

# Shelton Care Limited

# Regent Road

## 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: Regent Road accommodates up to 16 people with learning disabilities. The service is a large home, bigger than most domestic style properties. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs to indicate it was a care home. 15 people were using the service at the time of the inspection.

People's experience of using this service: People told us they received a good service and felt safe. Risks were well managed. The provider learned from previous accidents and incidents to reduce future risks. The registered manager and staff understood their responsibilities about safeguarding. Arrangements were in place for the safe administration of medicines.

There were enough staff on duty to meet the needs of people. Staff were suitably trained and supported in their role. The provider had an effective recruitment and selection procedure, and carried out relevant vetting checks when they employed staff.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them. The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible to gain new skills and become more independent.

People's needs were assessed before they started using the service. Staff treated people with dignity and respect. They helped to maintain people's independence by encouraging them to care for themselves where possible.

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.

The provider had a complaints procedure and people were aware of how to make a complaint. An effective quality assurance process was in place. People, family members and staff were regularly consulted about the quality of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection: Good (report published December 2016).

Why we inspected: This was a planned inspection. It was scheduled based on the previous rating.

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.

## 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 remained Good.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained Good.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained Good.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained Good.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained Good.

Details are in our Well-Led findings below.

# Regent 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: One inspector and an Expert by Experience formed the inspection team. 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: Regent Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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: We gave the service 48 hours' notice of the inspection visit because people were often out during the day. We needed to be sure someone would be available to speak with and show us records.

What we did: Before we visited the service, we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to CQC by law.

We used information the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and

compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

During the inspection: We spoke with five people who used the service and three family members. We received feedback from two social care professionals. We spoke with the registered manager, care manager, deputy manager, administrator and two care staff. We looked at the care records of two people who used the service and the personnel files for two members of staff.

# 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

- People told us they felt safe. Comments included, "Yes, I do [feel safe]" and "The staff make me feel safe."
- A social care professional told us they did not have any concerns about people's safety.
- The registered manager understood their responsibilities with regards to safeguarding people. Staff had been trained in how to protect people from abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

- The provider learned from accidents and incidents. They made changes to reduce the risk of them reoccurring.
- Risks were well managed. Staff understood potential risks and how to mitigate them.
- The home was clean. People told us they helped with the cleaning and were happy with the cleanliness of the home.
- Checks were carried out to ensure people lived in a safe environment.

Staffing and recruitment

- The provider had an effective recruitment and selection procedure. They carried out relevant security and identification checks when they employed new staff.
- People were involved in the recruitment of staff. This helped to ensure staff were matched to people's needs and interests.
- People told us there were enough staff to provide them with support. Our observations confirmed this.

Using medicines safely

- Appropriate arrangements were in place for the safe administration and storage of medicines.
- People could describe to us what their medicines were for and why they were taking them.
- Medicine administration records were audited monthly and staff were appropriately trained.

# 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

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 started using the service to ensure their individual needs could be met.
- A social care professional told us the transition for one person moving into the home was managed well. They told us staff from the service were able to answer all the questions from family members and professionals.

Staff support: induction, training, skills and experience

- People told us they thought staff were appropriately trained and skilled. One person told us, "Yes, they do [have the right skills]."
- A family member told us, "There always seems to be good, competent staff on duty at any one time."
- Staff were supported in their role and received regular supervisions. A supervision is a one to one meeting between a member of staff and their line manager.
- New staff completed an induction to the service and staff training was up to date.
- A social care professional told us staff were "well trained, caring and very supportive".

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

- People were supported with their dietary needs.
- People contributed to meal planning. One person had chosen to follow a specific diet and was supported by staff.

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

- People were supported with their healthcare needs and to attend appointments when necessary.
- A family member told us, "If there's anything happening at the home, they [staff] are quick to let us know."

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

- The home had been adapted to meet the needs of the people who lived there.
- People had been consulted about the décor and bedrooms were individually decorated.
- The care manager told us of the upcoming refurbishment of the home, including a new roof, windows and kitchen.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager and staff had a good understanding of the MCA. They were aware of the need for decisions to be made in a person's best interests if they were unable to make those decisions for themselves.
- Where people were unable to make their own decisions, the proper legal process was followed. DoLS had been applied for where necessary.
- People told us staff asked their permission before supporting them with personal care.

# 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

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

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind and caring, and listened to them.
- People were treated as individuals and staff supported them to live their lives how they wanted.

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

- Staff included people in the care planning process. One person told us, "They [staff] involve me in everything."
- People's preferences and choices were clearly documented in their care records.
- People had access to independent advocates. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. One person told us, "They [staff] do [treat them with dignity and respect]. They leave me alone when I want them to."
- Care records described how staff were to respect people's privacy and dignity.
- People told us staff supported them to be independent. Care records described what people could do for themselves and what they required support with.

# 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 lived full and active lives. Staff knew people well and understood what was important to them.
- Activities were tailored to people's individual needs and interests.
- People regularly attended work placements, events and activities in the local community. They were supported to go on trips and holidays of their choice.
- People were given information in a way they could understand and support plans described the level of support they required with their communication needs.
- Care records were regularly reviewed, included important information about the person and were person-centred. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered.
- Social care professionals told us the service responded well to people's changing needs. One told us the service had "excellent, person-centred care plans".

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. People told us they did not have any complaints but were aware of how to make a complaint.
- Systems were in place to ensure complaints were acknowledged, investigated and responded to.

End of life care and support

- People were given the opportunity to discuss their end of life wishes. Where people had made their wishes known, these were recorded.

# 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.

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

- The provider monitored the quality of the service to make sure they delivered a high standard of care. Regular themed audits were carried out and action plans were created for any identified issues.
- Staff meetings took place regularly, where information and best practice could be shared.
- Senior staff were registered with recognised bodies relevant to the service provided. Updates and best practice was shared at staff meetings.
- Weekly management meetings took place. These provided an opportunity to share best practice amongst the provider's services.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, family members and staff were encouraged to feedback on the quality of the service.
- People told us they felt involved and the service was well-led. One person told us, "I would never want to live anywhere else." A family member told us, "I cannot fault [the service]. Believe you me, if I could, I'd be the first to complain."
- The registered manager acted in an open and transparent way. They submitted notifications of significant events such as accidents and incidents that had occurred in a timely manner.

Working in partnership with others

- The service worked with health and social care professionals to help meet the needs of people. These included; GPs, social workers and intensive support team.
- The care manager was liaising with local colleges regarding the implementation of a work placement scheme for students.