

Just Homes (Surrey) Ltd

Shandon

Inspection report

White Lane
Ash Green
Aldershot
Hampshire
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Tel: 01252479473

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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

Shandon is a residential care home providing personal care to up to up to 4 people. The service provides support to older people with a learning disability who may also be living with dementia . At the time of our inspection there were 4 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: The model of care and setting maximised people's choice, control and independence. Shandon is an ordinary house which is in a quiet location whilst not being isolated. There were sufficient skilled and experienced staff available to support people's needs and positive relationships had developed. People had access to healthcare support when needed and positive links had been built with professionals involved. People received their medicines safely and in line with their prescriptions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to make their own choices and staff supported people with new and different opportunities

Right Care: People were supported by staff who knew them well and were kind in their approach. There was a warm and homely atmosphere where people's individual preferences and lifestyles were respected. Staff were caring in their approach and treated people with dignity. People were encouraged to maintain their independence. Staff paid attention to detail and where people's needs changed, they responded promptly to ensure the people's comfort and safety. Staff understood people's individual communication needs.

Right Culture: Staff understood and practiced the values of the service in providing a highly personalised service in line with people's needs and preferences. People were involved in their care and staff understood the importance of people being at the centre of their home. Systems were in place to monitor the quality of the service people received. There was a commitment to continuous improvement and staff worked alongside other professionals to achieve this. The provider understood their responsibilities to the people they support and the staff team.

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

Rating at last inspection

This service was registered with us on 6 December 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Shandon

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Shandon is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Shandon is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was also the nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service. We used the information the provider sent us in

the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used feedback gained during other monitoring activities. We used all this information to plan our inspection.

During the inspection

We spent time with people living at Shandon. We received feedback from a regular visitor to the service about their experience of the care provided. We spoke with 3 members of staff including the registered manager and care staff. We observed interactions between staff and people who used the service. We reviewed 3 people's care records and medication administration records (MARs). We reviewed documentation relating to recruitment and the management 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood their responsibility to report concerns. A staff member told us, "I would tell the manager and if they didn't respond, go higher and to social services. It's about protecting them (people) and making sure they are safe."
- People appeared at ease in the company of staff. We observed people approach staff with questions or to request support with confidence.
- The registered manager was clear how safeguarding concerns should be reported and investigated. Where additional information was requested by the local authority this was provided in order to ensure any lessons were learnt and people were kept safe.

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

- Risks to people's safety were responded to. A regular visitor told us, "They are definitely good at responding to risks. They have been very proactive around (persons health condition) and finding the right support."
- People were involved in managing risks and making their own decisions were possible. Staff had supported a person to manage their health risks in line with their preferences. Discussions had been held with a variety of professionals to ensure the person was able to continue to do things which were important to them as safely as possible.
- People's care records contained information for staff on how to keep people safe. This included guidance on how to support people with their food, drinking, mobility and anxieties. Information highlighted things which may cause the person to become distressed and how staff could minimise and respond to these risk.
- The registered manager was aware of the importance of monitoring accidents and incidents. Staff told us any minor changes in people's needs were reported and discussed which they felt minimised the risks of accidents and incidents occurring. The registered manager had a policy in place regarding how to respond and monitor accidents and incidents should they occur.

Staffing and recruitment

- There were sufficient staff deployed to respond to people's needs promptly. Staff were always available to support people and spend time with them. In addition to the core staff team additional support was available during the day to enable people to pursue interests or go out when they wished.
- Staff told us they had time to support people without rushing them. A staff member told us, "We have enough staff to do everything and share tasks and spend time with residents. It's not rushed or fast paced, just calm which is what they want."

- Systems were in place to recruit staff safely. Full employment checks were completed before staff started work. These included obtaining references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were administered, stored and recorded safely. Records and medicines audits demonstrated people's medicines were administered in line with their prescriptions. Guidance was available to staff on how people preferred to take their medicines.
- People's medicines were regularly reviewed to monitor the effects on their health and wellbeing. Care records contained information to demonstrate medicines reviews took place with relevant health care professionals.
- Staff administering medicines were competent to do so. In addition to medicines training, frequent medicines competency assessments were completed to ensure staff followed the correct procedures.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were supported to see visitors in line with current UK Government guidance. At the time of our inspection there were no restrictions on visiting.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 prior to them moving to Shandon. This enabled staff to gain an understanding of the support the person required and ensure relevant training had been completed.
- The assessment process continued once people were settled and staff had the opportunity to get to know them better. Any changes to people's needs were then implemented quickly. For example, staff monitored a person when eating and observed they found it easier to eat in bed. They adjusted the person's routine which had resulted in them eating better and being more alert in the afternoons.
- Staff supported people in line with best practice guidance. Staff were fully aware of people's rights and understood the principles of Right Support, Right Care Right Culture when ensuring people could live the life of their choosing.

