

## Shallcott Hall Residential Home

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### Inspection report

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Somerset  
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Date of inspection visit:  
12 November 2018  
14 November 2018

Date of publication:  
04 December 2018

### 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

We undertook the inspection of Shallcott Hall on the 12 and 14 November 2018. This inspection was unannounced on the first day, which meant that the provider did not know we would be visiting.

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

The care home accommodates nine people in one building providing nursing care and personal care. At the time of our inspection six people were accommodated in the home.

At the last inspection the service was rated as Good. At this inspection we found the service remained good.

There was a registered manager in post. 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.

The provider had a quality assurance system in place and people's views were sought yearly so that improvements could be made to the service.

Staff received supervision an annual appraisal and training. Staff had checks completed prior to starting work at the service.

People and staff all felt the home was safe and the management were accessible.

People felt the staff were kind and caring. People's care plans were person centred and contained important information relating to their likes and dislikes.

No complaints had been received since the last inspection and all people felt able to raise any concerns with the registered manager.

People had choice of when and what they ate and all could make drinks within their room if they wished.

People arranged their medical appointments when they wanted and people could come and go as they wished.

## 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 in safe.

### Is the service effective?

Good ●

The service remained good in effective.

### Is the service caring?

Good ●

The service remained good in caring.

### Is the service responsive?

Good ●

The service remained good in responsive.

### Is the service well-led?

Good ●

The service remained good in well-led.

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## **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.

This inspection took place on 12 and 14 November 2018 and was unannounced.

The inspection was carried out by one adult social care inspector. During the inspection we spoke with three people living at the service and two relatives. We also spoke with the registered manager, the manager and two care staff. Following the inspection we tried contacting three health care professionals but we were unable to gain views from them.

We looked at two people's care and support records and two staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies and procedures, audits and complaints.

Before the inspection we reviewed the information, we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us. We also reviewed the Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make.

# Is the service safe?

## Our findings

The service remained safe.

People lived in a clean and tidy home, however we found people could be at risk of radiators in their rooms and communal areas that were uncovered. The Health and Safety Executive guidelines confirmed hot surfaces such as radiators should be designed or covered so that the maximum accessible surface temperature does not exceed 43 degrees. The provider confirmed following the inspection they had taken action to ensure all radiators were covered.

The service had effective hand washing facilities in place. Staff were able to demonstrate how they used personal protective equipment such as gloves, aprons and how they washed their hands in between providing care to people.

People's care plans included risk assessments which provided staff with information relating to the identified risk and how they should be managed. People had personal evacuation plans in place that confirmed the individuals support needs including any equipment they used.

All visitors had their identification checked before entering the home and all were asked to sign a visitor's book. The home had certificates in place for water checks, and there was a fire grab file that included all people's emergency contacts and the procedure that should be followed in the event of a fire.

People received their medicines safely and when they needed them. Although on the first day of the inspection we found one person had not taken their morning medication but their Medication Administration Record (MAR) confirmed they had taken it. Recording of medication should reflect accurately if the person had taken the medication or if it has been left for them. All other records were accurate and up to date. Medicines were stored safely and the stock of medicines was accurate.

People and staff felt the service was a safe place. People told us, "Yes, it's safe here". One person who we asked if the service was safe. Told us, "Yep". Staff all felt the home was safe. They said, "I feel it is totally safe". Staff had received training in safeguarding adults. Staff were able to demonstrate their understanding of abuse and who they would go to if they had any concerns. One member of staff told us, "It is about protecting the person from verbal, financial, physical, sexual abuse. We would go to the management, CQC, or North Somerset council."

People were supported by adequate staffing numbers to meet people's needs. All people living in the home required minimal assistance from staff. The home always had one member of staff on duty and could call on other staff and management should they require additional help and support. Staff confirmed there was always management available. People felt there were enough staff available.

People were supported by staff who all had checks completed on their suitability to work with vulnerable people prior to starting their employment. Staff files confirmed that checks had been undertaken with

regard to criminal records, obtaining references and proof of identification.

## Is the service effective?

### Our findings

The service remained effective.

People were supported by staff who received regular supervision and appraisals. These were an opportunity for staff and the management to discuss, areas for improvement including staff performance and any training requirements. Staff felt well supported and able to approach the management in between supervisions. One member of staff said, "Oh yes I have had supervision recently. I can always speak to [registered manager's ] or [Name] in between if I need to." Records confirmed staff were receiving supervision and an annual appraisal.

People were supported by staff who received training in order that they could carry out their roles safely and effectively. Staff were happy with the training provided One member of staff told us, "Yes I have had training in food hygiene, fire safety, mental health, challenging behaviour, first aid, moving and handling, safeguarding, Mental Capacity Act, diabetes, equality and diversity and medication." Staff training was a variety of workbooks and online training. Staff had access to additional training so that they could support people with their individual needs. This included training in diabetes and challenging behaviour.

All people and relatives felt the meals were good and that they could choose what they wanted to eat. One person told us, "Food is good". Another person said, "We get lots of choice". One relative told us, "The food is very good". Staff confirmed that people could choose each day what they wanted to eat. This was demonstrated during the inspection as various lunch options were being cooked for people. The service had a menu board that confirmed what the main option was for the day. The dining table was set with condiments, cutlery and people could choose where to eat their meals. People's dining experience was calm and relaxed. People were encouraged to remain independent and all were able to make hot and cold drinks in their rooms or within the kitchen area.

