

Gateshead Council

Shadon House Dementia Resource Centre

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Shadon House is a care home that provides accommodation and personal care for a maximum of 23 older people, some whom may live with dementia. Specialist dementia care is provided for people who require respite care or assessment.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodated 16 people at the time of the inspection.

At our last inspection we rated the service outstanding. At this inspection we found the evidence continued to support the rating of outstanding and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Outstanding.

People were extremely well-cared for, relaxed and comfortable. Staff knew the people they were supporting very well and we observed that care was provided with great patience and kindness. The service went to great lengths to ensure people's privacy and dignity were always respected. Everyone we spoke with complimented and praised the staff team and gave examples of the outstanding care that was delivered.

Staff were very well-supported by the management team. Staff were highly skilled and knowledgeable about each person they cared for and they were extremely committed to making a positive difference to each person. They were enthusiastic and believed passionately in the ethos of the service.

There was clear evidence of collaborative working and excellent communication with other professionals in order to help people progress and become more independent. The service was very flexible and adapted to people's changing needs and desires, enabling positive outcomes for all people. Records were well-personalised, up-to-date and accurately reflected people's care and support needs. Care was completely centred and tailored to each individual. Risk assessments were in place and they identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks.

There were enough staff available to provide individual care and support to each person. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

People were appropriately supported in maintaining their health and they received their medicines in a safe way. They were provided with many opportunities to follow their interests and hobbies. They were all supported to be part of the local community. A wide range of therapeutic techniques were used to enhance

people's well-being and provide stimulation. The building had been designed to meet the needs of people living with dementia, in line with current research, and provided plenty of sensory and tactile stimulation. Areas were decorated with 'themes' to help people orientate around the home.

Staff received opportunities for training including specialist training to meet peoples' care needs and in a safe way. A system was in place for staff to receive supervision and appraisal and there were robust recruitment processes being used when staff were employed.

The service consistently strived to ensure that people had the best possible care, and that they were supported in a compassionate, dignified and safe way. The service had forged successful partnerships with an array of other stakeholders, was actively involved in research and innovation and aimed to provide an excellent care experience for people. The service frequently referred to best practise guidelines to formulate the type and style of care provided for people. The service's staff were often nominated for, and commended in, national care sector awards.

Further information is in the detailed findings below.

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?

Good ●

The service remains good.

Is the service caring?

Outstanding ☆

The service remains outstanding.

Is the service responsive?

Outstanding ☆

The service remains outstanding.

Is the service well-led?

Outstanding ☆

The service remains outstanding.

Shadon House Dementia Resource Centre

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 comprehensive inspection took place on 23 October 2018 and was unannounced.

The inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of caring for someone who uses this type of care service for people who live with a dementia related condition.

Before the inspection we reviewed information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the Local Authorities who contracted people's care and professionals who provided specialist advice and support to some people who used the service.

During this inspection we carried out general observations.

During the inspection we spoke with 10 people who lived or were staying at Shadon House, four relatives, six support workers including two senior support workers, the cook, the acting manager and team manager. We reviewed a range of records about people's care and how the service was managed. We looked at care records for four people, four people's medicines records, recruitment records for three staff, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, maintenance contracts and quality assurance audits the management team had completed.

Is the service safe?

Our findings

People living or staying at the service told us they were safe. Their comments included, "There are always plenty of staff around, I feel quite safe here", "Staff are always nice here, they help me to shower any time I want, I feel very safe with them" and "Staff pop in and out to see me" and "I feel very safe in here." One relative commented, "I feel comfortable and confident that I can go home and know [Name] is well-looked after and safe." During the inspection we saw people appeared relaxed and comfortable with staff.

People told us and we considered there were sufficient staff to support people currently. Staff had time to spend with people and they did not appear rushed in their interactions. The acting manager and team manager told us due to the number of support staff vacancies, occupancy levels had been reduced until more staff were recruited to support future admissions to the service. Staffing rosters confirmed three support workers were on duty in the morning and three support staff were on duty in the afternoon. These numbers did not include the acting manager who was also on duty. Overnight staffing levels included two waking support workers.

