Mr. Gordon Phillips

Shepherds Corner

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

Overall summary

Shepherds Corner is a residential care home that provides accommodation and personal support for up to thirteen people with learning disabilities, some of whom have additional mental health needs. The home is staffed by a team of care workers and has a registered manager in place. 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.

This inspection of Shepherds Corner took place on 13 February and was unannounced. We last inspected the home in July 2013. At that inspection we found the service complied with all the regulations we assessed.

During this inspection we found that the service was well led and that staff were caring and understood the needs and preferences of the people who lived at Shepherds Corner.

Some people were able to tell us directly what their views were of the service, whilst others used other forms of communication such as sign language, gestures and other responses to questions. Everyone we spoke with

Summary of findings

told us or otherwise indicated that they felt safe using the service. Staff were trained in safeguarding adults and the service had policies and procedures in place to ensure that the service responded appropriately to allegations or suspicions of abuse. The service ensured that people's human rights were respected and took action to assess and minimise risks to people. Staff had received training on behaviour that may challenge and the service consulted with other professionals about managing aspects of behaviour safely.

All of the people we spoke with either told us or indicated that they thought that staff were friendly and helpful. Throughout our inspection we observed that staff were caring and attentive to people. Staff approached people with dignity and respect and demonstrated a good understanding of people's needs. Staff were quick to respond when people needed support.

The service was effective in supporting people to be as active in the community and in the home as they wished. Where people lacked capacity to make informed decisions there were good systems in place to ensure that staff worked within the procedures of the Mental Capacity Act 2005 and to act in people's best interests.

There were enough qualified and skilled staff at the service. Staffing numbers and shifts were managed to suit people's needs so that people received their care when they needed and wanted it. Staff had access to information, support and training that they needed to do their jobs well. The provider's training programme was designed to meet the needs of people using the service so that staff had the knowledge they required to care for people effectively.

People told us they were happy with the way they lived at the home and with the amount of choice they had over their lives. People were provided with a range of activities in and outside the service which met their individual needs and interests.

Care plans contained information about the health and social care support people needed and records showed they were supported to access other professionals when required. People were involved in making decisions about their care. Where people's needs changed, the provider responded and reviewed the care provided.

People using the service and staff told us they found the manager to be approachable and accessible. We observed an open and inclusive atmosphere in the service.

Staff were happy working for the service and motivated to provide person centred care.

The provider had a number of audits and quality assurance programmes in place. These included action plans so the provider could monitor whether necessary changes were made and ensure high standards were being maintained.

The service had effective procedures for reporting and investigating incidents and accidents. There were systems to learn from incidents and adverse events and protect people from the risks of similar events happening again.

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?

Good

The service was safe. There were robust arrangements in place to protect people from the risk of abuse and harm. People we spoke with felt safe and staff knew about their responsibility to protect people.

Staff knew people's needs and were aware of any risks and what they needed to do to make sure people were safe.

There were systems in place to deal with emergency situations or unforeseen circumstances to ensure people's safety.

Is the service effective?

Good

The service was effective. People received care from staff who were trained to meet their individual needs. Staff were supported to deliver effective care as they received on-going training and regular management supervision.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs.

People were protected from the risks of poor nutrition and dehydration. People had a balanced diet and the provider supported people to eat healthily. Where nutritional risks were identified, people received the necessary support.

The provider acted in accordance with the Mental Capacity Act (2005) Code of Practice to help protect people's rights.

Is the service caring?

Good

The service was caring. People felt valued and respected and were involved in planning and decision making about their care. People's preferences for the way in which they preferred to be supported were clearly recorded.

Care was centred on people's individual needs. People were involved in the assessment of their needs and they helped create their care plans. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

The service was committed to the principles of dignity, equality and diversity. People's skills and personal achievements were recognised, encouraged and celebrated in different ways.

Is the service responsive?

Good

The service was responsive. People using the service had personalised care plans, which were current and outlined their agreed care and support arrangements. Care records were detailed and the service was responsive to people's changing needs or circumstances.

