Positive Care Ltd

Shaldon House

Inspection report

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Date of inspection visit: 16 January 2016
Date of publication: 11/04/2016

Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected the service on 16 January 2016. This was an unannounced inspection. The service was last inspected in January 2014. It was compliant with the regulations at that time.

The service is registered to provide accommodation and personal care for up to 11 people. People who use the service live with a learning disability and/or have mental health needs. At the time of our inspection there were 10 people living at the home.

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.

There was a lack of guidance for staff to ensure that medicines procedures were fully safe for the administration of medicines. There was also a lack of up to date current guidance regarding the medicines and what side effects they may cause. Food hygiene systems in the kitchen were not always safe. This meant there were potential risks to peoples' health and safety.

Summary of findings

People were given the support they needed at mealtimes. Food and drinks provided for each person were based on their preferences.

Staff demonstrated that they understood their responsibility to protect people from possible abuse. They were able to tell us how to recognise abuse and report concerns following the providers safeguarding procedure.

Staff were kind and caring in their approach to people. People were encouraged and supported to live a varied and fulfilling life in the home and the community. Staff had a good understanding of the people they supported and how to provide them with effective care that met their needs.

People had access to health professionals and were supported to attend appointments. Care plans clearly explained how to meet people's range of care needs, and included detailed life histories about each person. This helped staff to gain an insight into each person and to provide them with personalised care.

Staff understood what the requirements of the Mental Capacity Act (MCA 2005) meant for people at the home. When it was needed, the service worked with people, relatives and social care professionals to assess people's capacity. This was in relation to specific decisions in their life, such as going out into the community. Staff understood the importance of seeking consent before providing people with all aspects of care. People were supported by staff to make decisions in their daily lives.

There was a system for checking the quality of the care and service people that was provided. Shortfalls in the way the service was run had been picked up by recent audits of the service. People and the staff spoke positively about the registered manager who they described as very kind and supportive to them at all times.

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?

Requires improvement

The service was not consistently safe.

Medicines procedures were not fully safe for the administration of medicines.

Food hygiene systems in the kitchen were not always safe.

There was enough staff to provide people with the care and support they required to meet their needs.

Safe staff recruitment procedures were in place to minimise the risk of unsuitable staff being recruited.

Staff knew what actions to take to keep people safe from abuse.

Is the service effective?

Good

The service was effective

Staff had a good understanding of the needs of people they supported and knew how to provide effective care to them.

Staff were properly trained so that they knew how to provide effective care. They were also provided with the supervision they needed to develop and improve their overall performance.

People's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves.

Is the service caring?

Good

The service was caring.

People were supported by staff who were caring..

The staff communicated and engaged with people by using a kind and sensitive approach.

People were relaxed and clearly, at ease in the company of the staff who assisted them with their needs.

Is the service responsive?

Good

The service was responsive

Care plans were detailed and person centred and had been frequently reviewed to ensure they were up to date.

People took part in a range of social and therapeutic activities on a daily basis that people told us they enjoyed.

Summary of findings

People were supported and encouraged to make their views and opinions known about the service they received. There was a complaints procedure in place to help people to raise concerns. Any concerns had been responded to properly.

Is the service well-led?

Good

The service was well led

The provider had a quality monitoring system in place to check on the quality of the service provided. The system had identified shortfalls in medicines management.

Staff and people at the home told us they felt really well supported by the registered manager. They also said the manager provided good leadership and was kind and supportive.

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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.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is needed to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority.

This inspection took place on 16 January 2016 and was unannounced. The inspection was carried out by one inspector.

We met 11 people who were living at the home. We spoke with the registered manager and three care staff. We carried out observations and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help understand the experience of people who could not talk with us.

We reviewed records relating to people's care. We looked at staff recruitment and training records and records relating to the management of the home.

Requires improvement

Is the service safe?

Our findings

Medicines were not always managed safely. Although medicines were stored safely, they were not always being administered in accordance with guidelines and best practice. Medicine charts had been signed by the staff to indicate they had administered the medicine. However, there were people who were prescribed medicines to be given only 'when needed'. There was no guidance with the people's charts to explain why the people concerned may need the medicines or may chose not to have them. The staff had been on training to know how to give people their medicines safely .However staff were not fully clear for the reasons why people was being given their particular 'when needed' medicines. This could mean people may not always be given the medicines they need.

