

Shallcott Hall Residential Home

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Inspection report

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Ratings

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

Summary of findings

Overall summary

We inspected this service on the 1 August 2016. This was an unannounced inspection. At our last inspection in July 2013 no concerns were identified.

Shallcott Hall provides accommodation and personal care for up to eight people who do not have nursing care needs. At the time of this inspection there were seven people living at the home. Shallcott Hall has eight bedrooms, a kitchen, dining room, lounge, office, laundry room, deputy manager flat and gardens.

There was a registered manager in post who was also the provider. 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.

People could be at risk of cross infection due to communal bathrooms having hand towels in place and not disposable towels. People had detailed care plans that were personalised to them but risk assessments relating to cleaning products required additional information on specific products used. People's personal evacuation plans had details of what support the person might require in an emergency but there was no photo of who the plan related to.

People were supported by staff who had checks completed prior to commencing their employment. People felt safe and staff were able to demonstrate what action they would take should they have concerns to people's safety.

People were supported by staff who received regular supervision and training to ensure they were competent and skilled to meet their individual care needs.

People received their medicines safely and when required by staff who had received training. People were supported by adequate staffing levels and staff supported people in a kind and caring manner. Staff demonstrated they knew people well and felt supported and able to raise any concerns with the registered manager.

People had positive relationships with their care workers and felt able to make decisions about the care they received. Changes in people's needs were identified and their care package amended to meet their changing needs. The provider had a quality assurance system to monitor the quality and safety of the service and to identify any areas for improvement.

The service was flexible and people and relatives views were sought so that improvements could be made. People were happy with the care and felt able to raise a complaint if they had one. People had unrestricted access and were able to come and go as they pleased. Visitors were able to visit as often as they liked.

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 was safe.

People could be at risk of infections due to poor hand washing facilities.

People felt safe and staff had received training and were able to demonstrate what to do if they had concerns relating to people's safety.

People's medicines were being safely managed by staff who had received training. Medicines administration charts did not contain a photo so staff could identify the person should they not know them.

People had detailed care plans although some risk assessments required additional information relating to cleaning products.

Recruitment procedures ensured people were supported by staff who had adequate checks prior to commencing their employment.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received regular supervision and training to ensure they were competent and skilled to meet people's individual care needs.

People were supported by staff to make decisions about their care in accordance with current legislation.

People were independent with making their own medical appointments.

Is the service caring?

Good ●

The service was caring.

People felt supported by kind and caring staff who encouraged people to be independent.

The registered manager and staff demonstrated a kind, caring and compassionate approach towards people.

People had care that was personalised to ensure their individual diverse needs were being met and promoted their independence.

Is the service responsive?

Good ●

The service was responsive.

People felt able to raise any complaints with the registered manager but all were happy and had no reason to complain.

People had choice with how they spent their time, undertaking activities that were important to them.

People's care plans were individual and personalised and reflected what care they wanted.

Is the service well-led?

Good ●

The service was well-led.

The provider had a quality assurance systems in place that identified improvements.

People, relatives and staff all felt the home was well led and the provider was approachable and supportive.

People and relatives were sent an annual survey so that improvements could be made to people's care.

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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 was an unannounced inspection that took place on the 1 August 2016. It was carried out by one inspector and a specialist advisor who was a nurse. An expert by experience made calls to relatives and health care professionals. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of experience was in residential care.

We spoke with seven people living at Shallcott Hall and four relatives about the quality of the care and support provided. We spoke with the registered manager who was also the provider, the deputy manager and two staff members. We also spoke with one health care professional following this inspection to gain their views of the service.

We looked at five people's care records and documentation in relation to the management of the home. This included four staff files supervision, training and recruitment records, quality auditing processes and policies and procedures. We looked around the premises, observed care practices and the administration of medicines.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Is the service safe?

Our findings

The service was safe.

People lived in a clean and tidy home, although due to people's communal bathrooms not having disposable hand towels people, staff and visitors could be at risk of cross infection. All seven people living at the home and staff used the same three bathrooms. All three bathrooms had washable hand towels that were used by people, staff and visitors to dry their hands on. The registered manager confirmed the hand towels were washed daily and anyone showing any signs of being unwell would be isolated to their room to prevent any spread of the infection. Disposable hand towels reduce the risk of infection spreading as they are disposed of after each use to prevent any cross infection occurring. We fed this back to the registered manager who confirmed they would action disposable hand towels and a peddle bin for each bathroom. All staff had received infection control training. Records confirmed this.

