

Scope

Shapland Close

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

Shapland Close is a care home which provides accommodation and personal care for up to eight people with learning disabilities and additional physical disabilities. At the time of our inspection five people were living at Shapland Close.

This inspection took place on 7 May 2015 and was unannounced. We returned on 12 May 2015 to complete the inspection.

There was no registered manager in post at 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 and associated Regulations about how the service is run. The manager reported that she would be submitting an application for registration in the month following the inspection.

Medicines were not always managed safely and there was a lack of clear information about how some medicines should be used.

Most areas of the home were clean. However, we found that some dirty staining on a wall, pointed out on the first day of the inspection, had not been addressed when we returned five days later.

Summary of findings

Staff did not demonstrate a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) worked. Capacity assessments for people did not follow the principles of the MCA.

Some staff spoke with people who use the service using language that did not respect people as adults.

People who use the service and relatives were positive about the care people received and praised the staff and management. Comments from relatives included, “I feel that (my relative) is safe there” and “(my relative) is safe there and staff provide good care”.

There were systems in place to protect people from abuse and harm and staff knew how to use them. Staff understood the needs of the people they were supporting.

Staff received training suitable to their role and an induction when they started working for the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service.

The provider assessed and monitored the quality of care and was in the process of addressing shortfalls in the service provided.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 not always safe. Medicines were not always safely managed and recorded.

There were sufficient staff to meet people's needs safely. Staff treated people well and responded promptly when they requested support.

Systems were in place to ensure people were protected from abuse. People were supported to take risks and were involved in developing plans to manage the risks they faced.

Requires Improvement



Is the service effective?

The service was not always effective. Mental capacity assessments did not follow the principles of the Mental Capacity Act

Staff received training to ensure they could meet the needs of the people they supported. Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to their care package.

People's health needs were assessed and staff supported people to stay healthy.

Requires Improvement



Is the service caring?

The service was not always caring. Some staff used language that did not respect people when there was interaction between them.

Support was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that protected people's privacy.

Requires Improvement



Is the service responsive?

The service was not always responsive.

People had individual support plans, but some information was basic and did not contain the level of detailed information that would help ensure consistency of support. Records of the care and support staff had provided were not completed consistently, which made it difficult to review people's care.

Staff had a good understanding of people's needs enabled people to maintain their skills.

Relatives told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Requires Improvement



Summary of findings

Is the service well-led?

The service had not been well-led.

There was a new management team in place who were working to address shortfalls with strong leadership and values, which were person focused. There were clear reporting lines through the organisation.

Systems were in place to review incidents and audit performance, to help ensure the shortfalls were being addressed.

Requires Improvement



Shapland Close

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 checked 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.

This inspection took place on 7 May 2015 and was unannounced. We returned on 12 May 2015 to complete the inspection.

The inspection was completed by one inspector. Before the inspection, we reviewed all of the information we hold

about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with one person who used the service, the manager, area manager, and five members of staff. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for three people. We also looked at records about the management of the service. Following the visit we spoke with two relatives by phone and received feedback from a physiotherapist, a specialist community nurse and a speech and language therapist who have contact with the service.

Is the service safe?

Our findings

Medicines were not always managed safely and there was a lack of clear information about how some medicines should be used. We looked at the medicines administration records during the inspection and saw there was not an accurate record of the medicines held by the home. Staff had not kept a record of medicines that had been received into the service, which meant it was not possible to check whether the balance of medicines held was correct. For example, we saw one person had 54 tablets of a medicine stored in the home, although the records stated no tablets were held. The manager reported that the records had been changed when the person went away on holiday and took their medicine, but had not been updated when they returned from holiday. We also saw that one person had some medicine in the cabinet which was not listed on the medicines administration record. The person had a care plan which included this medicine, but did not say what it was for. The manager told us she was not sure what the medicine was for. The medicine was a tube of gel, which had not been opened.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most areas of the home were clean and there were cleaning rotas in place to assist staff to complete all the cleaning tasks necessary. However, on the first day of the inspection we noted a dried spillage of liquid on one person's bedroom wall. The manager was not sure what the spillage was, but said it could be from liquid food. The manager said she would arrange for the stain to be cleaned, however, when we returned for the second day of the inspection five days later we found that the stain had not been cleaned.

The person we spoke with said they felt safe living at Shapland Close. Both relatives we spoke with also said they thought people were safe at the home, with comments including, "I feel that (my relative) is safe there" and "(my relative) is safe there and staff provide good care".