The service actively encouraged people to express their views and had various arrangements in place to deal with comments and complaints. People were confident to discuss their care and raise any concerns. People felt listened to and their views were acted on.

Summary of findings

People had access to activities that were important to them. People planned what they wanted to do and were actively involved in their local community. Staff demonstrated a commitment to supporting people to live as full a life as possible.

Is the service well-led?

Good

The service was well-led and promoted a positive and open culture. Staff told us that the manager was approachable and supportive. Staff were able to discuss and question practice and there were systems in place to raise concerns and whistle-blow.

The provider had good systems to regularly assess and monitor the quality of service that people received. On-going audits were used to improve the support they received.

Management monitored incidents and risks to make sure the care provided was safe and effective. The provider took steps to learn from such events and put measures in place which meant they were less likely to happen again.

Shepherds Corner

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 February 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service, including notifications of incidents or accidents, previous inspection reports and communication between the provider and CQC.

During the inspection we spoke directly with four people who use the service, and spoke generally with three further people who were unable to communicate directly but who could nevertheless provide responses to our questions in other ways. We spent time observing care and the interaction between people and staff.

We also spoke with three care staff, the clerical officer, the deputy manager and the manager during the course of our visit. We looked at four people's care records and tracked the care and activities that people participated in. We looked at three staff files and organisational policies and procedures.

Good

Is the service safe?

Our findings

All the people we spoke with felt safe living at Shepherds Corner. Those who were not able to provide direct feedback were able to answer direct questions and give other indications of their feelings. One person said, “I’ve lived in lots of places and I like it here.” When we asked who they would speak to if they were unhappy most people said they would talk to staff and one person gave the name of their key worker.

Staff had received training and updates on safeguarding. The provider had clear procedures on safeguarding adults including how to recognise abuse and what steps to take. These procedures included appropriate contacts with local authorities and reflected the Pan London safeguarding procedures.

Staff confirmed they had attended training on safeguarding and who were able to describe the different types of abuse a vulnerable person was at risk of. They were able to explain the steps they would take if they suspected or saw an incident of abuse.

Staff were aware of the provider's whistle blowing procedures and said that they would have no hesitation to report any concerns. We saw that the provider had liaised with the local authority and other professionals to investigate any concerns relating to people.

Records showed that the risks people may face or experience had been assessed. The assessments we looked at were clear and regularly reviewed. They provided details of how to reduce risks for people by following guidelines. The information was personalised, took into account people's rights and covered risks that staff needed to be aware of to help keep people safe. Some examples of these included eating and drinking, travelling, participating in activities in the community, personal care and health conditions.

Each person had a care plan which included personalised descriptions of what made them feel anxious or upset and guidance to staff on how to support them and keep them reassured.

Staff had completed relevant training on how to support people whose behaviour challenged the service. The service did not use restraint or other restrictive practices but relied instead on care plans which enabled them to anticipate and act before a situation escalated to a significant degree. In addition the manager maintained close contact with external professionals such as clinical psychologists, social workers and GPs, as well as sharing information with family or other significant people. There was an on-call system where staff could contact the manager or other senior person in the event of any emergency or unforeseen event.

Staff allocation records showed that people received appropriate staff support. We saw there were always three staff available between 9am and 9pm, with one waking night staff and a sleeping-in night staff. There were dedicated domestic and laundry staff which enabled the care staff to focus mainly on supporting people.

We saw that medicines were managed and administered safely. Staff had been trained in the administration of medicines and medication records were up to date and accurate. There were policies and procedures on the safe handling and management of medicines and regular audits were carried out.

Good

Is the service effective?

Our findings

People spent their time according to their own personal preferences and interests and received support in a way that they preferred. For example, one person told us, “I make my room nice. Staff help.” Another person said, “I’ve got everything I need here.”

Other people were able to show us that they felt secure in their surroundings and that they were free to watch TV, engage in an activity, move between different parts of the home.