Risks to people's safety had been identified and actions taken to reduce or manage hazards. Risk assessments were recorded in people's care records. The documents were individualised and provided staff with a description of any identified risk and specific guidance on how people should be supported in relation to the identified risk. For example, from falls or risk of choking.

Staff had receiving training about safeguarding, they had an understanding of safeguarding and knew how to report any concerns. The acting manager was aware of their responsibility to liaise with the local authority safeguarding team if safeguarding concerns were raised.

Medicines were given as prescribed. We observed part of a medicines round. We saw staff who were responsible for administering medicines checked people's medicines on the medicine administration records (MARs) and medicine labels to ensure people were receiving the correct medicine. Staff who administered the medicines explained to people what medicine they were taking and why. Medicines records were accurate and supported the safe administration of medicines. There were no gaps in signatures and all medicines were signed for after administration.

Robust recruitment processes were in place. This included thorough checks of applicants for any role. The service ensured the correct information was available in personnel files. This included proof of identity, criminal history checks, and references from prior employers, job histories and health declarations. The service ensured only fit and proper persons were employed to care for people.

There were appropriate emergency evacuation procedures in place, regular fire drills had been completed and all fire extinguishers had been regularly serviced. Arrangements were in place for the on-going maintenance of the building. The home was clean and protective equipment was available for staff use, to reduce the spread of infection.

Is the service effective?

Our findings

Staff made positive comments about their team working approach, the support they received and training attended. The staff training records showed and the acting manager told us there was an on-going training programme in place. This was to make sure staff were kept up-to-date with safe working practices and that they had the skills and knowledge to support people. Staff comments included, "There are opportunities for training", "We do practical training and e-learning", "We did virtual dementia training which gave us an experience about dementia" and "Staff are studying for the diploma in health and social care at level three, they have all got level two."

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. People were supported to maintain their healthcare needs. People's care records showed they had input from a range of health professionals.

People enjoyed a varied diet. Their comments included, "The food is very good, there is plenty to eat", "The food is good, like granny's home cooking, like my granny's home cooking and that was very good" and "There is a choice of food, we are very well-fed." We spoke with the cook who was aware of people's different nutritional needs and special diets were catered for. They told us people's dietary requirements were checked before admission to ensure they were catered for appropriately.

We observed the lunch time meal. The meal time was calm, relaxed and well-organised. Tables were set for three or four people and napkins, cutlery and condiments were available. Some people remained in the lounge to eat. Staff provided full assistance or prompts to people to encourage people to eat, and they did this in a quiet and gentle way.

We checked whether the service was working within the principles of the Mental Capacity Act 2005, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We observed staff demonstrated a sound understanding of their duty to promote and uphold people's human rights. The acting manager had submitted Deprivation of Liberty applications appropriately.

The home was spacious, bright and airy. The environment was very well-designed and contained a wealth of stimulating areas to encourage people to remain engaged and orientated. The communal areas had decorations and pictures of interest and sitting areas were available around the home. Hallways were themed and signposted with reminiscence areas and local landmarks to keep people interested and help them remain independent. Lavatories, bathrooms and bedroom doors were signed for people to identify the room to help maintain their independence. Bedroom doors were personalised to assist people to locate their own rooms. Strong colours and large signs helped people focus on important aids such as handrails and to find lavatories and bathrooms. There was a well-tended garden which had won awards and was well-used by people in good weather.

Is the service caring?

Our findings

The service continued to provide outstanding care, formed compassionate relationships with people and supported family members of people who were connected with Shadon House. Everyone that we spoke with, without exception told us they were treated with kindness and compassion by the staff who supported them and positive relationships had been developed. Peoples' comments included, "They look after you here, I have never been anywhere that they look after you so well", "Staff are always nice here", "It's a lovely place, it's always happy", "The staff are lovely, they are very respectful to me", "I have been here a few times, I really like it here". A relative commented, "[Name] loves it here, they know the names of all the support staff and so do I."

