The Brandon Trust

Sheepwood Road Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 15 April 2018 and was unannounced. When the service was last inspected on 5 January 2016, no breaches of the legal requirements were identified.

Sheepwood Road Care Home provides personal care and accommodation for up to three people. At the time of our inspection there were three people living at the home.

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

The 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. The registered manager also ran two other locations for the provider. A team leader was in post who took day-to-day charge of 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.

Staff supervision was not being carried out in accordance with the provider's own supervision policy. This meant staff were not fully supported in their work, which in turn put people at risk of receiving unsafe and unsuitable care. Consideration needs to be given by the registered manager to how to embed into practice the provider's own policy in this area.

Quality audits were not fully effective and had not identified where there were shortfalls in staff supervision. This put people at risk if staff were not properly supported. It also impacted on staff if checks had not identified that they had received suitable development in their work.

Staff understood about abuse and how to protect people at the home. There were safe systems in place for storing, giving and managing people's medicines. Risks were identified and actions put in place when needed to keep people safe. People were protected by a recruitment procedure that aimed to minimise the risks of unsuitable staff being employed.

People continued to be supported in a way that ensured the Deprivation of Liberty Safeguards (DoLS) were applied for when appropriate. DoLS is a legal framework to lawfully deprive a person of their liberty when they lack the capacity to make certain decisions in regards to their care and treatment. When a person

lacked capacity to make a particular decision, a process was followed in line with the Mental Capacity Act 2005 (MCA).

People were well supported so that their nutrition and hydration needs were met. When it was needed people were able to access healthcare professionals to support them with their care and treatment needs. Care records contained detailed information about how to support people with their full range of needs.

People were supported by staff who had a kind and respectful approach towards them. Staff knew about equalities and diversity when they supported people at the home. People were supported by staff who understood their unique needs.

People were supported in ways that were flexible to their needs. Care plans helped staff to understand how to provide care and support that was responsive to their changing needs. People were well supported to take part in social and therapeutic activities in the home and the community.

There continued to be systems in place to monitor the quality of the care provided. There were regular team meetings and staff were encouraged to give feedback. Staff felt involved in making decisions with people about the home.

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?

Requires Improvement

The service need to make improvements to ensure it was effective

Staff supervision was not being carried out in accordance with the provider's supervision policy. This meant staff were not fully supported and put people at risk of receiving unsafe care.

People's needs were being met by staff who were trained to meet people's needs effectively.

The principles of The Mental Capacity Act were understood and acted on by the staff. This helped ensure people's rights were respected.

People were well supported with their varied nutritional and dietary needs.

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 remains well led.

Sheepwood Road Care Home

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.

The inspection was carried out by one inspector. Before the inspection, we reviewed previous inspection reports and all other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

People who lived at the home had learning difficulties and complex support needs. This meant they were not always able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. We used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

During the inspection, we spoke with two people living at the home and four staff members. This included the registered manager and a senior staff member.

We viewed three people's care and support records and four staff files. We also viewed a number of records relating to the management of the home. These included incident and accident records, staff meeting records, recruitment information, supervision information, training records, policies, quality audits and complaints records.

Good

Is the service safe?

Our findings

People looked calm and comfortable in the company of the staff. When people were anxious or distressed staff used techniques to support them to be calmer in mood and to feel safe. This included using distraction, using touch, and talking to people in a calm and consistent tone of voice. Staff gave people who needed one to one support plenty of time. This was to help to ensure that they felt safe in the home as well as in the community. People responded to these approaches from all of the staff. One person told us they felt safe with the staff.

People continued to be protected from the risk of potential abuse and harm. The registered manager and team knew each person's needs well. They knew how to support people to stay safe. Staff understood how to recognise people at risk and how to report concerns about abuse or possible harm.

The registered manager and staff were aware of how to contact the local authority or the Care Quality Commission (CQC) with concerns if this was ever needed. There were up to date policies about safeguarding people from the risk of abuse. The staff were aware of these polices and the guidance that was in place. Staff also went on training about safeguarding people from the risk of avoidable harm and this was reflected in training records.

Notification records sent to CQC confirmed actions were taken to address concerns that may have suggested people were at risk. This helped to ensure people were kept safe from the risks associated with unsafe care. Staff told us that the subject of whistleblowing was also brought up at one to one meetings and at staff meetings. Whistleblowing at work means to report certain types of wrongdoing. This wrongdoing must be in the public interest and must affect others. This helped ensure staff knew how to raise any concerns and what to do to keep people safe.