People were encouraged to manage their own appointments to see a health care professional. People told us, "I do it all myself". Another person told us, "It depends on what it's for, I go over when I need to". Care plans confirmed if people were independent making these appointments or if support was required. If people required assistance or support with transport the registered manager confirmed they were able to provide this if needed. Some people used public transport which meant they could independently get to their health appointments.

All people living at Shallcott Hall were able to consent to their care and treatment this was recorded in their care plan. The registered manager confirmed all people had capacity. This meant there was no need for the principles of the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS) to be followed at the time of the inspection.

## Is the service caring?

### Our findings

The service remained Good.

People and relatives felt staff were good. People told us, "Everyone is kind". Another person told us, "Staff are really good," when asked if staff are kind and caring the person replied, "Yes I agree". Relatives told us, "Staff are absolutely wonderful and excellent". Another relative told us, "Staff are very supportive throughout".

People said staff treated them with respect and staff were able to demonstrate how they provided people with privacy and dignity. When asked if staff provided them with respect one person replied, "Yes". Staff gave examples of how they provided privacy and dignity. Staff told us, "We close blinds and doors and always knock, before we enter". During the inspection we observed people being treated with dignity and respect.

People were supported by staff who had a good understanding of equality and diversity. Staff told us, "Treating people as we are equals respecting their view their religion or anything really respecting the way they want to be. Such as religious beliefs, equality, race, gender, culture, disability". The member of staff gave an example of how they would support someone with their diet, and how one person used specialist cutlery each day.

People were supported by staff who demonstrated positive interactions with people. Staff spoke with people in a relaxed and inclusive approach. They used the person's preferred name and they held meaningful conversations with people that were individual and personal to them. Staff showed people compassion and empathy asking if they were okay and if they wanted any support with anything throughout the day.

People were encouraged to remain independent and people required minimal support from staff with their day to day routines and activities. Staff gave various examples of how they enabled people to be independent. One member of staff told us, "It's people's freedom of choice". The registered manager told us, "Everyone can make their way into the community independently". They also confirmed, "People live their life as they see fit. People all get out and about". This was confirmed by the providers statement of purpose that confirmed, 'Service users are encouraged to function as independently as possible and to make good use of the facilities available both locally and in the centre of Weston-Super-Mare, which is just a short walk away'.

## Is the service responsive?

### Our findings

The service remained responsive.

People's care plans were planned in partnership with them. One person told us, "[Name] does the review once a month something like that. It is an opportunity to say anything you're not happy with". All people felt they received the care and support they wanted and that it met their individual needs. People's likes and dislikes, life histories and their routines and wishes were recorded within their care plan. People's care plans also confirmed if people had any visual or hearing impairment and if they wore any aids to support them. The registered manager confirmed people had a review of their care needs every six months or sooner if required. Any changes could also be discussed with staff as and when they arose. People were allocated a key worker. A keyworker is a staff member who was responsible for the person's care plan, ensuring it is up to date and reflects the person's wishes.

People were encouraged to maintain their independence and undertake activities of daily living. Some people undertook their own personal care, shopping, laundry and medication. Where appropriate, staff prompted people to undertake certain tasks rather than doing it for them.

Details of people's independence were documented. Staff demonstrated they knew people well and were able to confirm their role was about promoting people's independence.

People and relatives felt able to raise concerns or complaints if they needed. However, people said they were happy and had no reason to complain. One person told us, "No never had to make a complaint". Relatives told us, "No complaints at all. I would go to the manager if I needed to". Another person said, "Staff are wonderful. No complaints at all". The registered manager confirmed no complaints had been received since the last inspection. We reviewed the providers complaints policy. This required updating as some information was out of date. There was no information relating to if the person was unhappy with the outcome of their complaint that they could raise their concerns with the ombudsman.

People had choice and control about what activities they participated in. Some people chose to go out into the community in the day. Others chose to spend time in their rooms or the communal areas of the home. People told us, "I go shopping myself. I also have a bus pass if I need it". Another person told us, "I come and go as I want to. Sometimes I go swimming or I watch DVD's and video's and the TV".

## Is the service well-led?

### Our findings

The service remained well-led.

People, staff and relatives said the home was a nice place to live and that the provider was supportive and accessible. One person said, "The management are pretty good, It is a nice atmosphere living here". Staff told us, "Management is very supportive, good". They also confirmed that the management were in constant contact with the home when they were off the premises. They said, "[Name] is in constant contact every couple of hours". When we asked another member of staff what the culture of the home was like. They told us, "Very nice. Very laid back, homely. The management is very supportive and good. If I ever have a problem I could go to [Name] or [Name]". One relative said, "They are very supportive throughout, [Name] and [Name] are good".

The provider had quality assurance systems in place to monitor the quality and safety of the service. People also had their views sought yearly on the care at Shallcott Hall. Feedback from the survey was people felt the home was friendly and safe. People also felt that staff supported them well. Comments included, 'Food is excellent'. Staff were described as, 'Friendly, kind and supportive". Actions taken following some comments included, fruit salad to be offered and occasional BBQ's.

A statement of purpose sets out what the business will do, where it will be done and for whom. The providers statement of purpose confirmed, 'The main objective of our homes is to achieve a positive and supportive atmosphere for each service user. This is reached by using policies and procedures that ensure each service user can live as comfortably and independently as possible'. It also confirmed the address of the service and confirmation of who was responsible.

Prior to this inspection we reviewed notifications we had received from the provider that informs us of certain events that occur at the service. We checked these details were accurate during the inspection. This meant that we were able to build a full and detailed picture of incidents that had occurred in the service.

The provider was displaying their rating within the entrance hall of the service, along with their providers insurance and registration details.