacted Sheffield local authority, Sheffield Clinical Commissioning Group (CCG) and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not request the provider to send us the provider information return on this occasion. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with the registered manager, cook, activity coordinator and three members of staff. We spent time speaking with seven people who used the service, five visiting relatives. We spent time looking round all areas of the service. We reviewed three people's care records including medicines administration records and looked at other records relating to care and the running of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had a good understanding of their role in identifying and reporting any concerns about potential abuse.
- People told us they felt safe. One person said, "It's brilliant here. They make sure the front door is locked so not just anybody can walk in. There have been one or two people who wander into your room, but the staff are very quick to get them out." Another person said, "I'm not staying here. I had to come while they put some things in for me at home because I've had some falls. I'm going home today but I'm really sad because it's marvellous here. I've been so well looked after."
- The provider ensured incidents were reported to the local authority safeguarding teams and CQC as part of this process.
- The service looked at accidents and incidents and any lessons learnt around these. This meant the likelihood of repeat occurrences was reduced.
- The provider ensured incidents were reported to the local authority safeguarding teams and CQC as part of this process.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support needs were assessed, and clear guidance was in place for staff to show how they could minimise these risks.
- We observed safe practice in using equipment such as peoples walking frames around the home.
- Equipment and systems such as electrical circuits and fire safety systems were regularly serviced in line with best practice.
- People had personal emergency evacuation plans which guided staff on how to help people to safety in an emergency.

Staffing and recruitment

- The provider had safe recruitment practices in place. These included background checks to make sure staff were safe to work with vulnerable people.
- People told us there was enough staff. One person said, "They come straight away." A relative said, "I don't think they are short staffed. There are always plenty of staff around and they are really good."

Using medicines safely

- Medicines practices were safe. There were good controls in place to make sure people got their medicines when they needed them, storage was secure on each corridor and locked after use. Staff had good knowledge of medicine management.

- People said they had good support to make sure they got their medicines on time, including those for pain relief if they told staff they needed them. One person said, " They bring tablets round when we've had our lunch and write down what everyone has had."

Preventing and controlling infection

- People were protected from the associated risks of infection.
- Staff received training in infection control and food hygiene.
- Infection control risks were minimised because the home was clean and well maintained. Staff used equipment such as gloves and aprons when delivering personal care and handling food. One person said, " Everything here is spotless. It's pristine."

Is the service effective?

Our findings

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

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

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

- People's needs were assessed. Staff told us they also sat and spoke to the person on the day of admission to ask about what they liked and how they were feeling. People and those involved in their care were included in the assessments. A relative told us, "We were involved in the whole process."

Staff support: induction, training, skills and experience

- People were supported by staff who were trained for their roles.
- The service provided a thorough induction programme and a wide range of on-going training.
- Staff received regular supervision. Supervision meetings provided staff with the opportunity to discuss any training and development they wished to undertake.
- The training matrix evidenced regular refresher training and staff felt there was sufficient training to allow them to carry out their roles effectively. One relative said, "The staff here are really good. It's a lovely atmosphere and they make it very homely. Nobody flaps about things. If something needs doing, they just get on with it without any fuss."
- Staff said they felt the training was good. One staff member said, "We do a lot of training." The registered manager told us each team leader/deputy manager was receiving additional training in the following topics, End of Life, Dysphagia, Infection Prevention, Dignity, Dementia and Tissue Viability. They used this then to support all staff and families with these areas.

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

- People were supported to maintain a healthy balanced diet.
- Care files included information on nutrition issues and special dietary requirements. People told us they enjoyed the food and commented positively on the choice they were offered. One person said, "The food is very good quality. The pies are always really good, and we never go hungry." Another person said, "The meals here are smashing. If you want a bit more, you can have it."
- We observed the lunchtime meal, which was balanced and nutritional and served in a pleasant environment. People were offered choices and assistance and encouragement was given to those who required it. Lunch was not hurried, and people could take as much time as they wanted.

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

- The service worked with other agencies to ensure people received effective care and support.
- Care files evidenced appropriate referrals to professionals and agencies such as the Speech and Language Therapy team and dietician. Responses and guidance for staff were included in the records.

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

- The home was nice and clean, and people told us the home met their needs. People had their own rooms with their personal belongings in.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful.
- Mental capacity assessments and best interest decisions were documented and showed people and their relatives had been involved.
- Care records included information about people's consent to care and treatment.
- Staff told us how they enabled people to make decisions about the care and support they received.

Is the service caring?

Our findings

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

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

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

- People and their relatives gave very positive feedback about the caring nature of the service. Comments included, "They're all lovely." And "You've seen the best now, so you can forget the rest. This place is marvellous, and the staff are really kind and caring." A relative said, "The staff are all kind. Some have been here for years and you can tell they're very dedicated."
- The assessment and care planning processes were thorough in exploring people's diverse needs and how to meet these. Characteristics such as people's sexuality, disabilities, sensory impairments, gender and any need to maintain their faith or personal relationships were considered throughout the care plan.
- The requirements of the Equality Act 2010 were met, and we concluded discrimination was not a feature of this service.