People were supported by staff who knew how to manage their medicines safely. Staff told us, and records showed that they went on regular medicines training. There were regular checks of staff and records to ensure they managed and people were given their medicines safely. Staff knew what to do if they identified a medicines error. We saw there were regular audits completed to ensure any issues were identified quickly and action taken swiftly. There was up to date guidance for staff who dealt with medicines to ensure they gave them to people safely. The staff took plenty of time to support people and told them what their medicines were for. Staff fully checked with people that they were willing to take their medicines. The medicines were stored, documented, administered and disposed of in accordance with up to date guidance and law. This helped to show people received their medicines safely and when needed.

To help to keep the premises safe from avoidable risks for people there were regular health safety and monitoring checks carried out. There were certificates confirming gas, electricity and fire safety checks had been checked and were safe. Risks that could be experienced in the home environment were identified. Actions were taken to reduce the likelihood of harm to people. Staff told us and the risk assessment records confirmed this was the case.

There was also emergency information and contact details for key people in their lives. Each person had a personal emergency evacuation plan (PEEP) in place. This set out the up to date information on how to support people to remain safe in the event of an emergency. Staff knew what to do in the event of an emergency, and there was an up to date business contingency plan in place. This helped to make sure people would be supported safely in in the event of an emergency.

To aim to minimise risks from cross infection we saw that staff used protective equipment in the form of aprons when handing food. One staff member did not have an apron on when they were preparing some of the lunchtime meal .We brought this matter to their attention and they addressed this.

The environment was clean and tidy. The home smelt hygienic in the areas we viewed. We saw a plentiful supply good stock of hand wash gel, paper towels and liquid soap in the home. These products were used to aim to minimise reduce the risks from people and cross infection.

People continued to be protected from the risk from unsuitable staff. This was because the provider had safe recruitment processes in place. All new staff had to show photo identification, and obtain a minimum of two references. A full employment history was looked at in detail. A Disclosure and Barring Service check (DBS) was completed for each new staff member. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain vulnerable people. A checklist was kept and this confirmed that all steps were taken to ensure the recruitment process had been fully followed.

Requires Improvement

Is the service effective?

Our findings

The team leader was supportive towards staff and provided on the spot supervision and guidance to them. However, the team leader and registered manager were not following the provider's own supervision policy. Staff met with the team leader and some basic records were kept. However, records of these meetings were not given to staff after each meeting. Nor were goals with timescales set and agreed at each meeting. The staff team had not had an annual appraisal, as set out in the provider's policy .Some records were not locatable on the day of our visit. The registered manager contacted us after the visit to say records had been located. If staff did not have clear goals that they set to work towards there was no evidence they were being supported to improve and develop. This could put people at risk of receiving unsafe care.

People had their range of needs met by staff who knew how to provide effective support to them. This was evident in a number of ways. Staff used a variety of responses when people became agitated in mood and anxious due to their learning disability and particular needs. Staff talked through with people how they were feeling. Staff used specific distraction techniques to support the person. For example, staff would go for a walk with certain people to reassure them and calm their mood.

People were being effectively supported with their range of particular physical healthcare care needs. People were supported by staff to go to health services when this was required. Records showed that referrals were made to specific health professionals in a timely way. When health professionals had provided guidance this was implemented in the plans of care for the person. This was then followed by staff in the home.

Staff also wrote at least daily health checks of each person. They also recorded in the care records the support provided to people. This included any observations about general health and wellbeing of the people they had supported. This helped them spot any health needs or concerns they had. When staff became worried about a person's health, we saw they would take swift actions. This helped ensure people received the support they needed. This included from a range of healthcare professionals such as the GP, dieticians, speech and language therapists, and physiotherapists. Records also confirmed that where other specialist assistance was required, people had been referred.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision 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.

Staff showed that they knew how to support people to make decisions in accordance with the MCA Law. The staff could tell us how they supported people to make decisions that were in their best interests and least restricted their liberty. There were recent examples of where people's capacity had been assessed. As a result of these a full and situation specific assessments had been completed. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty

Safeguards (DoLS).