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received

safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident the provider would act on their concerns. Staff were also aware of the whistle blowing policy and the option to take concerns to agencies outside the service if they felt they were not being dealt with. We saw that the service had reported safeguarding issues to the local authority and had worked with them to address issues of concern. At the time of the inspection the safeguarding cases were still open with further meetings scheduled to assess actions taken.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting people to maintain their freedom. We saw assessments about how to support people to manage health conditions such as epilepsy and how to manage a percutaneous endoscopic gastrostomy (PEG) feeding tube. The assessments included details about how any risks were going to be managed and action to take in the event of problems. The staff we spoke with demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and good character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people. We saw that these checks had been completed for one person employed by the service in the last year.

Sufficient staff were available to support people. Staff told us there had previously been staffing problems, but since staff had been transferred from a nearby service that closed there were now enough staff available to provide support for people when they needed it. Comments included, "Staffing levels are sufficient to meet people's needs". Staff said they worked together to cover sickness to ensure people's needs were met. The relatives we spoke with felt there were enough staff available, with one person commenting, "On the whole the staffing works well, there are enough to provide the care people need". The manager

Is the service safe?

told us she was in the process of reviewing how shift patterns were organised, to ensure they could meet people's specific needs and provide a more personalised service.

We recommend that the provider reviews their systems for checking that cleaning and infection control procedures are implemented effectively.

Is the service effective?

Our findings

Staff did not demonstrate a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) worked. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards are part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

At the time of the inspection there were no authorisations to restrict people's liberty under DoLS. The manager told us they had submitted DoLS applications for four of the five people who use the service and were waiting for them to be assessed by the local authority. In discussion about the needs of the fifth person, the manager described circumstances in which they would restrict their liberty to keep them safe. As a result the manager had made an application to authorise this restriction under DoLS by the second day of the inspection.

We looked at mental capacity assessments for four people. Each record contained a statement about the person's mental capacity, but these did not follow the principles of the Mental Capacity Act 2005. For example, one document stated, "I do not have capacity to make major decisions but I am able to decide everyday things". There were similar statements in all four assessments we looked at. The documents did not state who was involved in making these decisions or what action staff should take where people were not able to make a decision.

This was a breach of Regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives told us staff understood people's needs and provided the support they needed, with comments including, "The new staff are excellent" and "Staff have the right skills". The physiotherapist we spoke with was positive about the support they had observed, commenting that they observed staff following good moving and handling practices.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw these supervision sessions were recorded and regular one to one meetings for staff were scheduled throughout the year. Staff said they received good support and were also able to raise concerns outside of the formal supervision process.

Staff told us they were receiving regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. Staff said there had been problems with the training programme over the previous year, but they had now either completed or were booked on to courses they needed. The manager said she had created a new system to track the training staff completed, so she could plan when refresher training was needed. We saw from the training records that staff had either recently completed training that was relevant to their role, or were booked on courses to do so.

We observed people being supported to prepare and eat lunch during the visit. Staff supported people to make choices about their food and involve them in its preparation where possible. For example, we saw one person being supported to prepare potatoes. One person told us they liked to bake and told us about cakes staff had supported them to make. Staff provided support to eat for people who needed it, ensuring food and drinks were at the right consistency for their specific needs.

People were able to see health professionals where necessary, such as their GP, community nurse or physiotherapist. People's support plans described the support they needed to manage their health needs.

Is the service caring?

Our findings

Relatives told us people were treated well and staff were caring. Comments included, “(My relative) gets on well with most of the staff and has a good relationship with them” and “Staff provide good care”. We observed staff interacting with people in a way that was mostly friendly and respectful. For example, we saw staff respecting people’s choices and privacy and responding to requests for support. However, we also observed some interactions where staff did not demonstrate respect for people as adults. We heard one member of staff praise a person as a “good girl” because they had taken their medicine and other occasions where the language used was over familiar. We discussed this with the manager, who acknowledged they had identified some issues with the way some staff interacted with people. The manager had worked with the speech and language therapy team to assess the communication systems in the service and was waiting for the report of this assessment to develop an action plan. The manager said individual issues would be addressed with the members of staff concerned.

The community nurse and speech therapist who provided feedback following the inspection confirmed they had been

involved in assessing communication within the home. They told us the service was aware that further improvements were needed and were working well with them to address issues.