There was a medicines guidance book that was kept with medicines known as the British National Formula. This provided guidance on medicines and any side effects. The copy that the home had was five years old. A senior manager had recently identified the need for this to be updated. This was so that staff had the most up to date information about medicines available to them. The registered manager said medication audits were undertaken frequently by a senior manager. The registered manager said that some of the issues we raised had been identified as part of the internal audit process. Medicine Administration records were up to date and there were no gaps seen. There were photographs in the MAR file to aid staff. These were dated. There were also fact sheets in place as well as information sheets from the pharmacist that provide some guidance for staff.

Food hygiene practices in the kitchen were not fully safe. The colour coded chopping boards were not stored separately and were touching each other. They were also worn and had marks and groves.The sink hole cover had been washed and was drying next to drinking glasses These issues presented a cross contamination risk. An infection control audit had been undertaken recently by a director of the service however at the time of the audit there were no risks highlighted.

Some people had been identified as being at risk of displaying behaviours that may challenge others. They received one to one support from staff, when needed. Staff were monitoring their behaviour throughout the day. The person's care plan included guidance information for staff on identified triggers that may cause distress, as well as how to support the person to feel better. The staff on duty supported the people in the ways explained in the persons care plan that aimed to keep them safe and others.

Care plans included risk assessments about particular risks people may face. These included keeping safe in the community, their changing mental health risks, and the risk from choking. The plans in place were clear and easy to follow.

When incidents and occurrences happened, involving people at the home changes to their care were put in place if needed. The records showed the registered manager and staff recorded significant incidents and occurrences that had taken place that involved people at the home. The staff recorded what actions had been taken after an incident or accident had happened in the home. The care records had been updated to show any changes to people's care after an incident. The manager and staff said they would use this information as a topic for discussion at staff meetings. This was to ensure staff were up to date with any changes to peoples care after an incident.

There was enough staff on duty to meet the needs of people. The registered manager told us numbers were worked out based on individual dependencies of the people who lived at the home. When people needed one to one support, we saw this was readily available. The people we spoke with felt there were enough on duty all of the time. One person said, "The staff take me out whenever I want to go". The staff spent time with people and supported them in an attentive manner. Staff responded promptly to people when they wanted their help. The manager said staffing numbers were increased when needed for example if someone's s health deteriorated and they needed more care .We viewed staffing information confirming that staff numbers were worked out based on the needs and numbers of people at the home. There were also domestic staff and maintenance staff.

Staff were able to tell us about the provider's safeguarding policies and procedures and knew what to do if they suspected that a person was at risk of abuse. One member of staff said, "I would go to the manager". The staff we spoke with understood about the various types of abuse that could occur. They knew who to report any concerns to. They also understood their roles and responsibilities in keeping people safe and what actions to take if they were concerned about a person's safety.

Requires improvement

Is the service safe?

The provider responded in a safe and prompt way to any allegation of abuse. There were records relating to when safeguarding alerts' had been made. These included copies of alerts made to the local council, notifications made to the Care Quality Commission, and associated records relating to individual referrals.

Safe staff recruitment procedures were in place to minimise the risk of unsuitable staff being recruited. Information we saw confirmed that new staff only started work after all necessary checks had been completed. We spoke with newer staff who had been appointed. They confirmed that and they had not started work until all necessary checks had been completed.

Health and safety risk assessments were carried out to identify and reduce risks so that people were safe. Checks were undertaken and actions were carried out when they were needed to make sure the premises was safe and suitable. There were checks carried out to ensure sure that firefighting equipment, electrical equipment and heating systems were safe and to be used.

We recommend that the service consider current guidance on their medicines protocol and safe food hygiene and take action to update their practice accordingly.

Good

Is the service effective?

Our findings

People all spoke highly of the staff and the support they gave them. One person told us "The staff help me to go out". Another person said "I do the cooking with them they help me". We saw staff assist people in a way that was effective throughout our visit. Staff encouraged people to do things for themselves. For example making a drink and preparing snacks. They also offered discrete assistance to people who needed support and prompting with personal care.

Care records contained information about how to support people with their nutritional needs. These also set out how to provide people with effective support to eat healthily. Special diets were provided for people with specific health needs.