People had their own personal evacuation plans in place for emergency situations. However there was no individual photographic identification that confirmed who the plan related to. Photographs are important as it allows people to be identified by anyone in an emergency. We raised this with the registered manager who confirmed they would update people's plans. The evacuation plans confirmed people's individual support needs. For example, any equipment and support they would need in an emergency situation. There was also a completed gas, electric and portable appliance test in place and certificates confirmed these were in date. This meant the provider was ensuring the building was safe and people had plans in place should there be an emergency situation.

People's care plans included risk assessments. These were individualised to the person and provided staff with a clear description of any identified risk and specific guidelines on how people should be supported in relation to their identified risk. There were also environmental risk assessments which identified the risk and gave specific guidelines for staff to follow. Although we found risk assessments relating to cleaning products required specific guidelines for staff to follow. This is important as information relating to the specific risk is required so that the risk can be managed. The registered manager confirmed they would update the risk assessments to reflect the specific details of the cleaning products used.

People received their medicines safely and when they needed them. People were happy with how their medicines were administered. They told us, "I always get my medicines on time, usually with my meals" and "Staff give me my medicines when I need them". Medicines administration records (MARs) checked were accurate and up to date although did not contain a picture of each person. A picture of the person is important as it allows staff to check the person's identity prior to administering medicines. People who administered their own medicines had a risk assessment in place but there was no support plan that identified what medicines they administered themselves. For example, one person who administered their own cream had no support plan that confirmed what cream they were prescribed, where it went and how often they needed it to be applied. This is important as it gives a clear record of the medicines prescribed. We fed this back to the registered manager who confirmed they would review this.

All medicines were stored safely and the medicines policy was up to date. All staff who dispensed medicines had received appropriate training prior to administering medicines. The registered manager confirmed staff had observed practice and regular competency checks undertaken. When people needed a medicines review action was taken by the service. Records confirmed this.

People felt the home was a safe place for them to live. We asked people if they felt safe. They told us, "Yes", "Yes, staff make you feel safe" and "Yes I do". Staff had received training in safeguarding adults. Records confirmed this. Staff and the registered manager were able to demonstrate their understanding of abuse and who they would go to if they had any concerns.

People were supported by adequate staffing numbers to meet people's needs. The registered manager confirmed that staffing levels had been calculated based on people's needs and that all people living in the home were independent. They confirmed there was always one member of staff or management available in the home to provide medicines and meals and snacks to people. Records confirmed this arrangement.

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 was effective.

People were supported by staff who received regular supervision and appraisals. Supervision and appraisals are an opportunity for both staff and the registered manager to discuss any work and development opportunities. One staff member told us, "We have formal appraisals and supervisions plus supervisions ad hoc". Records confirmed staff were receiving bi-monthly supervision and an annual appraisal.

People were supported by staff who had received training in order that they could carry out their roles safely and effectively. Staff valued the training they received and were able to demonstrate their knowledge about a variety of different training undertaken. One staff member told us, "I like the training". Staff's training files confirmed a wide variety of training and workbooks they had attended. Staff had access to additional training from the registered manager who confirmed they had provided, "Specialist mental health training". Staff had continuous access to online training and the provider had recently purchased a new laptop so staff could keep up to date with their online training.

New staff completed an induction process which was completed over two to three months. Their induction covered mandatory training that ensured they had essential skills to carry out their role. The provider confirmed it was an opportunity to make sure staff were suitable and had received their induction successfully.

People were happy with the meals and drinks served in the home. People told us, "Good food", "Food is good, excellent. Plenty of variety", "It is a good varied menu. I get plenty of choice and can always ask for something different if I don't like what is on the menu" and "The meals are not bad". Tables were nicely laid with condiments, placemats, napkins and cutlery. Staff were kind and attentive throughout the serving of the lunch, giving people plenty of choice. For example, people were asked how much they wanted and if the meal was to their liking. People were able to choose where they had their lunch and all were independent requiring no assistance from staff. One person had their lunch in their room, other people choose to have their lunch in the dining room and one person decided to have lunch out. The atmosphere at lunch time was calm and relaxed with people talking and socialising with each other.