The provider had an on-going programme of training which included induction and mandatory training in safeguarding, food hygiene, medicine administration, moving and handling, policies and procedures of the home and familiarisation with people’s care plans.

In addition to basic mandatory training several staff had been trained in areas such as behaviour which challenges the service and the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act (MCA) 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected.

The service had an action plan to ensure that training continued in these areas. The provider met the requirements of the MCA code of practice. We saw policies and guidance were available to staff about the MCA and DoLS. Staff we spoke with understood the principles behind the legislation and were aware of processes to follow if someone lacked capacity to make decisions or was likely to be deprived of their liberty.

The manager showed us how he had submitted applications for authorisations under DoLS and how he was waiting in some cases for authorisations to be granted by the local authority. All of the authorisations requested were to protect people who would be at risk if they left the premises unattended.

Some people had an appointee for their finances and the local authority was the corporate appointee for people’s personal allowances and savings.

People’s care records included personal profiles which detailed the person’s needs and interests from their point of view. We saw that the service had also ensured that people were made aware of their right to choose and their freedom to change their plans if they wished. Weekly timetables were individualised and people took part in a variety of activities and events such as pub trips, day trips and shopping in town. One member of staff told us, “When we are here we try to make sure that it’s the residents whose choices come first.”.

People's nutritional needs were assessed and monitored. Care plans included information about people’s food preferences, including cultural choices and any risks associated with eating and drinking. For example, one person was at risk of choking. Their care plan explained how the person should be supported. This included monitoring activity whilst in the kitchen or at mealtimes.

We saw from care records that there were good links with local health services and GPs. Some people had specialist input from health services, for example where they had a percutaneous endoscopic gastrostomy (PEG) tube fitted. There was evidence of regular visits to a GP. Where anyone’s health needs had to be shared with staff this was done in a professional and respectful manner to enable staff to support the person.

Each person had a health action plan and a 'health passport' which contained details about

them and their healthcare needs. A health passport is a document which the person can take to health care appointments to show how they like to be looked after. We saw that information had been kept up to date and reviewed regularly as people's needs had changed.

Good

Is the service caring?

Our findings

We observed staff in their interaction with people and saw that they treated people with respect and kindness. People were relaxed and comfortable around the staff and staff ensured that they were always visible and accessible to people.

People spoke positively about the conduct of the staff. Comments included, "I like [named member of staff" and "It's good here." We spoke with three members of staff about the people they supported. Staff knew people well and were able to tell us about people's individual needs, preferences and personalities. They were knowledgeable about people's background and interests and these details were included in the care plans. They had a clear understanding of people's needs and what they were required to do to meet those needs.

People were supported to maintain relationships with their families and friends. Details of who was important to people were maintained and the service involved them as far as they wished. People living at the home had access to an advocacy service, with the photograph and details of the advocate visible in the home.

People were encouraged and supported to make decisions about their care and daily lives as far as possible. Examples included what to wear, what to eat and the activities they took part in. In addition there were meetings between staff and people who used the service where people were encouraged to express their views about how things were in the home.

Staff had a key worker role with people, which meant that they would take specific responsibility for ensuring a person's care and support was in accordance with their wishes and to review this regularly. Staff were positive about their caring responsibilities. One told us, "It is like a family here, and we all know each other and try to help each other."

Staff ensured that people's dignity was respected by providing care in a manner that suited people's needs. For example, one person preferred to have things arranged in order that they could be self-sufficient in her own room. Another person enjoyed the company of staff and was welcomed to be in their company whenever they pleased.

People understood the arrangements made for their care and support and knew about the choices and opportunities open to them. We saw that people were provided with written information about the terms and conditions in their contract as well as agreement about the care and support to be provided. This was written in easy to read language and accompanied by images and illustrations. People were also involved in the creation of their care plan through consultation and care plans were written from the individual's perspective.