DoLS applications were in place as legally required for certain people. These were to ensure any restrictions on people were lawful. People's care records included detailed references to their mental state and ability to make decisions. Staff told us they had been on training about the MCA and were aware of the need to consider capacity and what to do when people lacked capacity. Care records showed how that capacity was assessed and considered when needed. When a person lacked capacity to make certain decisions in their life, there was clear guidance in care records to show how to support the person. For people where they were being restricted of their liberty, correct legal procedures had been put in place to ensure it was lawfully carried out and regularly reviewed.

People were supported to eat and drink nutritious food and drink that they chose. Staff told us people who needed specialist diets were also well catered for. This was seen in the choices that were available. For example, we saw certain people needed a softer textured diet and this was provided for them. Information in care records set out people's food and drink intake. This was to help to ensure people ate a healthy and well balanced diet if they wanted to .Staff knew what type of food people liked. The staff ensured these choices were available to meet people's range of diverse needs.

Care records also included clear guidance about what action to take to support people with their nutritional needs and preferences. An assessment had been completed using a nationally recognised tool. This tool is used to identify those who may be at risk of malnutrition or obesity. The staff team had also been on training to further help them to be able support people effectively with their nutritional needs. Some people with specific nutritional needs were being supported by healthcare specialists.

Staff were well able to gain the skills and knowledge to be able to fulfil their roles and responsibilities. Staff told us they been on a range of training courses to enable them to support people effectively. Staff told us they were encouraged to attend regular training in subjects relevant to people's needs. The training records confirmed staff had attended relevant training. Courses and learning opportunities staff had been on included subjects, such as learning disability issues, mental health awareness, medicines management, safeguarding people from abuse, health and safety matters, safe food handling, first aid, and infection control. New staff went on a comprehensive induction programme when they had first begun working for the provider.

Good

Is the service caring?

Our findings

People were supported by staff that were kind and caring towards them. We saw staff assisted people in ways that showed this. When people looked agitated in mood the staff very swiftly responded to the person. If the person preferred, a staff member spent plenty of one to one time with them. Staff mostly maintained a calm, gentle approach and manner with people. They also used gentle humour and a caring manner when they were with people. People responded to staff when they used this approach in a way that was warm and relaxed towards staff. One staff member looked impatient and challenged by one person. This was when the person showed behaviours that could be challenging. We brought this to the attention of the team leader who also witnessed what we saw. They acknowledged that the staff member had seemed impatient in their approach towards the person. The registered manager told us they were going to address this directly with the staff member concerned.

To assist people to make choices and help staff understand people's needs care plans had been written in an easy to follow formats. This was to help staff support people and to get to know how to care for each person and respect their individuality and unique needs. Staff understood how to provide support to meet the diverse needs of people living at the home. These including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were also set out in care plans and the staff we spoke to understood the needs of each person very well.

The staff demonstrated how to provide people with personalised care that met their needs. For example, staff gave us examples such as what time people liked to be supported to get up, what they liked to wear, what the liked to eat, how they liked to spend their day. We saw the staff support people in the ways that they had told us about. Staff were respectful in relation to supporting people with their care.

People had a keyworker. The keyworkers role was to provide extra support to people and to help people become better at helping themselves in their daily lives. One person told us they liked to go out with their keyworker. Care plans reflected these activities and showed people were involved in deciding what sort of care and support they wanted from their keyworker and the team.

Staff knew about equality and diversity and what this meant to the people who lived at the home. The staff knew this principal meant respect for each person as a unique individual. Staff knew and their role included supporting people to live their life in the way they would choose. The staff training records confirmed staff had attended training to help them understand how to apply the principals of equality and diversity in their work. There was also a clear up to date policy in place. This was to guide staff and ensured the staff always respected people's equality and diversity.

We saw guidance about local advocacy services available in the home. Advocacy services support people to ensure that their views and wishes properly heard and acted upon when decisions are being made about their lives. These services had been used in the part for people to be supported to have their choices heard and respected in their daily life.

The environment offered privacy for people, there was a semi- secure garden where people could walk and sit safely. The home was a purpose built bungalow style building. One person kindly showed us their room. They had decorated the room in the colours and designs that they liked. This was a way to develop independence for people who lived at the home. There was a quiet area and a lounge. People were sat in the different communal parts of the home. The staff used the quieter room to support people whose preferences were to be away from other people. We saw that staff made suggestions to people when they seemed distressed by the presence of other people. This showed people were able to have privacy when they wanted it.