All people were supported by staff who talked to them in a relaxed and caring manner. We observed people talking to staff and asking if they wanted a drink whilst they were making one for themselves. Staff responded in a polite manner saying, "No Thank-you. I am okay". Care plans reflected people were independent with their daily living skills.

All people arranged their own appointments to see a health care professional. People told us, "I make all my own GP appointments" and "I manage all my own medical appointments". Care plans confirmed this. The registered manager confirmed that all people were independent and able to make appointments themselves. If people required specialist health care professional referrals the registered manager confirmed they would action these referrals.

All people living at Shallcott Hall were able to consent to care and treatment. The registered manager was following the principles of the Mental Capacity Act 2005 (MCA) and care plans reflected people had capacity. The 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 make 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. No people living at the home had restrictions placed upon them therefore did not require DoLs applications to be completed.

Is the service caring?

Our findings

The service was caring.

People felt staff treated them in a kind, friendly and caring manner. They told us, "All staff are kind, caring and friendly", "Staff are brilliant", "Staff are very helpful", "Staff are nice, I get on well with them" and "The staff are kind and caring, yes". People felt staff treated them with dignity and respect and all were very happy with the care. We asked people how staff gave them dignity and respect and what their care was like. They told us, "Staff always knock on my door. I am very pleased to be here they look after me so well", "They always knock and wait for a response before entering", "It's really good here", "Yes they respect me and my privacy. I am happy here". We observed during the inspection staff knocking doors, saying hello and waiting for a response before they entered the person's room.

People were supported by staff who promoted their independence and this was demonstrated by people's individual personalised care plans that reflected their independence. All people who lived at the home told us they were independent with most aspects of their care and that they enjoyed doing this themselves. During the inspection we observed people getting up and dressed at different times, going into the garden area, spending time in their rooms, going out into the community and shopping. People told us, "I wash myself in the morning" and "I do all my own washing and dressing, shopping and laundry that I need". The registered manager confirmed they encouraged people to be independent and felt the positive results of the service were due to people being given this encouragement.

The registered manager and staff had developed positive supportive relationships with people over time. This had helped to ensure people received consistent care that gave them choice and control. All people were able to express their views and were actively involved in making decisions about their care, treatment and support. They told us, "I come and go as I please", "I have control of my care and it is what I want", "I have choice and control around my life" and "I have support if I need it. But I have choice".

The registered manager and staff members on duty demonstrated a positive supportive attitude towards people, offering people full choice and independence about their day. The registered manager told us, it was about people "Choosing what they wanted to do" and if they needed support or help they would offer it. They felt it was important for people to have their independence and come and go as they please. People's care plans had a list of their individual preferences including how they wished to be supported from staff. For example, if the person liked encouragement or if they had certain dislikes. People had full control over where they wished to spend their time. People spent time in the community, in their rooms, the lounge and the garden area, coming and going as they pleased.

People were supported by the registered manager and staff who demonstrated how they promoted and supported people's diverse needs. They told us, "It is people's choice if they wish to attend church and something we can help and support with if the person needed support". People made their own choices if they wish to attend church or were able to express any diverse needs they might have. Records confirmed people's religious needs.

People felt able to have relatives and visitors whenever they wished. One person told us, "My [parent] visits at any time. Or I can always go there". Another person told us, "My [sibling] visits whenever they can". This meant people had visitors whenever they wished.

Is the service responsive?

Our findings

The service was responsive.

People's care and support was planned proactively in partnership with them. Everyone that we spoke with said that they were part of the assessment process and the care was what they wanted and needed. The registered manager and staff formed an interactive relationship that operated an 'open door' policy, which people felt adapted to their changing needs. Every six months the service undertook a review of the person's care and support needs. Before this was held the person was asked to answer some key questions on the care they were receiving. Any changes were discussed as part of the review

People choose the staff they wanted as their nominated keyworker. 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 had a care plan that provided staff with guidance on each person's individual needs. People were part of confirming what care they wanted including their likes and dislikes. People were encouraged to maintain their independence and undertake their own personal care. Where appropriate, staff prompted people to undertake certain tasks rather than doing it for them. One member of staff told us, "People are very independent. We are always there to help if someone needs it. It is about promoting people's independence". 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 felt able to raise concerns or complaints if they needed to but all people were happy and felt they had no reason to complain. People told us, "No reason to complain. The boss is in most day's he is good", "No, not really" and "No, not really". One person also confirmed they would go to the local authority if they had a reason to complain. How people could complain was part of the residents guide. All people had signed this and a copy was held in people's care plans. No complaints had been received but various compliments via 'Thank-you cards' had been received. Compliments included, 'Thank you for doing what you do' and 'I was impressed with the approachability and friendliness of the staff and their calm professionalism and sensitivity when dealing with clients'.