Staff support: induction, training, skills and experience

- Staff told us they felt they received the training and support they required in their roles. A staff member told us, "We do a lot of training and checks are done to test competence, so it makes it real." Staff were able to describe the impact their training in areas including supporting people living with dementia.
- Records confirmed staff had completed training in areas including safeguarding, health and safety, moving and handling and dementia. In addition, where required staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received regular supervision to support them in their roles. Staff told us this was useful in being able to raise questions and gain feedback regarding their performance.

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

- People were supported to make choices regarding what they would like to eat. We observed all four people had chosen different options for their meals and staff supported this. People were regularly offered a choice of different drinks throughout the day. People appeared to enjoy their food and all ate well.
- Where people required their food to be of a modified consistency, such as pureed, this was purchased from a specialist supplier to ensure it met the required standards. This also enabled people to have a greater choice of the dishes they enjoyed. We observed people's food was served in line with their needs and any professional recommendations.
- People were supported to eat and drink in a dignified way. Staff ensured people had the support they needed, giving people the opportunity to eat independently first before supporting them if they were unable to manage. We observed a person required support when eating. Staff sat with the person and asked them

what they would like on their spoon next and prepared this for them. This then enabled the person to then use the cutlery unaided.

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

- Staff supported people to access health and social care professionals where required. This included the community learning disability services, commissioning teams, advocates, GP's, dentists, and mental health support. Feedback from a healthcare professional said, "The care I have seen being delivered has been amazing. All carers have provided (people) with compassion, kindness, and care. The carers are very knowledgeable and involved in the care with (people) which is lovely to see."
- People's appointments were documented and tracked. This meant any follow up appointments or tests were arranged to ensure the best outcomes for people. Clear records of people's health care needs were maintained.
- Staff were knowledgeable about people's health care needs and conditions. They were able to explain how these impacted on people and signs of ill health they needed to look for. The service had recently begun to use the National Early Warning Score (NEWS) system to monitor long term conditions and identify potential ill health.

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

- People's care was provided in a safe and clean environment. People had access to the equipment they needed to support their needs. Areas of the home were personalised to people's needs. All accommodation for people living at Shandon was on one floor with ramps fitted to ease access outside.
- The provider continued to invest in the home to further support people's needs. An extension had been built given an additional room for people to use when doing crafts, puzzles or having some quiet time away from the lounge area. There was a garden area where people could sit comfortably in warmer weather.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Capacity assessments and best interest decisions were completed appropriately. These were decision specific and involved other professionals involved in people's care.
- Staff respected people's right to make an unwise decision. They had gained support to monitor risks from health care professionals for a person so they could continue to make their own decision around food choices.
- DoLS applications were submitted as required. These provided good information regarding people's needs and capacity to make decisions. Where conditions were in place to review aspects of people's care advice had been sought. This had resulted in positive outcomes for the people concerned.

- Staff understood people's right to make choices on a day to day basis. Staff told us about people's fluctuating decisions and preferences. We observed staff continued to offer a variety of choices to enable people to have a range of options regarding how they spent their time, if they went out, food, drinks and what they would like to wear.

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 is the first inspection for this newly registered service. This key question has been rated good. 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 were supported by staff who treated them with kindness and respected them as individuals. A regular visitor to the service told us, "I find the staff team are incredibly empathetic and supportive. They are very caring with her."
- Staff knew people well and understood people's different personalities and needs. People were comfortable with staff and there was a genuine affection between people and the staff supporting them. Staff had worked with the majority of people in other settings and were therefore aware of their history and preferences.
- We observed staff used different approaches with different people whilst still generating conversation and interest between everyone. This created a warm and caring atmosphere which people responded to positively. Where people indicated they didn't wish to be involved staff respected this.

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

- People were involved in making decisions regarding their care. We observed staff offer people choices and different options throughout the day. For example, when choosing their meal a person had clear preferences. Staff provided repeated reassurance they were preparing this for them.
- People's care records contained clear information regarding their preferences and dislikes. These included details such as the colours and style of clothing people liked to wear and things which may make them anxious if discussed with them. We observed people's preferences were respected and staff informed us in advance of things not to mention to the person.
- People's rooms were decorated in a style of their choosing. For example, a person's room was decorated with items representing their favourite football club. People also had pictures and other items which were important to them displayed.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence as far as possible. This included supporting people to maintain their mobility and independence with personal care and eating. A regular visitor told us, "They work with her and encourage her to do things so she's not losing skills. They changed the cutlery so she can eat on her own."
- People's privacy was respected. Staff were seen to knock on people's doors and announce themselves to people prior to entering their rooms. When supporting people with personal care this was done discreetly and with doors closed.
- Staff were aware of the need to maintain people's confidentiality. Records were securely stored, and staff understood the need not to speak about people where others may be able to hear. A staff member told us

