

Positive Care Ltd

# Shaldon House

## 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

Shaldon House 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.

This inspection was carried out on the 09 January 2018. Shaldon House provides accommodation and personal care for 10 people. There were nine people living in the home at the time of the inspection. People who live at the Shaldon House have a learning disability. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting.

The service was last inspected in November 2017 when it was rated as requires improvements overall. This was due to a shortfall in staff training and staff supervision. These shortfalls had not been picked up and addressed by the providers own audit systems at that time. At this inspection we found that action had been taken and the shortfalls we had found had been fully addressed.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

As was applicable at our last inspection we found there were enough staff supporting people who lived at the home.

People continued to be protected from the risk of abuse. This was because there were still clear procedures in place to recognise and respond to abuse. The staff had been trained in how to follow the procedures. Systems were still in place to ensure people were safe. These including risk management, checks on the equipment, fire systems and safe recruitment processes. People still had a care plan that set out how they wanted to be supported in a person-centred way

Systems to support staff such as one to one meetings were now happening at regular intervals and, there were now annual appraisals of staff's performance. Training lapses had now been addressed and staff had started or now completed a full range of training while working at Shaldon House.

People continued to have access to healthcare professionals when they became unwell or required specialist equipment. Feedback from health and social care professionals was positive about the staff's

approach to people and the way they delivered care.

People continued to be supported with a range of meaningful activities in their home and the community. People were still able to maintain contact with friends and family.

People continued to be treated in a kind respectful and dignified way. This showed that people's rights were still protected. Where people lacked the capacity to make choices and decisions, staff ensured people's rights were protected by involving relatives or other professionals in the decision-making process. The provider had submitted applications for a deprivation of liberty to the relevant authorities. This was to ensure people were not deprived of their liberty without authorisation.

People's views were sought through house meetings and annual surveys. It was evident that people were happy at Shaldon House and felt it was their home. The registered manager promoted stable leadership and a calm, positive place to work and live. This benefitted people who lived at the home. People were supported to make decisions about the way the service was run.

## 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 remains Good.

### Is the service effective?

Good ●

The service was effective

The registered manager had now ensured staff received training, supervisions and an annual appraisal.

Staff continued to be knowledgeable about the legislation to protect people in relation to making decisions and safeguards in respect of deprivation of liberty.

Health and social care professionals continued to be involved in the care of people and their guidance was acted upon.

People's health care needs were being met. People were able to eat a healthy and varied diet, which was based on their choices and preferences .

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service was now well led

The staff and people at the home felt supported by the registered manager.

Staff felt supported they worked well as a team. Staff remained clear about their roles and the aims and objectives of the service . The team supported people in an individualised way.

The quality of the service was regularly reviewed and improved by the provider and the registered manager.

# Shaldon House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We spoke with five people who used the service and spent time with other people. We spoke with the registered manager and three members of staff. We also spoke to a health care professional.

We looked at the care records for two people lived at the home and other associated records We also looked at records relating to the running of the service. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for all staff.

## Is the service safe?

### Our findings

The service was safe. One person told us, "I am safe here. I did not feel safe where I lived before". A staff member said, "All people are safe who live here". Further comments in relation to how safe the service was included a comment from a person who told us, "The staff are always around to help me. I only have to ask and they come to me". A staff member said, "I think there are enough staff". We observed staff were available to take a person to an appointment in the community. When people asked to use the toilet, staff were quick to meet their needs. We also saw staff were available to support people at meals times.

Another person told us, "Nothing has happened to me I don't like. The staff and others [people] are all nice". A staff member said, "I have had safeguarding training. I have no worries or concerns. If I did I would report to the manager or social services".

Supervision records we saw confirmed staff were asked every session if they had any safeguarding concerns they would like to discuss. We saw information on display within the premises with contact information for people, staff and relatives to raise concerns if they felt there was a need.

There was a stable staff team with a low staff turnover. This meant that people received consistent care and support. Staffing levels included a minimum of two to three staff during the day with one staff member on a sleeping in duty at night. Staffing rotas confirmed these levels were constantly maintained. People received staff support when they needed it and this was planned to ensure they were safe. For example, where there were planned trips or activities, or where people needed one to one support either at home or in the community. Staff felt the levels were safe to meet people's needs; they were not rushed and were able to spend time with people.