The compliments book showed 195 compliments had been received about the service since the last inspection. Compliments included, "Your kind and caring attitude has made a huge difference to [Name] and is much appreciated", "Living so far away, it is a great comfort to know [Name] is well-looked after", "What a caring, happy place you run", "Your care has been superb", "A big thank you for all the care and friendship you have shown" and "The care I received was delivered with much compassion and sensitivity."

The management team were motivated and clearly passionate about making a difference to people's lives. This enthusiasm was also shared with the rest of the staff team we spoke with. Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs. They were able to access a 'minority and ethnicity' file which contained detailed information about a wide range of religious and cultural beliefs and traditions.

The acting manager showed us the 'Hen Power' project that was still operating in the service. This was a scheme for the therapeutic use of hens to improve people's well-being. The service worked with a local charity, Equal Arts, to provide hens to be kept in the home's garden and be cared for with the assistance of people living in the home. The results were very positive, we were told, in increasing people's wellbeing and sense of worth. The scheme had since been rolled out to other care homes nationally and had been duplicated in other countries.

The 'Laugh out Loud' scheme was also still used in the service. This was a project that aimed to increase people's physiological, psychological and spiritual well-being by the use of laughter therapy. Various techniques, including pulling funny faces, mirroring another person's behaviours, and Mexican waves with funny sounds, were used to stimulate laughter in the group. The benefits of this therapeutic activity were carefully monitored by assessing people's social interactions, communication, humour, sense of self-respect and sense of purpose before, during and after people's involvement in the project. The results showed a significant increase in people's interactions and general well-being.

A 'Granny knows best' board was still used to capture and share people's sayings, tips and thoughts. Staff told us reminiscence work was a daily event, and the service had previously worked with the local Beamish heritage charity to involve people in a creative writing project based on old images and artefacts. This had

resulted in people's work being published in an illustrated book titled the "The Shadon Sagas".

Very positive and caring relationships had been developed with people. Staff interacted with people in a calm, kind, pleasant and friendly manner. Staff were not rushed in their interactions with people. They spent time chatting with people individually and supporting them to engage. Where people required support, it was provided promptly and discreetly by staff with people's privacy and dignity being maintained. People told us staff were respectful. We observed that people looked clean, tidy and well presented. One relative commented, "[Name] is always immaculate when I visit, her clothes and hair are immaculate."

Exceptional care was delivered to ensure that people were encouraged to make choices about their day-to-day lives. Care was provided in a flexible way to meet people's individual preferences. People told us they made their own choices over their daily lifestyle. For instance, people had the opportunity to have a lie-in. They told us they could go to bed when they wanted and staff respected their wishes. One person told us, "I can go to bed and get up when I want to." Another person said, "I prefer the peace and quiet of the smaller lounge and staff will come and chat to me."

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information was accessible and was made available in a way to promote the involvement of the person. For example, by use of pictures or symbols for people who did not read or use verbal communication. Communication methods such as Picture Exchange Communication System (PECS), talking mats and other bespoke methods of communication were also used. Staff we spoke with showed an in-depth knowledge and understanding of people's care, support needs and routines. Staff had excellent positive relations with people. Staff understood and interpreted people's non-verbal communication, which enabled people to engage more with those around them. Support plans also provided detailed information to inform staff how a person communicated. People showed that they valued their relationships with the staff team. We observed this through people's facial expressions and body language as they responded positively to staff who were supporting them.

People's care records were up-to-date and personal to the individual. They recorded a good level of detail in relation to people's preferences and routines. Consent documentation and care plans showed evidence of consultation and input from people at the service and their relatives. Each care file contained a section on life history which recorded details of past occupations, family and significant events. Information was available about people's likes, dislikes and preferred routines. Examples in records included, "I like chocolate", "I like Neil Diamond, Susan Doyle, Whitney Houston and Abba" and "I like most foods but dislike mushrooms."

There was information displayed in the home about advocacy services and how to contact them. The acting manager told us people had the involvement of an advocate, when there was no relative involvement. Advocates can represent the views for people who are not able to express their wishes.

Is the service responsive?