they were aware of the importance of maintaining confidentiality, "It's about having respect for them, it's their right."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People received person centred care in line with their needs and wishes. Support plans highlighted how people liked their support provided and staff demonstrated an understanding of what was important to them. People's support plans were reviewed regularly to ensure they remained current and reflective of any changes the person had experienced.
- Staff paid attention to detail when supporting people and responded positively. A person had a soft blanket they enjoyed touching. Staff told us they had observed the person liked the feel of a stuffed animal so they had purchased a blanket for them made from the same fabric.
- Staff were flexible in their approach to ensure people were able to try different things. Rotas were arranged flexibly to fit in with different things people wished to do or try. For a person staff were aware they needed to be able to respond flexibly to their choices around going out as their decisions around this could change quickly.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Detailed communication plans were in place regarding how to support each person. Plans included how to approach the person, facial expressions they were more likely to respond to and what different words and gestures meant to them. Reference was made to people's sensory needs and how staff should provide support to overcome any difficulties.
- Staff communicated with people effectively. We observed staff taking time to sit with people when offering choices. They ensured the person understood the options available to them and waited for a response. Visual prompts and picture were used where these were of use to the people.

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 were offered a range of options regarding how they spent their time. A regular visitor to the service told us, "They are trying to get her out more despite her dementia and she's now happy to go further afield. They are always doing things indoors when I visit."
- Staff were aware of people's individual interests. They were able to share information regarding what

people enjoyed doing and daily records confirmed people were offered these opportunities. During our visits we observed staff supporting people with various puzzles, games and crafts which they clearly enjoyed.

- People's changing needs were responded to. Staff had sourced a local dementia club which a person had started to attend regularly. The person told us they enjoyed their time there. Another person had refused to go out prior to moving to Shandon. Staff responded positively to the person when they chose to go and sit in the car since which time they regularly choose to go out for coffee and shopping.
- People were supported to maintain relationships with those close to them. For example, a person had previously shared their home with someone who was now invited to join them in craft groups regularly to enable them to maintain contact.

Improving care quality in response to complaints or concerns

- The provider had an open and transparent approach. A person who visited the service regularly told us, "I would certainly be able to raise a concern and I know I would be listened to. It's a good relationship and I'm impressed with them."
- The provider had a complaints policy in place. This highlighted the different ways concerns could be raised, how they would be investigated and timescales for receiving a response. Staff told us they supported people to share their views regarding the service they received and records confirmed this was the case.
- No complaints had been received by the service since it began to provide care.

End of life care and support

- The care people wished to receive at the end of their life was recorded. The service had worked alongside healthcare professionals to develop care plans to be implemented at this time. This included things which were important to the person, where they wanted to be and who they wished to be informed.
- Staff were aware of how to contact healthcare professionals to support people to remain comfortable and pain free. This information was documented and support accessible through the GP and community team.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a warm and inclusive atmosphere at Shandon. A person told us, "It's lovely here."
- Staff told us they enjoyed their roles, and this was evident from observing the way they supported people. A staff member told us, "It's a relaxed and settled environment. We don't need to be seen to be doing something (tasks), we can spend time with people which is the most important thing."
- The registered manager and staff team shared the same values and goals. They told us they aimed to provide people with highly personalised care which recognised each person's needs and differences. The registered manager told us, "We want to match the right staff with the right person at the right time. We want people to have the quality of life we would want."

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

- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. As people were living with dementia, staff recognised the importance of monitoring people's needs and well-being closely. Where changes were required, these were shared promptly through the staff team to ensure people's needs continued to be met.
- Audits were completed to monitor the quality of the service people received. These included reviews of care plans, risk assessments, health care and health and safety systems. In addition, staff competency was frequently reviewed to ensure staff had a good understanding of their responsibilities.
- The provider had a duty of candour policy in place. Whilst no duty of candour incidents had occurred, the policy set out their responsibilities in this area and process to follow. The provider was also aware of their responsibility to notify the CQC of any significant events and had ensured these were completed.

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

- Staff felt listened to and valued in their roles. A staff member told us, "I am 110 percent valued, they listen to me when I say things and if we need anything it will be there straight away." Regular staff meetings were held where staff were given the opportunity to raise any questions and share knowledge.
- People and those close to them were involved in the service. A regular visitor told us, "We have all developed a good relationship and they keep me very much involved." People were also consulted regarding decisions such as food, the opportunities to do things and the decoration of the house.

Working in partnership with others; Continuous learning and improving care

- Staff completed a reflective practice exercise each month to look at ways of improving the quality of the service. For example, one-page profiles which included health information had been created to ensure it was easier for staff to access information when speak to professionals on the phone. This also supported contingency planning as the information would be available in the event electronic records could not be accessed.
- Lessons learnt were shared across the organisation. The registered manager explained that where guidance had been given from professionals in a service, this had been shared promptly to ensure good standards throughout the organisation.
- The service worked alongside a range of professionals to improve the service provided to people. This included the community learning disability team and local authority. The registered manager was clear who they were able to approach for guidance and was also a member of a number of support forums.