People had choice about what activities were important to them. People felt able to make their own choices and decided daily what they wanted to do. They told us, "I am off out today into town", "I like to go to the pub", "I like to do the shopping and help others with theirs also", "I go to town and watch TV. I like watching films", "I help around the house with setting the table" and "I help with cleaning the floors. I like doing this".

People attended courses that reflected their personal interests and felt able to access courses that improved their skills. Two people told us, "I have accessed an IT course. It really helped me with my computer" and "I did a course which helped with my reading".

Is the service well-led?

Our findings

The service was well-led.

We found the home was well-led. The provider had a quality assurance system to monitor the quality and safety of the service and to identify any areas for improvement. For example, a recent audit from an external pharmacy had recommended a completion of a signature log for staff who gave medicines. This log had been completed actioned demonstrating the service was responsive to improvements required.

People, relatives and staff all felt the home was well led and the provider was approachable and supportive. People told us, "I get on well with [Name]", "[Name] is a good bloke" and "[Name] is good". There was unanimous praise from relatives about the staff and management and how well the home was run. They found all staff and management very helpful, friendly and approachable and they all said they had a good relationship which was open and honest. One relative told us, "I have no worries, I thank my lucky stars that [Name] is there". Staff told us, "I think we run a lovely happy home and [Name] runs a tight ship. We are here to help people" and "The managers are accessible and approachable". One health care professional told us, "There is good communication and total co-operation. There is a friendly relaxed atmosphere with the right balance on boundaries. [Name] is the best manager I have met. Very very good about updating me on any problems, there are never any major issues, and the manager reacts immediately".

Staff meetings were held every month. These meetings were an opportunity for staff to make suggestions about the service and give their feedback. Staff had two daily handover meetings. These were used as an opportunity for staff to pass on important information and or changes to people care needs or wellbeing. One staff member told us, "We have staff meetings and two handovers a day". This they felt was positive and supportive.

People had their views sought on the care at Shallcott Hall and the provider made changes in response to the comments received. Twice a year people were sent a questionnaire. Where feedback had been received the provider was able to show they had listened and acted on the feedback. Comments were positive and included, 'I feel part of a home and a family', 'Kind and understanding staff', 'Security, comfort and calm', 'The food is wonderful', 'I feel I can talk to staff OK' and 'They are always there to help us when problems arise'. Relatives had also been sent an annual questionnaire. Comments received were positive and included, "[Name] seems happy, we can't ask for anymore" and "Very approachable and friendly staff" and "Good to see my [Name] feeling so secure and settled".

Resident meetings were held monthly. The meetings ensured that residents had an opportunity to comment on the service and make suggestions. Some suggestions from residents had been regarding changes to the menu. Menus confirmed suggestions made.

The vision and values were for people to be independent and to make their own choices. The providers PIR (provider information return) confirmed how important it was that, 'Everyone needing care should be treated as you yourself would want to be treated'. The PIR also confirmed that it was important to, 'Ensure

good relationships are maintained', as well as, 'a positive communication culture', that is, 'non-judgmental' and where people are, 'encouraged to maintain and develop contact with their family, friends and others'. This was also confirmed by the provider's statement of purpose. A statement of purpose sets out what the business will do, where it will be done and for whom. The statement of purpose confirmed, 'The home aims to offer a relaxed family environment in which to provide individualised care. Service Users are encouraged to function as independently as possible and to make good use of the facilities'. It also confirmed, 'We work towards alleviating poor communication and poor problem solving, thereby promoting an environment that is conducive to the mental health of our Service Users. We work to help identify difficulties with Service Users at the earliest point, which in turn ensures appropriate interventions that are delivered with minimum disruption to their lives'. The registered manager and staff confirmed how important it was that people had choice and independence. This was observed during the inspection.

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 accurate picture of incidents that had occurred in the service.