People's privacy and dignity were respected with regard to personal care and daily living. Those who were able to use a bath unaided were encouraged to do so, with staff support still being provided with regard to checking water temperatures. People who needed particular aids or implements to help them eat were supported in a way that did not mark them out as different to anyone else.

Good

Is the service responsive?

Our findings

People had received assessments of their support needs and relevant social and personal information was maintained and kept up to date. This enabled staff to deliver person-centred care based on relevant information.

People were positive in their comments about how they spent their week and how they managed to do the things they liked. One person told us, “I like singing and we do lots of singing with staff.” Another person told us how they loved films and showed us their film collection.

There were activities arranged and planned throughout the week that reflected people’s interests and allowed choice. These ranged from music sessions, to art and craft sessions and trips out. The mix of in-house activities, visitors and external activities meant that people were protected from social isolation.

There were systems in place to ensure that people’s placements and care plans were reviewed regularly. We saw examples of recent reviews which had invited or involved people's care managers, family and other representatives such as advocates to represent people's interests.

People were involved in planning and reviewing their care through reviews and contact with keyworkers. There were key worker meetings between staff and people and this helped staff to understand people’s needs and life history. For example, people’s care records included details of recollections of important events in a person’s life, written from the perspective of the individual.

Staff told us that they shared information at each shift change to keep each other up to date with any changes in people’s needs. We saw detailed daily records about each person's daily experiences, activities, health and well-being and any other significant issues. This helped staff to monitor if the planned care and support met people's needs.

People were aware that they could make complaints. Although no one provided a step-by-step description of the formal process, everyone we spoke with indicated someone they would go to if they were unhappy or had a problem. We saw that the provider's complaints procedure specified how complaints could be made and who would deal with them.

There was ample evidence of user-friendly and easy to read notices on the walls which were designed to help those who could understand them, including advocacy services, safeguarding information, complaints information and meals information. In practice, however, this information was provided directly to people by staff on an individual basis. This meant that people were provided with real choices and information and could be more directly involved in their own decision making.

The service kept records of accidents and incidents, complaints and any safeguarding issues. There had been no complaints and one safeguarding concern had been appropriately managed in a timely way, in accordance with the set-down procedures.

Good

Is the service well-led?

Our findings

Staff had clear lines of accountability for their role and responsibilities and the service had a clear management structure in place.

People we spoke with told us they liked the manager and staff. We observed that people felt at ease amongst staff and the manager. There was a good leadership between the manager and deputy manager, supported by a senior support worker. They were able to describe the work they had been doing to develop the service which had been identified through audits, questionnaires and surveys.

Plans to improve and develop the service included reviewing staff training and guidance, particularly on developing skills to diffuse build-ups of tension without having to employ restrictive practices. Another development, as result of a quality audit on staff learning and development, was a review of the structure of staff induction programmes, moving from a centralised approach to a more locally based one. This meant that induction would be more relevant for staff as it would focus more on their specific home and roles.

Staff were supported through having clear job descriptions, supervision and appraisals. People were protected and supported because the organisation had robust recruitment processes that ensured proper checks through the Disclosure and Barring Service (DBS), reference checking and details of applicants' skills and experience. Staff meetings were held, the most recent one being in January 2015.

One staff member told us, "They are a good company and I love my job. I feel I can give ideas and opinions and they listen to them."

The provider carried out regular quality audits of the service and these had been updated to reflect the topics and themes that a statutory inspection would cover. There were external governance meetings where audits and reviews were scrutinised at Board level, including areas such as Safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards, Health and Safety and staffing issues. Board meetings were held monthly, the most recent being January 2015. Other initiatives we saw included meetings with people who used the service and questionnaires in easy read format for people.

The manager was able to describe how he kept up to date with new developments and best practice through organisations such as the Social Care Institute for Excellence (SCIE).

We saw that the service had policies and procedures which emphasised an open culture where staff could raise concerns and share ideas. Records of any complaints or incidents were maintained. As required by law, our records show that the service has kept us promptly informed of any reportable events.