Staff had recorded important information about people, for example, personal history and important relationships. People’s preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people’s preferences for the way staff supported them with their personal care. This information was used to ensure people received support in their preferred way.

People and those close to them were involved in decisions about their support. People had been involved in developing their support plans, including information about the support they needed when they were upset or distressed. People and their relatives had regular individual meetings with staff to review how their support was going and whether any changes were needed. Details of these reviews and any actions were recorded in people’s support plans.

Is the service responsive?

Our findings

Each person had a support plan which was personal to them. The plans included information on maintaining people's health, likes and dislikes and their daily routines. Most of the support plans set out what their needs were and how they should be met, which gave staff access to information about people's specific needs. The plans were regularly reviewed with people and we saw changes had been made following people's feedback in these reviews. We saw that some of the support plans did not contain all the information that was necessary. For example the behaviour support plan for one person did not contain information about the strategies staff should use to diffuse difficult situations before administering some prescribed medicine. Despite this missing information, the staff we spoke with were able to give consistent answers about the actions they would take. The manager acknowledged that the plan was "very basic" and by the second day of the inspection had updated the plan with possible causes of distress and details of the actions staff should take before administering the medicine.

The manager had developed individual daily record sheets. These were specific to the person and were intended for staff to record detailed information about the care provided and other important information about the person. We saw that these had not always been fully completed and sometimes information was recorded in several different places, which made it difficult to collate to review the person's support plans. For example, we saw there were three reports of behaviour from one person

which challenged staff, however, sections on the form relating to whether medicines were administered, whether anyone had been injured and what lessons had been learnt from the incident had been left blank. The manager took action to ensure the information had been collated onto the one document by the second day of the inspection. The manager said the forms were new and staff were still getting used to them, but would ensure further work was completed with staff to clarify where information needed to be recorded.

People were able to keep in contact with friends and relatives and take part in activities they enjoyed. We saw the staff were working with people, their relatives and service commissioners to ensure the activities and day services they attended were meeting their needs. One person told us they enjoyed the activities they took part in and were able to choose what they did. We observed staff changing arrangements based on people's response to planned activities.

Relatives said they were confident concerns or complaints they raised would be responded to and action would be taken to address their problem. The provider reported the service had a complaints procedure, which was provided to people when they moved in. Staff were aware of the complaints procedure and how they would address any issues people raised in line with them.

We recommend that the provider reviews their systems for recording care and support provided to ensure information is recorded consistently.

Is the service well-led?

Our findings

The service did not have a registered manager. A manager was employed and had submitted an application for registration to the Care Quality Commission. There had been a number of changes in the management team over the previous year and the area manager told us she wanted to “get back to basics”, focusing on developing the skills of the staff team and enabling them to provide effective, person centred support. The manager and area manager had clear values about the way care and support should be provided and the service people should receive. These values were based on providing a person centred service in a way that maintained people’s dignity and maximised independence. Staff valued the people they supported and were motivated to provide people with a high quality service.

The management team acknowledged the service had not performed well but were confident they had effective plans in place to address the issues. We saw there was a management action plan in place to respond to issues and concerns raised by the safeguarding team. The home was working with the Wiltshire quality improvement team to address all of the concerns and make improvements. Staff told us the manager had worked hard to create an open culture in the home and said the service was improving.

Satisfaction questionnaires were last sent out to relatives and staff in 2010. The manager reported that they were in the process of designing new surveys so they could better capture feedback from people who use the service, their relatives and other stakeholders. We saw that people’s

views had been obtained and acted upon as part of the care plan reviews, however, this did not give the opportunity to review how the service was operating as a whole and plan improvements.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people’s needs. There was a clear leadership structure and staff told us the manager gave them good support and direction. Comments from staff included, “I feel we are now getting the right training and we are able to approach the manager for support” and “We have a good manager, things are improving”.

The management team completed regular audits of the service. These reviews included assessments of incidents, accidents, complaints, training, staff supervision and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. We saw these action plans were regularly reviewed and updated, to ensure they had been implemented effectively. In addition to the audits, the provider completed ‘mock inspections’ of the service. These looked at the key lines of enquiry used by the Care Quality Commission and assessed how well the service was performing. We saw that the most recent mock inspection included a list of actions where improvements were needed. The manager was working through these actions and had updated the plan.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the provider worked with them to find solutions.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person had not ensured medicines were safely managed. Regulation 12 (2) (g)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered person had not ensured mental capacity assessments were completed in accordance with the Mental Capacity Act 2005. Regulation 11 (3).