One person had their own room and two other people chose to share a room. Each room was really personalised and reflected the tastes and interest of the person whose room it was. People had their possessions, photographs, and artwork and personal mementoes in every room. These items and decorations helped to make each room be personal and homely for the people concerned.

Good

Is the service responsive?

Our findings

Care records and care plans processes helped show staff how to provide care that was flexible to each person's needs. Care plans and risk assessments were comprehensive and had been written in an easy to understand way. People and/or their families had been fully involved in writing care plans. This was a way to understand the best ways people would like to be cared for and supported. The information we viewed in care records showed people's needs were identified. What sort of care and support they felt they wanted was clearly set out in each person's records For example, care plans showed how some people needed support with personal care due to their needs. For example, if people liked a bath or a shower, what toiletries they preferred, and when they liked to have this.

People were supported by a small team of staff who knew how to provide them with care and support that was responsive to their unique needs. The staff we spoke with had a good awareness of the needs and preferences of each person at the home. The staff were able to tell us how they supported each person with their range of complex care and support needs.

People were encouraged to take part in a range of social and therapeutic activities in the home and the community. The staff supported people to go out into the community during our visit. Staff took people out for one to one time to church, shops and other places of interest that people liked to visit. There was a flexible timetable of social activities that took place in the home and the community each day. Activities were planned to be flexible and informal. This was due to people's complex needs. Activities that took place include trips to the cinema, drives to the community, arts and crafts, music sessions and quizzes and games. Care plans showed that people's individual preferences for daily activities were clearly recorded.

There was an open visiting policy and visitors could have a meal with their relatives at the home. Relatives were also invited to any parties and social events that took place regularly.. This helped people to keep in close contact with those who were important to them.

Staff were able to tell us how they supported people, and relatives to complain and raise concerns if they came up. There was in pictorial format easy to understand guidance for people if they were unhappy in anyway about life at the home, the staff or any aspect of care. There was a system in place for managing complaints. These would be investigated and a response given to the person.

There were systems in use to try to gain the views of people, families and relevant professional about the service. Survey forms were sent to families and others as part of the provider's reviewing of the service. The areas covered included how people felt about staff and the way they supported people, social activities, menus, the environment and the way the home was run .The registered manager and a senior manager told us that an action plan would be written based on this feedback. Last year's feedback had been positive about the care and services people received.

Good

Is the service well-led?

Our findings

When the registered manager audited staff supervision with the team leader, they had been told that it had been carried out in accordance with the provider's own policy. The staff feedback and records did not reflect this. This meant that the quality checking system around staff supervision was not fully effective. It had not fully picked up the failings in staff supervision that we found on the inspection. This in turn meant people were at risk if quality checks failed to show that staff were not being formally supervised in accordance with the provider's own supervision policy.

Other areas of how the home was run were checked included care planning processes, health and safety issues , management of medicines, staffing numbers, staff training and the menu choices. We saw that a senior manager had picked up care plans had required updating when they had completed an audit. The registered manager had put in place an action plan to address this. We saw that care plans had now been revised and were detailed and up to date.

We also saw that where any errors or near misses occurred in relation to care and support the registered manager was open and transparent. They reviewed how this could be prevented and what learning there was for the future.

The staff team led by the registered manager and team leader conveyed they were committed to ensuring people received high quality care and to improving the service. The staff showed that they understood what the provider's visions and values. The staff told us these values included always being person centred in their approach towards people, as well as showing respect towards each person. The staff said they tried to make sure they always put these values into practice every day at work. For example, staff said one way they did this was to try to support people to make choices in their daily life and in relation how they wanted to be cared for.

The registered manager showed they had a knowledge and commitment to the home, the people who lived there and the team. The registered manager stayed up to date about current topics and issues to do with care for people with a learning disability. The registered manager said they went to meetings with other professionals who worked in the same field in adult social care. There was information and learning shared with the team at staff team meetings. There were also articles and journals about health and social care matters for staff to read.

The staff and registered manager told us that team meetings were held. The staff explained they could easily make their views known to the registered manager or team leader about any part of how the home was being run. The records of recent minutes of team meetings showed meetings were a chance to keep staff updated about changes and about how the home was run. Staff were also encouraged to express their views. This helped to show an open management culture at the home.