Our findings

People confirmed they had a choice about getting involved in a variety of activities. An activities programme was advertised along with available and forthcoming entertainment. Staff arranged activities and engaged with people to keep them stimulated and involved. People had the opportunity to take part if they wished. People's comments included, "It's lovely here, there is lots going on", "It is always busy here, there are loads of things going on", "It's great here, nice things to do, we do everything together", "They are always dancing here. The other day we did a craft session, it was so messy but lots of fun" and "I love staying here, there is lots going on."

The home was member of the National Activity Provider's Association. The vision was for 'every care and support setting to be full of life, love and laughter.' There was a strong emphasis on ensuring people had meaningful occupation and activity throughout the day and evening. This reduced the danger of people feeling socially isolated. The service worked closely with the local charity Equal Arts, which delivered stimulating creative projects to older people with communication difficulties. People enjoyed visiting musicians, story tellers, poets, writers, drama presentations and guided reminiscence sessions. These featured prominently in the activities programme, and they used people's experiences and local culture as a focus. People also took part in regular arts and crafts sessions, which often included the involvement of local primary school children working alongside people in the service. People therefore had the opportunity to socialise and interact with a wide range of people. A multi-sensory garden had been developed, for use in warmer weather. Staff told us people were fully involved in the maintenance of the garden, including weeding, pruning and feeding the hens.

The environment was very stimulating, with areas throughout displaying people's art work and quiet areas attractively decorated. The walls of the corridors were very well-illustrated, with local pictures, old photographs and pictures of old film stars and local footballers. Areas were themed. For example, the corridor leading to the cinema had photographs of old local cinemas and posters advertising films from the 1940's and 50's; the corridor to the bar had pictures of cocktails; and there were food-themed pictures approaching the 'American Diner'-style dining room (complete with juke box). Aids and signage helped people orientate themselves around the service. Corridors were named after local roads that people could relate to. For example, we observed a person was able to find their bedroom from the directions staff had given them following the signage. The acting manager told us people had been fully involved in developing the areas and choosing the themes used. They told us currently Equal Arts was consulting with people to check how they wanted the dining room to be re-decorated as it was due to be refurbished.

There were quiet sitting areas to encourage people to stop and sit down as they moved around. There was a poet's corner and bar. A small cinema had been created which was popular with people. Staff enhanced the cinema experience, by dressing as usherettes and serving refreshments in the intervals. This and other activities helped people to be able to fully immerse themselves in the experience which had positive outcomes for their sense of wellbeing and value.

Shadon House provides short-stay assessment and respite to people who live with dementia or a dementia

related condition. A primary focus of the service was to provide the person and the other professionals involved in the person's care with a detailed assessment of their needs and capabilities. This information was used to help determine the best longer term support services the person would require after their stay in the service. Records showed pre-admission information had been provided by relatives and people who were to use the service. As part of the assessment process, the service used the 'This is Me' personal assessment document. This was a practical tool that people with dementia could use to tell staff about their needs, preferences, likes and dislikes; and enabled staff to see the person as an individual and deliver person-centred care specific to their wishes and requirements.

Care was completely personalised to each person that used the service, and people and their relatives were fully involved in their care. One relative commented, "Staff have been very helpful explaining the care plan to us." Staff had an excellent understanding of all of the needs of the people they were supporting. They understood their role not just to support people and provide care but to be an enabler with them and support them to retain their independence. One person told us, "They [staff] are helping me to walk with a stick and I am enjoying using this one."

Support plans were developed from assessments that outlined how people's needs were to be met. For example, with regard to nutrition, personal care, behaviour support, mobility and communication needs. Plans were detailed and provided guidance for staff to assist the person to retain their independence and autonomy. Extensive daily records of people's support and monitoring charts were maintained by support workers. There was a separate folder for each person containing daily charts such as personal care records, food and fluid records (if necessary), re-positioning charts, topical creams records and night checks. These were up-to-date and correctly completed with records of when people had had showers or refused personal care.

Records documented the end-of-life wishes of people, with regard to their wishes as they approached death. Records also showed the relevant people were involved in decisions about a person's end of life care choices when they could no longer make the decision for themselves. People's care plans detailed the 'do not attempt cardio pulmonary resuscitation' (DNACPR) directive that was in place for some people.