Records we looked at highlighted assessments had been undertaken in relation to people's risks that included; skin damage, falls and the risk of choking. Staff told us and records confirmed where there had been concerns regarding sore skin people had been referred to the doctor. We saw equipment was used to prevent people acquiring sore skin to include specialist cushions and mattresses. A staff member said, "They [person's name] had a number of falls. They have a walking frame and that is better they have not fallen since". We saw staff encouraged a person to use their walking frame and staff walked with the person to keep them safe and prevent them having falls.

Where staff were concerned because people were at risk of choking they had been referred to health care professionals. During the day a Speech and Language Therapist [SALT] visited the home to assess a person's risks and to advise in relating to their choking risk. They spoke very positively about how staff supported people to stay safe,

Medicines continued to be managed safely. We saw locked cupboards were available in people's bedrooms for storing their medicines. We saw room and fridge temperatures were monitored and records made. A person told us, "The staff look after some of my tablets. I like that. I am given my tablets properly everyday".

We saw systems were in place for the ordering, disposal, storage and administration of medicines. We

checked five people's tablets against their Medicine Administration Record [MAR]. This showed the numbers of tablets remaining were correct to confirm that people had been given their tablets as prescribed. Staff told us they had received medicine training and had been assessed as being competent in administering medicines. Records confirmed that audits were undertaken on MAR to check they had been properly completed. We observed a staff member offering a person their tablets. The staff member explained to the person what the tablets were for and waited to make sure they had taken their tablets before they signed the MAR. Some medicines had been prescribed on an 'as required' basis to give for example, if people suffered intermittent pain or were agitated. We saw protocols were in place to instruct staff when the as required medicines should be given. No covert medicines were needed and all people took their prescribed medicines willingly.

There continued to be safe staff recruitment systems in place A staff member told us, "My Disclosure and Barring Service [DBS] check was done and got my references back before I was allowed to work". We checked two staff files and found the required pre-employment checks had been made. These included a completed application form and a check with the DBS. The DBS help to prevent unsuitable people from working with vulnerable groups, including children. The DBS check would show if potential new staff members had a criminal record or had been barred from working with adults. These systems prevented the risk of unsuitable staff being employed.

Detailed health and safety audits took place and where errors occurred there were clear and open processes to manage this safely. For example, we saw that equipment was checked regularly and contractors brought in when needed to service equipment such as the stair lift.

There were emergency policies and procedures for unforeseen events such as utility failures or in the event of a fire. People had personal emergency evacuation plans (PEEPs). These set out details about the help people would need to safely leave the building in the event of a fire or other emergency. Appropriate numbers of staff were trained in first aid and there was an on-call system in the event of emergencies.

## Is the service effective?

### Our findings

The service was now effective. At our last inspection staff were not being consistently, formally supervised and supported in their work. There had also been shortfalls for some staff in staff training. At this inspection we saw that actions had been taken to fully address these previous shortfalls.

Staff completed a full in-house induction when they first started working in Shaldon House. There was now evidence the staff had completed the care certificate. There was now an external training provider who was supporting them to train all staff in the Care Certificate. The Care Certificate is aimed at all care staff in residential settings and is a mandatory induction for new staff to complete within 12 weeks of them starting work. All staff had now completed training such as fire, first aid, food hygiene, moving and handling, equalities and diversity and health and safety. The registered manager had also introduced a range of training courses that were run by outside trainers. The staff feedback about these courses was very positive. Staff now completed courses in subjects such as person-centred care, mental health, and understand learning disability.

The staff team now received regular supervision. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff. The staff told us their supervisions were helpful as they knew what they had done well and where they could improve. Annual staff appraisals had now been completed. This meant the support mechanisms for staff were now in place to ensure they had the skills and knowledge and support to fulfil their roles. A staff member told us they had regular one to one supervisions about every two months. Records we looked at confirmed that staff had regular one to one supervisions and agenda items included, safeguarding, training needs and their work performance.

The registered manager had put in place an observation checklist where staff were observed supporting people to ensure they were working to an agreed standard. This showed the registered manager had a good awareness of how to properly support staff to ensure they were providing safe care.

People were supported to eat and drink enough for optimum health and wellbeing. We heard staff asking people what they would like to eat at lunch time. Risk assessments highlighted people's needs and risks regarding diet and fluids. Staff we spoke with told us how people should be supported to avoid choking, what consistency of food people required preventing choking and aspiration.