Everyone we spoke with told us they liked the meals that were provided for them at the home. Examples of comments people made included "The food is nice", and "We chose what we want to eat". People also told us other choices were always on offer if they did not want the main meal. Menus were planned on a weekly basis. People were encouraged to be part of menu planning with staff and say what meals they would like for the following week.

The staff offered people a choice of food and waited for people to make their individual selections. Staff encouraged people to be independent when eating. For those people who needed support with their meal, staff were sensitive in approach. They sat with them at their level talking to them about the food.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).One person was subject to a DoLS authorisation at the time of our visit We saw that the application had been correctly made and authorised for the person safety and wellbeing .

The staff at the home worked within the principles of the MCA. This was evidenced in the way staff encouraged people and respected their right to make their own choices about their day, such as what time they got up and what they wanted to do.

Staff confirmed some people who used the service lacked the capacity to make certain decisions. Care plans showed how people were supported to make decisions. When people were unable to consent, mental capacity assessments and best interest decisions had been completed. Staff we spoke with understood the process to follow when people lacked capacity. This meant that people's rights were protected.

Where needed, people had access to an Independent Mental Capacity Advocate (IMCA). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions, including making decisions about where they live and about serious medical treatment options

People were supported by staff who had the abilities they needed to provide effective care. One person said, "The staff are good". Staff told us they were able to take part in training they needed for their work and to be able to provide effective care. Staff said they had attended training in areas such as the dementia care, health and safety, safeguarding people from abuse, manual handling, fire safety, first aid and the Mental Capacity Act. Training records confirmed that staff had attended frequent training and updates in matters that were related to the needs of people at the home.

New staff completed an induction programme before they were able to start working with people. This helped to ensure staff had the abilities and confidence in their work to make sure people received the care they needed. Training included food safety, health and safety, safeguarding, lone working and nutrition.

Staff were being supervised in their work. Supervision is a way of supporting staff to learn and improve. The information we saw showed that staff had recently met with a supervisor to review their overall performance. The

Good

Is the service effective?

staff said they felt very well supported by the registered manager. They said they spoke with them frequently, and the overall quality of care and support they were providing was discussed with them.

Good

Is the service caring?

Our findings

Staff engaged with people in a friendly and caring way and people responded positively to them. Everyone we spoke with said that they liked the staff. One person told us; “They are nice”. Another person said; “Yes they are caring” when we asked them. We observed that people received care and support from staff who asked them for their permission to perform care tasks.

People told us that they had frequent meetings with their keyworker and spoke with them about their care and support. A key worker is a member of staff who provides extra support with whatever is important to people in their daily lives. This could include activities such as going out, keeping in contact with people who matter and shopping.

Care records showed these frequent discussions and showed people were encouraged to be involved in planning and choosing what sort of care and support they received.

Staff assisted people at their own pace and were patient. People looked relaxed and comfortable with staff. Staff listened to people in a patient and attentive manner and we saw that they had developed positive and caring working relationships. People’s privacy, dignity and independence were promoted and staff were able to share good examples of their practice. For example, they said they would always knock on bedroom doors and wait for a response before they went in.

People were dressed in individual styles of clothes. These reflected people’s age, gender and the weather conditions that day. People looked well-groomed and properly cared for. Some people told us that they liked to go shopping with the support of the staff. Staff understood the value of people’s personal appearance and how this promoted dignity and self-esteem.

People were able to sit in different parts of the home. This helped people have privacy when they wanted. Each bedroom was for single use which also gave further privacy and showed that peoples need for further space was respected . Two people kindly showed us their rooms and we saw that they were personalised with people's possessions, photographs, art and mementoes.

Advocacy services were advertised on a notice board. Advocacy services are independent organisations that support people so that their views can be properly represented.

Good

Is the service responsive?

Our findings

We saw that people got up at different times of day and ate their meals when they wanted them. People undertook different activities of their choice in the home and community. Some people went out and some people took part in activities such as playing softball and reading at home. Staff knew peoples different needs and provided them with care that was flexible and based on how they preferred to spend their day.

Staff provided people with support in accordance with their needs. Staff were able to tell us about people's needs and how to give them the care and support they needed. For example, staff supported a person who needed extra help with their mobility correctly when they were assisting them to move. We saw that staff gave people one to one emotional support when they were anxious. Staff also encouraged and supported people to take part in household activities such as cooking and domestic tasks. People were very engaged with the activities that staff were supporting them to do. Staff were also considerate of people's wellbeing; they made sure people were sat in a comfortable position before they had lunch. The staff tactfully prompted people who needed assistance with personal care. The staff spent plenty of time with people encouraging them and explained what support they wanted to give them.