People and relatives were actively engaged in the day-to-day operation of the service. There were regular meetings and surveys to gain people's opinions about care. People and relatives said they knew how to complain. Relatives told us they knew who to speak with if they needed to. A copy of the complaints procedure was displayed. A record of complaints was maintained. People told us they could talk to staff if they were worried and raise any concerns.

Is the service well-led?

Our findings

At the time of inspection, a registered manager was not in post. The service was being managed by an interim manager and recruitment was taking place to appoint a new manager.

There was an ethos of continual improvement and keeping up to date with best practice across the organisation. Various stakeholders were tasked with ensuring the organisation was meeting its objectives and that they were providing a safe and effective service for all people where they experienced the best outcomes.

All relatives and professionals told us people who used the service were at the heart of the service. The management team at Shadon House showed their passion and commitment to ensure a person-centred culture whereby people who used the service were at the heart of everything they did.

The service was dynamic and innovative and ensured it kept up-to-date with best practice with regard to supporting people who lived with dementia. The organisation contributed to local and national research and initiatives to influence thinking about people who lived with dementia. Management carried out individual research and worked with bodies such as the Dementia Services Development Centre, Stirling University. Examples included improved building design and adaptation, the use of digital and pictorial communication tools and empowerment techniques such as the 'Laugh Out Loud' scheme. The service was also innovative in the pioneering of projects such as the 'Hen Power' scheme, which had gained national and international attention. The service celebrated people's abilities provided a variety of multi-sensory stimulation and harnessed people's creativity by, for example, publishing their writings.

Shadon House was a finalist as one of the best dementia care homes in the National Dementia Care Awards in 2018. It was also a finalist in the category for the best dementia garden in the same awards in 2018. The service had received an average review score of 9.9 out of 10 from 97 reviews that had been placed on a leading national care home website. The previous registered manager had featured in the Journal of Dementia Care in 2017 writing about the partnership working with the Equal Arts project. They described the 'innovative arts initiative that was recognised and won praise from the Care Quality Commission.' A member of staff had won a national 'Dementia Pathfinders' award for 'going above and beyond their job description' in their work with people living with dementia.

The service was very well-adapted to meet the needs of people with dementia. It carried out bi-annual assessments of the building and services using the 'dementia design checklist' produced by leading expert bodies including the Dementia Services Development Centre to ensure the environment was appropriately designed. Staff received training focussed on the needs of people using the service. Dementia-specific training was given to all staff by the management team and other senior staff who had attended specialist courses at Stirling University. A number of staff members had been given further training to become 'dementia champions' within the staff team and these staff held regular 'dementia awareness' courses for staff.

The management and staff team were outward looking, and had formed links with other organisations such as local charities, churches, colleges and schools. These included Citizens Advice Bureau and Healthwatch. They were members of agencies such as the Dementia Alliance, the Malnutrition Alliance, the Alzheimer's Society, and worked collaboratively with the local Urgent Care Teams, Advocacy services and Older Person's Mental health forum.

At Shadon House the staff team was highly-motivated. Staff were loyal and worked together as a team. We were told morale had been low due to staffing vacancies as long standing members of staff had retired or left to progress their career. There were five staff vacancies that were being currently being recruited. Staff meeting minutes showed that changes were being introduced to improve staff morale amongst remaining staff. Management acknowledged the extra work being carried out by staff to allow the service to run smoothly until staffing vacancies were filled. Meeting minutes also showed staff were advocates for people and in discussions about Christmas they promoted people's well-being to ensure an enjoyable Christmas for people.

A comprehensive quality assurance programme included daily, weekly, monthly and quarterly audits. All audits showed the action that had been taken as a result of previous audits. They included finances, health and safety, safeguarding, complaints, medicines, infection control, training, care provision and accidents and incidents. Visits were carried out by a representative from head office or a peer auditor who carried out an inspection. They checked the environment, spoke to people and the staff and checked a sample of records regarding the standards in the service.

The acting manager and staff told us they were well supported by the provider's management team. They had regular contact with head office, ensuring there was on-going communication about the running of the service. Regular meetings were held where the management were appraised of and discussed the operation and development of the resource.