We observed that drinks were available in the lounges and hot drinks were offered morning and afternoon. The availability of drinks and staff encouragement for people to drink minimised the risk of dehydration and ill health. During the morning we saw two people ate trifle. A staff member explained the trifles were offered to increase calories for people who were at risk of weight loss.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.



Staff had been on training on the Mental Capacity Act and Deprivation of Liberty Safeguards with an external trainer. Staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Where people lacked capacity and decisions were complex such as medical interventions, other professionals and their relatives had been involved, with best interest meetings being held. Staff were aware of those decisions that people could and could not make for themselves. This showed that staff ensured people's rights were protected.

The property had been adapted with people's needs in mind. Each person had their own bedroom. There was also a large lounge dining room and a quiet room which was regularly used by people for therapy and relaxation.

## Is the service caring?

### Our findings

The service was caring. One person said, "All staff are kind". We saw staff and people chatting, smiling and laughing. The atmosphere was happy and relaxed. During the day we observed that care was provided privately in people's bedrooms to promote people's privacy and dignity. We saw staff assisting people from the lounge to their bedroom when the visiting professionals came to treat them. One person said, "Staff sit with me and talk about me". Another person told us, "I always pick my clothes each day".

We saw people were dressed in clothing that reflected their individual preferences and the weather. For example, people wore warm cardigans and jumpers. When one person went into the community they wore a quilted coat to keep them warm. We saw some females had their hair styled and wore jewellery that they chose. This showed that staff knew that people's appearance was important to them and they supported people to maintain their appearance as they wished.

Records we saw confirmed that people were encouraged to be involved in their care planning. The care plans we looked at highlighted how people wanted to be cared for, their likes, dislikes and wishes. Records also confirmed people had been asked by what name they would like to be called. We heard staff using people's preferred names to show respect.

Staff tried where possible to support people to have more independence. We saw a member of staff supporting a person to go out on their own.

Staff recorded in daily notes when people had made decisions about their care, such as about the clothes they wore. There was guidance on how best to communicate with people to ensure they could make choices about their care. For example, one person's support plan advised staff how best to communicate with a person and limit the amount of information in one sentence.

The staff we spoke with had an in-depth understanding of the people they supported, their daily preferences, interests and their preferred routines. Care plans were detailed and set out what staff had told us about people's preferences. Communication care plans were in place which provided staff with detailed information about how people communicated and expressed themselves. Staff knew how to, and had been trained to use a person-centred approach to support and enable people.

We saw staff were well motivated and interacted clearly and warmly with people who lived at the home. The staff consulted people about all aspects of their lives through their preferred method of communication. Where needed, information was made accessible to people. For example, there were easy read leaflets about making complaints and reporting abuse. Care records such as health action plans included photos and clear wording to help people understand what had been written in them.

Bedrooms reflected each person's individuality, interests, leisure needs and preferences. People had recently been involved in choosing new décor for their rooms and encouraged to personalise them with their own belongings. One person kindly showed us their room and this was furnished to reflect their interests.

## Is the service responsive?

### Our findings

The service was responsive. We saw that an assessment of people's needs had been completed before they were offered a place at the home. This was to ensure that the staff could meet their needs. A staff member told us, "Reviews of care plans are monthly or when there is a change". Records we looked at confirmed people's care and care plans were evaluated monthly or earlier if a change occurred.

Care records were written in a person-centred way and clearly set out the levels of support each person required. Each person's individual's personalities and personal qualities as well as their likes and dislikes had been clearly explained. Staff responded calmly and confidently to people's support needs in the ways set out in people's care plans. Care plans included detailed guidance of how staff could best support people in all aspects of their identified care. Each care plan supported people identified assessed needs and provided clear information for staff. They also detailed how people could be supported to develop including positive risk taking. For example, how to support people to take part in activities away from the home.

People's diverse needs were understood and respected. Care plans included information about people's needs in relation to age, disability, gender, race, religion and belief and sexual orientation. People had the right specialist equipment to support independence and meet both their physical and sensory needs. This included mobility aids, picture cards and photographs that were suitable for people's communication needs.

Staff kept daily records about each person's daily experiences, activities, health and well-being and any other relevant events such as health and social care appointments. This helped staff to monitor if the planned care and support met people's needs and to ensure care was flexible and responsive to each person.