Care plans were detailed and person centred and had been frequently reviewed to ensure they were still up to date. There was clear guidance for staff on how to assist people with their complex care needs. The staff were familiar with what was written in people's care records. We saw staff provided care in the ways that were set out in the care plans of individuals. For example how to support people and prompt them with their personal care. This showed that staff were endeavouring to provide person centred care.

When people had displayed behaviour that may cause distress to themselves or others, there was detail on what actions to take to support the person. For example, positive behaviour support plans were in place which gave details of activities staff should do with the person when distressed. This included distraction techniques such as reading the newspaper, going for a walk or going out into the community.

External professional advice and support had been sought as needed, from the GP, the speech and language therapy team, independent mental capacity advocates and psychiatrists. People's health were also reviewed by dentists, chiropodists and opticians.

People told us they enjoyed the activities at the home and in the community. One person told us how much they were looking forward to going out that day. Another person assisted the staff to make lunch and to serve it; they said they liked to help in the kitchen often. We saw a small group of people taking part in an indoor football game. There was much laughter and people looked animated and engaged. In the afternoon, a small group of people went out to different social activities of their choosing in the community. One person went out for lunch at their family home. They said to us that they "always went out a lot," and it was one of the reasons they liked the home so much. There was information in care records about activities that were taking place over the coming week. People spoke enthusiastically about activities that they took part in.

People were able to tell us how they would make a complaint. One person said, "I would see the manager". Another person told us, "I would see the staff". There was an easy read complaints policy in place. When complaints were made, they had responded to them in line with their policy. The registered manager had a system in place to ensure that they were fully investigated complaints and put in place action to properly address the concerns that had been raised.

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. If people could not make their views known, a senior manager visited the home. They spent time seeing how people were cared for and supported those people received to ensure it was safe and suitable for them. They wrote a report of their findings and any actions that may be needed to improve the service. The most recent report showed that at that time there had been plans to update and improve the appearance of the inside of the home.

The areas of the home people were invited to give feedback about included their views of the staff and their attitude and approach, where they involved in planning their care, what activities they were interested in, and the

Good

Is the service responsive?

choices of meals When people had raised matters actions were taken to properly address them . For example, the number and type of social activities had recently been reviewed and increased.

Good

Is the service well-led?

Our findings

The staff said that they felt they were properly supported by the registered manager. One member of staff told us that the manager was “a very kind person”.

People told us that the manager spent one to one time with them every day. They said the manager asked how they were, and for their views of the service, and what they felt about the staff and the care they gave them. People told us that they thought of the manager as “a friend”.

We saw how people approached the registered manager throughout our visit. Every time someone wanted to speak with them, they were warm and engaging to them. The staff said that the registered manager was a “very kind person”. Staff also said “they listen and will do everything they can to assist you”. This showed that the registered manager had helped to create an open and supportive culture in the home.

The registered manager kept their knowledge up to date about matters that related to care for people with learning disabilities and mental health needs. They said they went to meetings with other professionals who also worked in their field. They told us they shared information and learning from these meetings at staff team meetings. They also told us they read articles and journals about health and social care subjects.

The staff told us that staff meetings took place frequently. Recent minutes showed that staff meetings were used to talk about a number of areas about how the home was run. These included updating staff about changes and developments at the home. For example changes to policies, procedures, and legislation. The meetings were also used to talk about the needs of the people at the home and to share ideas for improvements in the way people were being supported.

The staff showed that they had an awareness of the provider’s visions and values. They were able to tell us they included being person centred in their approach , supporting independence and respecting diversity. The staff told us they made sure they put these values into practise when they supported people at the home.

The provider had a system in place to audit and monitor the quality of service people received and what it was like for them to live at the home. The system aimed to address a range of areas to do with how the home was run. It had been identified that medicines management needed to be reviewed. This was specifically around guidance for safe medicines administration. The shortfalls in medicines managements had been picked up as part of the providers audit process.

Health and safety audits and quality checks on the care people received were undertaken frequently. Actions were implemented where risks and improvements were needed. For example, an assessment of the environment was frequently carried out to ensure there were minimal risks to people.

All staff who worked at the home 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 by the organisation and the registered manager.