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

- People told us, and records showed, people were involved in developing and reviewing their care plans and making decisions about their care and support.
- The care plan documentation was detailed and showed staff had got to know people's needs very well. Information about families and friendships, life histories to date, hobbies and interests and any spiritual or faith practices the person may need support to maintain were in the care plan.
- Some people at the time of inspection were on respite. They all told us they were very happy with the care they received. One person said, "I don't want to go home." We observed one person leaving the home and all staff went to say good bye. One staff member became quite emotional because she had become very fond of the person.

Respecting and promoting people's privacy, dignity and independence

- Throughout the inspection we observed staff were mindful of people's privacy. We saw discreet conversations taking place and staff knocked on doors and waited to be invited into people's rooms.
- People's personal care was maintained. Hair and nails were clean and styled to people's taste, and clothing appeared well cared for.
- Staff used people's preferred names when addressing them, and we were able to see how people liked to be addressed recorded in their care plans. Staff we spoke with were able to tell us how they encouraged people to remain as independent as possible. For example, one staff member told us, "We encourage people to do what they can for themselves and choose what they would like to wear, eat and drink. Things we take for granted."

Is the service responsive?

Our findings

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

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

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

- Care plans were detailed and included information which showed how people preferred their needs to be met.
- Information about care and support needs was regularly reviewed to ensure staff always had access to up to date information.
- People told us staff knew how to provide their individual care which they appreciated. One person said, "I get everything I need here."

Meeting people's communication needs

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

- The provider complied with the AIS.
- Staff knew how to communicate with people and care plans contained information about people's communication needs and any sensory support or adaptations they required.
- Documents could be produced in any format or language that was required.

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

- People had access to a varied programme of activities, these included; a recent visit from a local nursery who performed some nursery rhymes and singing for people. People told us these were very popular and enjoyed the interaction. The home had also had therapy dogs to support people living with dementia.
- The home organised twice monthly outings on the minibus for everyone who wished to go. This included visits to the Dementia Café, Reminiscence trips around Sheffield, visits to shops and cafes.
- Staff we spoke with were knowledgeable about people's preferred hobbies, activities and interests, and these were documented in people's care plans.

Improving care quality in response to complaints or concerns

- There was a good process in place to ensure any concerns or complaints were treated equally and investigated thoroughly. People raising concerns were kept informed, and we saw action was always taken. There had only been one complaint since the last inspection.
- There was a complaints policy on display for people to read if they wished.

End of life care and support

- People's end of life wishes were explored and documented when people were happy to discuss these. One relative told us, "We talked about end of life. If my relative would want somebody to sit with them and if they'd want quiet or some gentle music. It seemed a bit horrible to think about but once we had done it and which funeral directors it's actually a relief. My relative wants to pass away here and doesn't want to go into hospital and they've said that's fine, so all our minds are settled."
- The home was part of the Echo Project: A project through a local Hospice covering different issues relating to End of Life Care. This was then cascaded down to the staff groups to implement across the services.

Is the service well-led?

Our findings

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

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

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

- The registered manager was clear about their roles and responsibilities.
- The registered manager had effective quality assurance systems and processes in place. There was a programme of monthly audits and checks focused on aspects of the service, including fire safety risk assessment, care planning, direct observations of the service, management of medicines, and cleanliness of the home.
- There was a clear management structure in place. Staff were clear on their roles and who they should report to.
- The registered manager sent us notifications in relation to significant events that had occurred in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was approachable and sensitive to people's needs.
- People gave positive feedback about the management of the service. One person said, "The manager is fantastic. She does a good job. She walks around a lot, so she sees what's going on and she's always got a word for me. I love it here." One staff member said, "Yes she [the manager] has supported me inside and outside work."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager recognised the legal requirement upon them to inform people and relevant others in the event people were harmed because of the care and support provided.
- Relatives told us they were routinely informed and kept updated, if appropriate.

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

- The provider and registered manager sought feedback in various ways to help maintain and improve standards at the service. Various surveys had been completed from staff and people. These were all positive. Action plans were completed in respect of these surveys.
- We saw the registered manager completed staff meetings in the home. Staff told us they felt these were useful.

- There was an open-door policy in place which people, relatives and staff said worked very well.

Working in partnership with others

- Staff worked closely with relevant health and social care professionals which helped to ensure people received effective care and support.
- The registered manager told us they had regular visits from volunteers to enable them to have insight into the care role. The registered manager said, " This could then lead to students having a career within care. Students who are completing Health and Social Care at local colleges also attend as part of their training and we fully support them."