People were well supported to take part in meaningful activities that they enjoyed. An activity co-ordinator was employed three days a week at the home. Two vehicles were available for people to access the local and wider community. A person told us, "There is always things to do. I go out as well". During the day we saw one to one activities being undertaken that included reading and colouring. Records and photographs we saw confirmed people were offered a range of activities.

People were also offered opportunities to visit the local community. Going out for a meal, visiting a supermarket to do personal shopping and to garden centres. Photographs of these outings showed people were happy. They were smiling. Two people regularly attended day centres. Four people went to Pontins on holiday in 2018. Staff told us a person attended church every Sunday morning. Another person room went to church every Sunday evening. A staff member said, "All people are offered the opportunity to have religious input.

People were supported to make their views known about the service. One person said, "I would tell the staff if I was not happy". People had completed provider feedback surveys as had staff and relatives. We saw some completed forms. One relative had raised a minor issue. Written on the form was the action that had

been taken to address the issue. This showed the completed forms had been looked at by the registered manager. In general feedback was good. Staff highlighted that they were happy at work, relatives stated that the service was good as did people who lived at the home.

A complaints policy was in place to ensure people's concerns could be listened to and addressed. People told us they were confident any raised would be followed up when required. The policy had been written in an accessible pictorial format and each person in the home had their own copy.

## Is the service well-led?

### Our findings

The service was now well led. People knew the registered manager well. One person told us, "I know who the manager is", and told us her name. They also said, "I can speak to the manager". During the day we saw the manager was visible within the service. People knew who the manager was and smiled and chatted to her. Staff told us they felt supported by the manager and felt confident to approach her at any time. There was an open and inclusive culture in the service. Staff told us the current registered manager was very fair, approachable and supportive.

Staff said the registered manager had made positive changes and they all worked well as a team. The staff team were caring and committed to meeting the needs of the people who lived at the home. We saw that the service promoted and supported people's contact with their families. The registered manager and staff worked closely with health and social care professionals to achieve the best outcomes for people.

The registered manager had reviewed and updated the quality checking systems in the service to ensure ongoing compliance. They had implemented a full action plan that had addressed previous shortfalls such as the lack of supervisions. The registered manager had also now ensured staff had completed training and the care certificate

As was applicable at our last inspection we saw how staff interacted with each other and the management of the service. There was clearly a positive and open culture. Staff were fully aware of their roles and responsibilities as well as the organisational structure and who they would go to for support if needed. Staff told us the management team continued to be supportive and approachable if they had any concerns or issues.

The registered manager was supported by a deputy manager and a senior support worker. Staff spoke positively about the registered manager saying, "She is very supportive". People were observed seeking out the registered manager and throughout the inspection. The registered manager said that the staff told us the providers regularly visit the home and were contactable by telephone at any time of the day.

The provider and the manager carried out checks on the service to assess the quality of service people experienced. The service was assessed in line with our key questions and audits focused on actions for improvement in line with these. These checks covered key aspects of the service such as the care and support people received, accuracy of people's care plans, management of medicines, cleanliness and hygiene, the environment, health and safety, and staffing arrangements, recruitment procedures and staff training and support. Where there were shortfalls action plans had been developed and were followed up at subsequent visits. From looking at the accident and incident reports, we found the provider was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.

Staff told us and records showed that staff meetings were now taking place regularly. Staff told us they could participate in discussions about the running of the service and the care and welfare of people living at

Sheldon House. Staff told us any changes to the care practice, the running of the home and key policies were raised at these meetings and during handovers. This ensured staff were kept informed about the service and their individual responsibilities.

Staff meetings were also used to share learning and best practice. At one meeting staff discussed safeguarding and what they had learnt from a training course. Minutes of staff meetings were shared and staff used a communication book, shift handover and daily planners to stay informed about people's well-being or other important matters to do with how the home was run.

Staff were invited to complete a staff survey, which asked for their views about the organisation and about working at the home. They were also asked if they had suggestions for improving the way the home was run. Staff told us they felt their views were heard and they were listened to. Feedback from the recent survey was positive.

People at the home and those who represented them were asked to take part in a survey at least once a year to find out their views of the service. Feedback from relatives was positive with the three responses scoring the service a 10 out of 10 in relation to staff being caring and compassionate.